



LLIN DISTRIBUTION REPORT

Phalombe Malaria Communities Project

Date of submission: 24 th January 2011	Project name: Kalinde and Nambazo Community-based Long Lasting Insecticide Treated Net (LLIN) distribution
Heading of intervention, site/area: Community based LLIN distribution, Kalinde and Nambazo - Phalombe District, Malawi	
Donor Agency / organisation: Against Malaria Foundation (AMF) and United States Agency for International Development (USAID). Volunteers from PriceWaterhouseCoopers (PwC) have also contributed to the project.	
Partner organisation in country of intervention: Concern Universal	

GLOSSARY OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AMF	Against Malaria Foundation
CMF	Community Malaria Facilitator
CU	Concern Universal
DC	District Council
DEC	District Executive Committee
DHO	District Health Officer
DN	Delivery Note
GRN	Goods Receiving Note
HFH	Holy Family Hospital
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSA	Health Surveillance Assistant
IEC	Information, Education and Communication
ITN	Insecticide Treated Nets
LLINs	Long Lasting Insecticide Treated Nets
MICS	Multiple Indicator Cluster Survey
NMCP	National Malaria Control Programme
PMCP	Phalombe Malaria Communities Project
PMI	President's Malaria Initiative
PwC	PriceWaterhouseCoopers
UK	United Kingdom
USAID	United States Agency for International Development
VDC	Village Development Committee
VHC	Village Health Committee

INTRODUCTION

Malaria is a leading cause of morbidity and mortality in Malawi, particularly in children under five years of age and pregnant mothers. In 2007, malaria affected 34% of Malawi's population (HMIS 2007). It is the most common cause of outpatient visits, hospitalisation and death and is responsible for about 40% of all under-five hospitalisations and 30% of all hospital deaths in under-five children.

It is estimated that there are between 30 and 50 infective mosquito bites per person per year. *Plasmodium falciparum* is by far the commonest species, accounting for 98% of the malaria infections.

The Government of Malawi started distributing insecticide-treated nets (ITN) on a national scale in 2002, targeting pregnant women and children under five years of age. In 2006 free LLIN distribution policy was adopted for pregnant women and under-five children in order to improve coverage among the rural communities. However, despite these efforts, a substantial proportion of the population remains unprotected and continues to suffer from malaria.

In order to address these problems, Concern Universal (CU) is implementing the Phalombe Malaria Communities Project (PMCP) in Phalombe District in the Southern region of Malawi. Phalombe is one of the districts with the highest prevalence of malaria among under-five children (62%), a high prevalence of malaria cases in the general population (21%), and with a high percentage of malaria cases reported as the reason for outpatient attendance (23%) (all figures HMIS, 2007)¹. According to the Malawi Indicator Cluster Survey (MICS) report of 2006, Phalombe has a low coverage of 28.7% for households that own at least one LLIN and LLIN usage amongst under-five children remains as low as 21%. These statistics indicate a low level of adoption of malaria prevention practices in the targeted communities.

The project fits well with the President's Malaria Initiative (PMI) and it addresses National Malaria Control Programme (NMCP) identified needs and gaps. There are an estimated 322,227 people in Phalombe according to the 2008 Population and Housing Census report. The project is targeting under-five children and pregnant mothers who are the most vulnerable to malaria. Primary beneficiaries are estimated at 66,000 people comprising 51,000 under-five children and 15,000 pregnant mothers (expected pregnancies). The project is also targeting People Living with HIV and AIDS.

PMCP whose goal is to reduce mortality and morbidity associated with malaria by 50% by 2012, has for two years engaged the communities with behavioural change interventions on malaria prevention and management through community based health education campaigns and IEC. One of the major barriers to LLIN usage was and still is the unavailability of LLINs that could be accessed by all households and particularly those who cannot afford them. For example a Mid-Term Evaluation of the Phalombe Malaria Communities Project conducted in October 2010 found that only 46.1% of households with children aged under-5 owned an LLIN.² Fortunately, USAID introduced CU to Against Malaria Foundation (AMF) which led to a donation of 9,600 LLINs for distribution to communities in Migowi in Phalombe district. This initial distribution took place in August and September 2010.

¹ Health Management Information Bulletin (2007) Annual Report: July 2005-June 2006. Ministry of Health Planning Department, Health Management Information Unit

² Bello, G. & Umar, E. (2010) Knowledge, Practice, Coverage- Mid-Term Evaluation of Concern Universal Phalombe Malaria Communities Project

In recognition of the scale of the malaria problem in Phalombe and the quality and effectiveness of this initial distribution, AMF donated an additional 20,000 LLINs for CU to distribute in November and December 2010 in Kalinde and Nambazo, Phalombe District (please see **Annex 1** for a map of Phalombe District and Kalinde and Nambazo catchment areas). This report provides the details of this latest distribution round.

