

## **Mission Report – Republic of Malawi**

### **AMP Logistics Technical Assistance Visit**

<b>Mission dates:</b>	August 19 <sup>th</sup> to September 9 <sup>th</sup> , 2011
<b>Locations:</b>	Lilongwe and Blantyre, Malawi
<b>Consultant:</b>	Douglas Mole
<b>Date of report:</b>	September 19 <sup>th</sup> , 2011
<b>Subject of report:</b>	Malawi Mass LLIN Campaign 2011

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#### **References:**

1. Terms of Reference - Logistician to support mass LLIN distribution planning and implementation in Malawi; dated June 25<sup>th</sup>, 2011
2. Malaria Strategic Plan 2011-2015 – Towards Universal Access; dated November 22<sup>nd</sup>, 2010
3. MoH NMCP LLIN Distribution Plan for Mass Campaign in October 2011; not dated

#### **Background:**

Malawi has implemented universal coverage LLIN campaigns in a number of districts of the country with LLINs available through various sources. In late 2011, the scale of these distributions will increase to cover the remainder of the country with 4.74 million LLINs from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and 476,797 LLINs from the President’s Malaria Initiative (PMI) initially planned to be distributed in October 2011. Based on the experiences in the other districts where universal coverage distributions have taken place, the country is identifying a strategy and has commenced macro quantification and registration of LLIN needs for districts. References B and C are documents developed as part of the initial planning.

With the impending arrival of the large volume of nets from GFATM and PMI, it is important to have a harmonized logistics plan as well as the appropriate supply chain management, micro planning and training tools. Southern Africa Rollback Malaria Network (SARN) and the Alliance for Malaria Prevention (AMP) would like to support the country, particularly the NMCP logistics team and implementation partners, with a logistics expert who will work with the in-country representatives to develop the macro logistics plan and supporting documents, as well as help with the micro planning. The consultant will provide support where required to ensure that LLINs are delivered in correct quantities to locations with secure warehousing and with appropriate paper work to ensure adequate supply chain management.

#### **1. Objectives of mission**

- a. The objectives laid out in the mission Terms of Reference (ToRs) are as follows:
  - i. To support the NMCP and partners with developing the in-country macro logistics plan;
  - ii. To support the NMCP and partners with the development of all supporting documents to the macro logistics plan;
  - iii. To support the NMCP and partners to finalize the logistics budgets for the campaign for the implementing partners;
  - iv. To begin to support the NMCP and partners with the micro planning;
  - v. To ensure appropriate supply chain management documents are being used and to begin the process of organizing the commodity management assessment with NMCP and partners; and
  - vi. To build logistics competency and capacity at NMCP and with partners through work with their logistics staff for future campaigns.

Though not included in the original mission ToR, it became evident that it was important to support program aspects where possible, as there was no program TA. This support entailed working with NMCP ITN Coordinator to develop a very rough draft Campaign Implementation Guideline.

**Note:** Reference the ToR concerning the logistics budget (mentioned in sub-paragraph a. iii above): this item was not achievable in the deliverables due to the fact that macro logistics activities were in the process of being contracted out from MoH through their Procurement Unit. This point was discussed during mission with IFRC, Senior Health Officer, Malawi.

## 2. General overview of planned distribution

Malawi will be conducting a mass LLIN distribution scheduled originally for October 2011; during a September planning meeting it was re-scheduled for November 2011. The procurement of LLINs has been through the VPP process, facilitated through the GFATM and the Ministry of Health (MoH). 4,740,480 nets have been ordered with the strategy of covering 25 of the 28 districts based on 1 net per 1.8 persons. As well, USAID (PMI) Malawi has pledged 476,797 LLINs to augment quantities for this mass campaign. At the time of this mission report the total available LLINs for this mass campaign are 5,217,277. The four zone areas, provisionally as of September 2011, are broken down as follows:

