

Mission Report – Republic of Malawi

Technical Assistance for LLIN Mass Distribution Campaign

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Mission Dates : October 4th to November 2nd, 2011
Location : Lilongwe, Republic of Malawi
Report Date : November 22, 2011
Subject : Malawi Mass Distribution Campaign of LLIN

1. Mission Terms of Reference

- a) Meet with NMCP and partners to review the terms of reference and prioritize the activities according to their immediate and short term needs. Establish a plan for the first month of work.
- b) Work with NMCP and partners on a revision of the existing supporting materials as necessary based on country's timeline (training guidelines, data collection tools and management system, etc.).
- c) Where necessary and possible, work with the NMCP and partners to develop or revise budgets for activities.
- d) Based on the implementation guideline, timeline and budget, flag any gaps in operational planning/costs that could impact on the successful rollout of the campaign.
- e) Work with NMCP and the central logistics team to ensure that all the required documentation is in place for customs clearance and arrival of nets in the country.
- f) Work with the logistics consultant to support preparation of the training of the distribution agents selected through the tendering process. Work with NMCP to identify participants and locations of trainings, ensuring that all persons involved in the supply chain receive training.
- g) Work with the central logistics team to follow the pipeline of LLIN shipping and arrival to ensure no issues arise with clearing, transport or warehousing.
- h) Work with the central logistics team to verify district level warehouse space and condition.
- i) Work with NMCP to respond to questions and clarifications from the LFA and/or GFATM.
- j) Follow the implementation of activities for all sub-committees at central level. Participate in supervision at the operational level during campaign implementation.
- k) Work with NMCP and partners to develop a training plan, as well as a plan for supervision of training sessions. Ensure that all supplies needed for trainings are in place on time for rollout. Assist with facilitation of training of the central, regional and district level supervisors (as possible).
- l) Work with NMCP and partners to develop a data collection and management plan to facilitate collation and synthesis of data.
- m) Support the implementation of the household registration activity. Assist with collation and synthesis of data collected.
- n) Based on household registration data, assist with decision-making for the LLIN distribution if there are gaps/surpluses of LLINs at district level.
- o) Support the implementation of the LLIN distribution. Assist with collation and synthesis of the data collected.

- p) Follow the priority planning and implementation activities each month (to be determined in the monthly work plan). Ensure that the campaign timeline is followed and activities take place on time.

2. **General Observations**

- This is AMP's second mission to Malawi; it follows a Logistics mission in Aug. & Sept. 2011. The original mission report is available on AMP's website.

3. **Context:**

- Malawi is planning to reach Universal Coverage with Long Lasting Insecticide Nets (LLIN) in 2011 – 2012.
- Various donors are contributing LLINs for the national campaign: 4,740,480 nets from GFATM Rd7 & Rd9; 477,000 nets from USAID/PMI; 230,000 nets from AMF and 30,000 nets from MVP (for a total of 5,477,480 LLINs).
- The Ministry of Health is the Principal Recipient for GFATM Rd7 & Rd9. There are no sub-recipients for the LLIN distribution, though various distribution agents (tasked with delivering the LLINs from regional warehouses all the way to the distribution sites) have been selected. They are: Mulli Brothers and Allied Freight for GFATM nets; PSI for PMI nets; and Concern Universal for AMF nets.
- At the time of AMP arrival in country for this mission, 2 out of 3 regions (South & North) had organized their training of trainers in cascade format for their respective health districts. The final regional training (Central) took place towards the end of the mission, with participation from the AMP consultant.
- Following cascade training of the HSAs and volunteers (the people charged with the main campaign activities: HH registration, LLIN distribution and Hang Up), household registration is scheduled to begin soon thereafter and to take about 10 days. Collection and validation of HH registration data was still ongoing at the time of the consultant's departure, and about one third of districts had completed the registration phase of the campaign.
- The official campaign launch was scheduled for November 12, 2011 in order to coincide with Southern Africa Malaria week and the launch of an EPI activity.
- At the time of the consultant's departure, no firm timeline was available for the shipping and delivery of the LLINs from their location in Tanzania to the four selected regional warehouses in Malawi, as the GFATM was awaiting LFA comments on the PR's responses to a series of inquiries. The VPP is in charge of this phase of the transport.
- During the consultant's mission, it was decided to earmark the PMI LLINs for the rural part of Lilongwe Health District (in order to closely follow the official campaign launch taking place there). The number of health facilities, their location and population within Lilongwe District that would participate in the first phase of the campaign were yet not decided.