HOUSEHOLD DATA COLLECTION, ENTRY AND CLEANING

Data Collection

Initial estimates, using existing District data, were that the 20,000 LLINs would be sufficient to ensure blanket distribution coverage in 114 villages in Kalinde and Nambazo catchment areas. However our detailed survey showed that population was higher and existing net coverage lower than the initial statistics showed. Total population in the 114 villages was 63,782 and this translated into 32,805 sleeping spaces with 5,368 current usable nets. As a result it would require 27,437 LLINs to ensure blanket coverage in these villages. CU therefore agreed with officials from the Phalombe District Health Office to revise the initial plans and to focus our distribution of 20,000 LLINs on those communities with the greatest needs in terms of i.) recorded prevalence of malaria and ii.) presence of a low number of usable nets (coverage of existing nets per community varied significantly from 0% up to 82%). This process led to the identification of 65 priority villages (25 in Kalinde and 40 in Nambazo catchment area) where 20,000 LLINs were to be distributed.

The identification and registration of households in 65 villages within the catchment areas of Kalinde and Nambazo health centres was done by Health Surveillance Assistants (HSAs). Data was collected from every household at village level. The data collected from each household included the following:

- Name of household head
- Number of under-five children in the household
- Number of people over five years of age in the household
- Number of usable LLINs available in the household and number of LLINs required to meet total household needs for LLIN (please see **Annex 2**).
- Number of sleeping spaces in each household

Universal coverage distribution strategy which is recommended and approved by the Ministry of Health in Malawi was employed. This strategy advocates for one LLIN to be used by two people in a household.



Data collection teams preparing to go to the field

First Stage Data Cleaning

The project assigned Community Malaria Facilitators (CMFs), the Project Director and the Monitoring Coordinator to check all the data collected from the villages to ensure that all the details are complete and data is of high quality. Where necessary, the team made follow up visits to some villages where data was collected to make further data verifications and corrections. In order to ensure that no beneficiaries were missed during initial data collection, the mop up data collection and cleaning was conducted in each of the 65 villages.

Data Entry, Analysis and Final Cleaning

Data was entered using Excel spreadsheets created for each village. Further data cleaning was done during data analysis to assess consistencies and ascertain any missing data. At this stage it was ascertained that 20,000 nets would only be sufficient to ensure blanket distribution in a maximum of 63 villages. The number of villages for distribution was therefore reduced to 63.

Printing of Village Registers

After final analysis and data cleaning for the 63 villages, the project printed 2 village registers for each of the 63 villages. The aim of printing 2 registers for each village was to ensure transparency and accountability with community leaders and facilitate post-net distribution follow up activities. It was decided that one register should remain in the village under the custody of the Village Health Committee (VHC) and the other one returned to CU.

MOBILISATION AND HEALTH EDUCATION

The project conducted a mobilisation meeting for all chiefs, health workers and volunteers at first in order to plan the distribution process. Mobilisation meetings were conducted in every village prior to the distribution exercise. A roll-call of all registered beneficiaries was made to ensure that all those registered were indeed members of that village. During the mobilisation meetings the distribution process was explained to the beneficiaries and other community members. Health talks focusing on the importance of sleeping under an LLIN and maintenance of LLINs were also made at the mobilisation meetings.

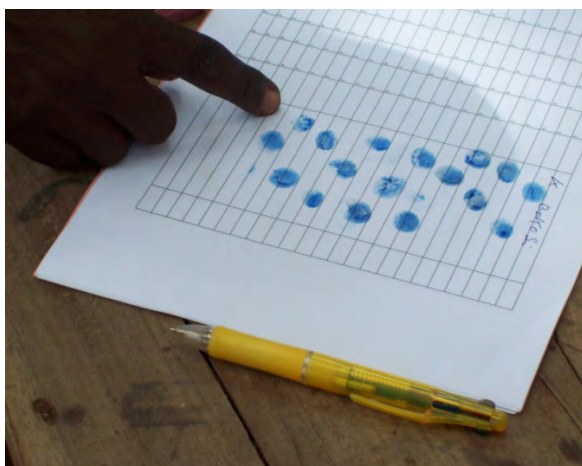
LOGISTICS, STORAGE AND MANAGEMENT OF STOCK

The LLINs were procured locally in Malawi from Health Net Limited in Lilongwe and arrived in Phalombe on 27th November 2010. CU developed a stores activity flow chart prior to receiving the LLINs (please see **Annex 3**). The project received the 20,000 LLINs accompanied by delivery note (DN) from the suppliers. A GRN was raised to the effect and a bin card was opened at project office and another bin card was opened at the DHO's warehouse at Migowi Health Centre which is the main warehouse for the District Health Office.