Zones	Warehouse Town - District	Number of Districts	Distribution Sites	Quantity of LLINs
North – Lot 1	Mzuzu - Mzimba	5	2,549	596,682
Central – Lot 2	Lilongwe - Lilongwe	8	3,562	1,985,318
South East – Lot 3	Liwonde - Machinga	6	2,057	1,034,227
South West – Lot 4	Blantyre - Blantyre	6	2,012	1,124,253
<b>Total</b>		<b>25</b>	<b>10,180 **</b>	<b>4,740,480 *</b>

\* This amount does not include the 476,797 LLINs from PMI

\*\* Initial Distribution Sites identified in Reference 3

The micro logistics activities are being contracted out to distribution agents, with the intention that delivery, control, accountability and security would be their responsibility from zonal warehousing down to distribution sites. NMCP envisioned that once at the distribution sites LLINs would be distributed to beneficiaries and no/limited storage would be needed.

## 3. Campaign planning / implementation situation on arrival

### a. Logistics

- i. Prior to consultant's arrival, Malawi NMCP and the procurement unit had sent out a Request for Proposal (RFP) to distribution agents (transporters) with a return submission date of August 31<sup>st</sup>, 2011. Basic contract requirements were to warehouse and transport LLINs from zonal levels to district warehousing, then onward to designated distribution sites, based on the DHMT district micro movement plan.
- ii. NMCP still needed to request arrival dates from supplier of LLINs into country, with delivery to the 4 zone warehouses. These warehouses will be located, controlled and managed by the selected distribution agent in the main city within each zone.
- iii. Logistics training schedules were not developed to assist in controlling the supply chain of LLINs for MoH supervisors, HSAs and volunteers.
- iv. At the micro planning level, the District Health Management Teams (DHMTs) headed by the District Health Officer (DHO) needed to coordinate LLIN movement with selected distribution agents down to the district level warehousing. Based on a planned schedule, movement will then commence from district to distribution sites that will act as "cluster points" covering multiple villages.

- b. Communication
  - I. Program BCC media development planning had not fully started. Some agreements had been arranged with media sources through the MoH steering agency - Health Education Unit (HEU).
  - II. Implementation activities were not in-line with proposed campaign timeline that indicated start date of August 2011.
- c. Planning
  - i. Committee development had not commenced. Committees such as technical, logistics and BCC still needed to form, and were behind in their planning cycle based on a tentative start of October (campaign start period was changed at Task Force Committee meeting held on September 7<sup>th</sup>, 2011 from October to November 2011.)
- d. Registration
  - i. Registration was detailed on the original implementation plan timeline to occur during the month of September. Detailed guidance or training had not been developed to assist in the survey, analysis and compiling of results. An agreed to national strategy had not been totally formulated nor determined by implementing partners, by the time of departure. This is an area where NMCP may need some external assistance and support.

#### 4. Mission roll out and main accomplishments

- a. Logistics
  - i. Malawi NMCP and the MoH Procurement Unit closed the Request for Proposal (RFP) to distribution agents as per the rules and regulations of the tender on August 31<sup>st</sup> at 14:00 hours. The following process has happened:
    - 1. A Procurement Unit board was convened on September 2<sup>nd</sup>, 2011, with all concerned representatives in attendance including NMCP staff, to evaluate the received technical proposals from bidders. On completion of the evaluation, the MoH (Procurement) sent the evaluation result information to GFATM/VPP seeking their "non-objection". GFATM non-objection was received by email early the week of September 5<sup>th</sup>, 2011; and
    - 2. A second Procurement Unit board was convened on September 6<sup>th</sup>, 2011, to evaluate the financial proposal of the bidders, with the same process back up to GFATM/VPP. It was forecasted that the entire process should be completed by early in the week of September 12<sup>th</sup>, 2011. As of mission departure date, the Procurement Unit was still waiting for the GFATM non-objection so they could commence contract negotiations with winning bidders.
  - ii. NMCP sent update with their delivery schedule/locations to GFATM/VPP via email on August 29<sup>th</sup>, 2011. VPP agreed to request with rollout schedule to commence 3<sup>rd</sup> week of September 2011, based on initial request/prior discussions.
  - iii. Logistics micro planning by the District Health Management Teams (DHMTs) headed by the District Health Officer (DHO) had not commenced. This was delayed due to the on going registration activities. This is pending until RFP selection is completed by the MoH Procurement Unit.
  - iv. During the National Task Force Committee (NTFC) meeting held on September 7<sup>th</sup>, 2011, the Draft Implementation Guideline was circulated with a request for review and comments. It was decided to circulate the Draft Logistics Plan of Action (LPoA) for review and comments at the first Logistics sub-committee meeting not yet convened.
  - v. The following planning documents were developed based on NMCP's macro figures, and planning direction presented by NMCP during this mission:

1. National Logistics Plan of Action (draft) completed but not circulated to NTFC;
  2. Zone Positioning and Storage plan;
  3. District positioning plan;
  4. District storage plan;
  5. Distribution analysis based on different campaign lengths; and
  6. Draft logistics timeline chart developed around a November campaign period.
- b. Implementation
- i. National Implementation Guidelines (draft) was completed and circulated prior to National Task Force Committee, on 7 Sep 2011. Returns with comments were requested by September 9<sup>th</sup>.
  - ii. NMCP registration process had commenced in the south east/west zones; no information has been made available on the outcome prior to mission departure.

## 5. Key challenges and recommendations

- a. NMCP may have delays in logistics activities based on the numerous distribution sites being considered. Districts will need detailed scheduled deliveries by catchment areas within districts to fulfil distribution in all areas. Depending on distribution agent resources of transport, this schedule may need to be adjusted (prolonged) to allow for completion of LLINs movement. Bottlenecks will occur if district planning is not based on realistic timelines and doable number of distribution delivery sites.
- b. Training in logistics tracking is needed to have success in the supply chain, including local MoH HSA and volunteers who may be handling and/or storing LLINs.
- c. NMCP needs to have constant oversight on distribution agent activities; each agent must be part of the DHMT (teams) and work closely providing advice and adhere to NMCP campaign guidelines.
- d. Though this consultancy was logistics in nature, the following observations are noted in implementation/planning:
  - i. Importance of finalizing an approved Implementation Guideline Plan;
  - ii. Registration strategy needs to be confirmed;
  - iii. National NMCP direction is needed for analysis of registration figures to determine realistic/accurate LLIN gaps; and
  - iv. Importance of providing districts with valuable campaign training for supervisors, HAS and volunteers.

## 6. Next steps

To accomplish a successful campaign, areas in logistics and program implementation that needs to be considered for improvement and/or further development are:

1. NMCP to consider what additional technical support (implementation, communications & logistics etc.) that they require and submit a request for assistance through the appropriate channels;
2. Finalize Implementation Guidelines;
3. Develop a country strategy for registration and guidelines for analysis of returns to determine gaps;
4. Convene the logistics sub-committee ASAP (regardless if all partners are available) to lay out the supply chain plan and review and finalize Logistics Plan of Action (LPOA);
5. Complete RFP process and final selection of distribution agents;
6. Form zone logistics teams to oversee activities of distribution agents to ensure security, suitable warehousing and tracking tools are being used during movement of LLINs;
7. Recalculate macro country LLIN numbers to determine an actual delivery plan/allocation; to include the 476,797 LLINs from PMI;

8. Commence micro logistics planning at districts. Once distribution agents have been selected they should join this planning; a delay with advance planning will delay the country campaign;
9. Review district distribution sites: resources of distribution agents may not be sufficient to practically deliver to all initially suggested 10,180 sites; and
10. Consider logistics Commodity Management Assessment (CMA) an important post campaign activity needed to determine success of the supply chain activities provided by the distribution agents (companies).