4. **Mission rollout and main accomplishments**

Quantification (see document in Annex):

The distribution strategy is based on reaching UC while accounting for existing nets.

- The quantity of LLIN required to reach UC is: 7,004,756
- The quantity of nets available is: 5,477,480
- The expected number of valid LLIN found is: 1,110,824
- The expected LLIN gap to reach UC is: 416,452

Even though the initial macro level gap does not appear to be sizeable, preliminary results from the household registration seem to indicate a larger population than anticipated and fewer nets being accounted for in the field, likely increasing the real size of the net gap and hindering the goal of reaching universal coverage in all of the targeted health districts.

The task of identifying and reporting valid nets present in households is a difficult one. Nonetheless it has a direct impact on required quantity of LLIN needed and thus should be closely monitored and supervised. If needed districts could retrain volunteers before completing the registration process with better supervision.

The results of the household registration should be presented during NTFC meetings and options discussed to anticipate the decisions that will need to be made. In case it is confirmed that there is a large LLIN gap, the following options could be considered:

- Cap the number of nets to be received per household, no matter its size (likely 2 LLIN),
- Distribute a fixed number of nets per households no matter its size,
- Distribute fewer nets in urban areas (look at incidence, availability and ownership),
- Achieve UC in fewer districts and advocate for additional support for remaining districts,

The estimated number of distribution sites was calculated based on EPI experience, but that number is extremely high and likely very problematic for a LLIN distribution campaign. Instructions given to DHMT during their briefings were to revise to a more manageable number the proposed distribution sites for each district. Though no central-level parameters were given in what should constitute a distribution site, whether urban or rural, preliminary results from the districts indicate a decrease in the number of DS in the range of 30% from macro level projections. Even revised numbers of sites remain high to be properly monitored. At the same time, it is anticipated that distribution sites will be operational for a single day. This issue should be clearly monitored in light of the continuing fuel crisis in Malawi, as the distribution agents may have trouble mobilizing the vehicle fleet and fuel necessary to reach thousands of distribution points within a short timeframe all around the country.

Key campaign numbers:

- ✓ Number of Health Regions in Malawi: **3**
- ✓ Number of Health Districts: **28** (*of which 25 are partially or entirely participating in the campaign*)
- ✓ Number of LLINs available: **5,477,480**
- ✓ Estimated 2011 population (*participating in campaign*): **12,608,562 persons**
- ✓ Estimated 2011 number of HHs (*participating in campaign*): **3,075,259** (@ 4,1 ppl/ HHs)
- ✓ Estimated number of HSAs *: 11,000
- ✓ Estimated number of distribution sites *: 10,186

** These numbers are from the macro estimates. The number of DS is expected to be greatly reduced once micro planning and HH registration data are submitted by Health Districts.*

Timeline:

The initial campaign timeline was not detailed enough and quickly became outdated. In light of the many developments with the campaign, and taking into account the best estimated delivery timeframe for the GF LLINs, the NTFC should validate a revised timeline and share it with all partners in order to ensure proper implementation of all key activities in due time. AMP is available to assist with this task if desired by the country.

The timing of nets arrival, the validation of HH registration results and the LFA evaluation of the campaign will all impact how quickly the distribution phase of the campaign can take place. In all likelihood some districts will be ready before others. As such these should be properly supervised to undertake the distribution ahead of the other districts. This will allow to properly allocate supervision resources (human and material) and to take lessons learned as the distribution rolls out countrywide. The exact calendar will be detailed in the revised timeline.

Training :

All campaign activity messages and materials are communicated in a single briefing that cascades down to the HSA and volunteers. This session is thus to cover HH registration, LLIN distribution, Hang Up and all related logistic and supervision in a single day. There also exist no training guide being used or shared. The analysis of the HH registration data will indicate whether the strategy was properly communicated and implemented in each district (campaign tools will collect harmonized information and will be compared to macro estimates). Lessons should be taken on the results of this exercise, addressed when possible and recorded for future campaigns.

In the event that additional training sessions are deemed necessary, they should focus on correcting noted problematic situations and improving the activities that have not yet happened. Logistics tasks also heavily rely on the distribution agents. If time allows, districts could greatly benefit from logistics training alongside a distribution agent representative.

Micro Planning and data management (see document in Annex):

The usual micro planning process is taking place in Malawi in two ways. First the districts are asked to submit their estimated number of distribution sites and cross-reference the HH registration numbers once they become available. Then they are to work alongside the distribution agent to properly prepare the movement of nets and all necessary materials and begin community mobilization.

No centralized tool was made available to assist in either process. The central level review and validation of these documents is thus extremely important to ensure that campaign directives are properly implemented.

Data management tools were developed and submitted to NMCP. These were presented to the Central region briefing, but not to the two previous regional briefings. An effort should be made to disseminate these tools to all districts participating in the campaign in order to obtain standardized campaign data that will help making as informed decisions as possible going forward. For example, the preliminary results of the registration in Blantyre District show an average of 3,417 LLINs to be distributed per site. Even in an urban setting, it will prove difficult to distribute that many of nets in proper conditions in a single day.

Budget :

No campaign budget was shared with the consultant despite requests. As such it was not possible to review the financial allocations approved in the various grants, or to suggest re-distribution of funds for necessary activities that were unbudgeted.

Nonetheless, the currently planned activities in communication and training should have yielded savings from the originally budgeted amounts.

The districts were not given a harmonized budget template with clear directions and strategy, and thus did not uniformly budget for the necessary campaign activities. NMCP has been working with individual districts to obtain a final validated budget.

The system of releasing funds to the districts and all the way to the individual HSA bank accounts seem efficient but time consuming. For example all campaign documents are to be printed at the district level, and the lack of stationary and funds slowed the registration in a

few districts. The time necessary to move funds centrally to the campaign actors should not be underestimated. Appropriate campaign planning should also include financial transactions.

Human Resources and Supervision (see document in Annex):

The LLIN campaign is an important and demanding activity. To properly plan and monitor its implementation requires a heavy commitment from all actors, especially the PR. As the main campaign activities start rolling out, the necessary resources should be allocated to ensure its success. At times central level coordination could use additional assistance given the workload the campaign generates.

Central level supervision of the HH registration process was not standard. As the remaining activities are implemented, a detailed supervision plan (and its necessary training session) should be put in place to adequately monitor the campaign. The fuel situation and other health activities in the country should be taken into account.

Supervision tools were also developed and shared with one of the 3 regions during the briefings. Other districts should be instructed on how to properly utilize these tools.

5. Recommendations

a) Coordination:

- Update and expand campaign timeline; validate with NTFC and follow implementation
- Ensure close & frequent coordination with distribution agents; VPP and LFA
- Review HH registration data and agree on strategy in case of large gap
- Investigate large discrepancies btw macro and HH reg. results; address issues raised
- Define strategy for urban distribution; hang up phase and fuel situation with NTFC
- Consider delivering nets in districts as they become available locally, if ready
- Consider collaborating more with experienced local partners on the ground; additional TA

b) Communication:

- Share more information and validate decisions with NTFC
- Work closely with LFA in order to save time and ensure all necessary approvals
- Review mass & IPC communication strategy and timing for maximum impact
- Communicate clearly revised distribution strategy and numbers, if necessary

c) Data Management:

- Communicate and collect new HH data forms for all districts; consolidate w/ transport plans
- Plan for demanding data entry duties at all levels due to large amount of information

d) Logistics:

- Confirm to VPP revised delivery schedule (quantity & location) based on HH data, strategy
- Finalize detailed transport plans with distribution agents based on local conditions
- Draw lessons from Lilongwe distribution. Ensure proper documentation and tracking of nets
- Identify logistics focal points at regional and district level, offer training if possible

e) Budget:

- Review budget along w/ unspent funds to plan for remaining activities, match chronogram
- Finalize district budgets in light of HH data results and ensure prompt transfer of funds

f) Supervision:

- Plan for supervision of all remaining activities from the central level to health facilities
- Create a small & dedicated central level campaign team to manage campaign

6. Next Steps

- I. Ensure that all newly validated data management tools are shared, explained, properly filled out, returned and analyzed from every health district, even those who already completed the registration
- II. Discuss options on how best to reallocate LLINs based on Household registration results, Lilongwe distribution, and possible revised strategy. Communicate to VPP and finalize delivery schedule to regional warehouses
- III. Work with distribution agents and DHMTs to develop and validate realistic transport plans from district warehouses to distribution sites based on household registration results

7. Conclusion

By choice the LLIN mass distribution campaign in Malawi is extremely decentralized, and a number of key activities are the responsibility of the private sector. In such a case, central level supervision and monitoring from NMCP and key partners are of vital importance to ensure the success of the campaign. Renewed efforts and commitment should be made in order to allocate appropriate resources for this important task to ameliorate the wellbeing of the population.

Closely following the revised timeline will assist the actors to properly put into place the important remaining activities. We would like to thank all of the colleagues who collaborated during this mission, especially NMCP, WHO and USAID/PMI. AMP wishes good luck for the implementation of the recommendations and next steps and remains available to provide additional technical assistance should it be desired.

Documents attached in Annex :

1. LLIN and Personnel Macro Quantification / Preliminary Registration results
2. Campaign Data Management Tools
3. Campaign Supervision Tools

Documents available but not attached to report :

4. Campaign Plan of Action
5. Central Region Training Agenda
6. Campaign Key Messages for Cascade Trainings

List of Acronyms :

AMF	Against Malaria Foundation
AMP	Alliance for Malaria Prevention
CDC	Center for Disease Control and Prevention
DS	Distribution Sites
DHO	District Health Officer
DHMT	District Health Management Team
DMCC	District Malaria Control Coordinator
DMO	District Medical Officer
EPI	Expanded Program on Immunization

GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HH	Households
HSA	Health Surveillance Assistant
IEC	Information, Education and Communication
JSI	John Snow, Inc
LFA	Local Fund Agent
LLIN	Long Lasting Insecticide Net
MOH	Ministry of Health
MVP	Millennium Village Project
NGO	Non-Governmental Organization
NMCP	National Malaria Control Program
NTFC	National Task Force Committee
PMI	President's Malaria Initiative
PR	Principal Recipient
PSI	Population Services International
RBM	Roll Back Malaria
SARN	Southern African Regional Network
TA	Technical Assistance
UC	Universal Coverage
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VPP	Voluntary Pooled Procurement
WHO	World Health Organization

Persons met during Mission :

- Doreen Ali, NMCP Manager
- John Chipwanya, NMCP Deputy Manager
- John Zoya, NMCP
- Evans Kaunda, NMCP
- Shadrek Mulenga, NMCP
- Wilfred Dodoli, WHO
- Dorothy Namate, MOH GF Coordinator
- Maxwell Chimkokomo, MOH Procurement
- Dalitso Thawale, MOH
- Tobias Kunkumbira, MOH
- GZ Chirwa, MOH EPI
- Evance Mwendu, MOH EPI
- Allan Macheso, UNICEF
- Lula Mariano, UNICEF
- Alex Mkandawire, Cardno Emerging Markets - LFA
- AJ Kalimbuka, Malawi Defence Forces
- Patrick Phiri, Malawi Red Cross
- Katherine Wolf, USAID
- Jessica Oyugi, CDC/PMI
- Antonia Mariani, USAID/PMI
- CT Msanyama, Peace Corps
- Greg Clements, Peace Corps
- Willy Kabuya, JSI Malawi
- Chimwemwe Nyoni, Concern Universal
- Ricki Orford, PSI Malawi
- Charles Yuma, PSI Malawi
- Jones Labana, PSI Malawi
- Holden Karnofsky, Give Well
- Nicholas Mwamlima, Ntcheu Health District
- Annie Chauma, Lilongwe Health District
- Sam Chirwa, Lilongwe Health District
- Thomas Mavuto, Lilongwe Health District