#### 7. T.A. Debriefs with NMCP

Subject debriefs were conducted at NMCP on September 7<sup>th</sup>, 2011 with Doreen Ali, Deputy Director Preventive Health Services (Malaria) and on September 8<sup>th</sup>, 2011 with Mr. John Zoya, National ITN Coordinator, NMCP.

#### 8. Conclusion

I would like to extend my sincere thanks to Malawi NMCP team and partners for all their cooperation and the support provided during this Technical Assistance visit. Mr. John Zoya, National ITN Coordinator, NMCP was very responsive and supportive throughout the mission with making secure transport and his MoH colleagues available. I wish both NMCP and partners continued success with their planning and implementation of this mass LLIN campaign.

#### Attached Electronic Files:

- 1) Logistics Plan of Action (Draft)
- 2) Logistics Excel Templates:
  - a. General Notes
  - b. Zone LLIN Positioning & Storage Plan – Template #1 (Draft)
  - c. District LLIN Positioning Plan – Template #2 (Draft)
  - d. District LLIN Storage Plan – Template #3 (Draft)
  - e. Sample Analysis of campaign duration numbers – Template 4
- 3) Timeline Chart (Draft) & Original NMCP Timeline Chart
4. Waybill with “how to complete instructions”
5. Warehouse Stock Sheet with “how to complete instructions”
6. Malawi LLIN specifications and CMA sample tool

#### Proviso

*In preparation of all “draft” documents, every effort has been made to represent the most current, correct, and clearly expressed information possible. Nevertheless, inadvertent errors in information may occur. The information and data included have been gathered from a variety of sources and through collaborative meetings, but are subject to change as Malawi NMCP program decisions are made at various levels.*

*These documents represent a summary of the collaborative process/discussions engaged in between August 20<sup>th</sup> to September 9<sup>th</sup>, 2011, and are not necessarily complete as detailed information from some sources was not available. They are meant to serve as a draft framework that provides a guide for the campaign logistics planning and will continually require updating as NMCP program strategies, context and information is updated or changed.*

**List of Acronyms**

CDC	Centers for Disease Control and Prevention
CHSU	Community Health Sciences Unit
CMS	Central Medical Stores
DS	Distribution Sites
DHO	District Health Officer
DHMT	District Health Management Team
DMCC	District Malaria Control Coordinator
DMO	District Medical Officer
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HC	Health Centre
HEU	Health Education Unit
HSA	Health Surveillance Assistants
IEC	Information, Education and Communication
LLINs	Long Lasting Insecticide Treated Nets
LSC	Logistics Sub-committee
LPoA	Logistics Plan of Action
MoH	Ministry of Health
NGOs	Non – Governmental Organizations
NMCP	National Malaria Control Program
NATFC	National Task Force Committee
USAID	United States Agency for International Development
PMI	President’s Malaria Initiative
PSI	Population Services International / Malawi
RFQ	Request for Quotations
RFP	Request for Proposal
SARN	Southern Africa Rollback Malaria Network
TA	Technical Assistance
ToR	Terms of Reference
UC	Universal Coverage
VHC	Village Health Committee - member
VPP	Volunteer Pool Procurement
WHO	World Health Organization

**Meetings and/or visit contacts: (individual or group meetings)**

Doreen Ali	-	Deputy Director Preventive Health Services (Malaria)
John Zoya	-	National ITN Coordinator, NMCP
Wilfred Dodoli	-	W.H.O., Malawi
Katherine Wolf	-	Senior Malaria Advisor, USAID
Martin Auton	-	Senior Technical Officer, Procurement Services, GFATM
Ricki Orford	-	Resident Director, PSI Malawi
Patrick Phiri	-	Malawi Red Cross Society
Jessica Oyugi, MD	-	CDC, Resident Advisor / PMI Malawi
Maxwell Chimkokomo	-	MoH Principal Procurement Officer
GFATM /NMCP	-	NMCP hosted meeting with partners with GFATM
Southern Zone (Blantyre)	-	District Health Officers/Malaria Coordinators Orientation
National Task Force Meeting	-	held September 7, 2011