Storage facility at Migowi Health Centre Loading the nets for distribution

On each distribution day each team leader filled a stores requisition form that was approved by either the Programme Manager or the Monitoring Coordinator to allow distribution teams to collect the LLINs from the warehouse and subsequent distribution to communities. Two copies of requisition were taken to the warehouse where a Delivery Note (DN) was raised by the stores personnel and signed by the one collecting the nets. Upon collection of the nets, a bin card at the warehouse was updated. Each distribution team carried two copies of village registers and a duplicate copy of a delivery note to the distribution site or village. Upon arrival at the distribution site, the nets were re-counted for verification with community members that the team had brought the exact number of nets as indicated in the delivery note, and upon verification by VHC members and community leaders, the VHC Chairperson or Secretary signed the DN acknowledging receipt of the nets on behalf of the community/village. After the distribution, a VHC representative, a PwC volunteer (where present), a DHO representative and a CU representative signed the registers (on the last page) to verify that nets had indeed been distributed to the community.



A register in use- Chimbalinga village



Signing the register in Kanjedza village

One register together with a copy of the DN were retained by the VHC. A special file was created for filling of stores documents at the project office. Copies of requisition documents were attached to copies of DN that were signed by VHC members and a village distribution report. LLINs that were returned from the distribution sites were returned back to the stores and a goods return voucher was filled to that effect. The DHO provided stores personnel who worked hand in hand with CU stores personnel. This ensured accountability and transparency in the stock management process.

COLLABORATION WITH PARTNERS

The major partners in this LLIN distribution project were DHO, Holy Family Hospital (HFH), District Council (DC) and the community. The project team initially conducted a District Executive Committee (DEC) meeting where all district level heads of departments and organisations are members. The meeting was aimed at briefing the DEC members on the LLIN distribution. Issues regarding targeting, beneficiary selection, distribution process, monitoring and evaluation including logistics were discussed during the meeting.

The DHO provided a warehouse where LLINs were stored, health personnel that conducted registration of beneficiaries in their respective villages and the DHO also provided guidelines for household registration.

The District Commissioner also provided support to the project and the PwC volunteers paid a courtesy call to him before the commencement of distribution. He briefed them on the collaboration that exists between CU and the DC and indicated that the project is adding value to the work of government on the fight against malaria in the district. He emphasised that the donations were timely and that there is still need to access more LLINs from well wishers and donors to satisfy a big population of 322,000. The DC commended the donors, AMF and fundraisers, PwC for their passion for the people of Phalombe and also for visiting Phalombe and being involved in the distribution of the LLINs.

The distribution began with a formal launch on 29 November which was attended by the Director of Planning from Phalombe District Council, a representative from USAID, volunteers from PwC (representing and speaking on behalf of AMF), a representative from PwC Malawi, the Country Director of Concern Universal and a range of traditional leaders and key stakeholders. This event received good media coverage and interviews with CU and AMF representatives were broadcast on national television (Malawi Broadcasting

Corporation) and radio (Zodiac Radio). There were also articles and press releases in the two national Malawian newspapers- The Nation and The Daily Times. A copy of the Press Release produced to mark the launch of this distribution is reproduced in **Annex 4**.



Drama group performing at launch



Children dancing during launch





Director of Planning's speech



Traditional dance troupe at launch

LLIN DISTRIBUTION

The distribution exercise took three weeks from 30 November to 21 December 2010. A total of 20,000 (100%) nets were distributed to 63 villages that have a total population of 45,681 people. Distribution team members were trained on the CU stores management system to be used and the distribution procedures. The distribution teams included: PwC volunteers, HSAs, VDC and VHC members, Community Policing Forum members, CU staff members and Zone supervisors from the DHO.

					
			PHALOMBE MALARIA COMMUNITIES PROJECT		
			FINAL SUMMARY LLIN DISTRIBUTION REPORT		
DATE	VILLAGE NAME	TEAM	# OF LLIN PLANNED PRIOR TO FINAL VERIFICATION (info sent to AMF in Nov 2010)	# OF LLIN DISTRIBUTED (same as final verification figure in all cases)	BALANCE
30/11/2010	Mwazozo	1	110	104	6
	Motcha	1	155	196	-41
	Nahipa	2	133	101	32
	Yona	2	91	91	0
	Mpini	3	267	264	3
	Boyd	3	151	145	6
	Phaleya	4	261	266	-5
	Kalinde	4	812	845	-33
01/12/2010	Chabilira	1	181	181	0
	Kachingwe	1	327	348	-21
	Ntemanyama	2	545	461	84
	Wahera	2	104	130	-26
	Turuwa	3	440	477	-37
	Mphepo	3	238	296	-58
	Mwangala	4	304	297	7
	Komwa	4	241	230	11
02/12/2010	Mapondera	1	242	272	-30
	Chinani	1	201	221	-20
	Mariko	2	168	168	0
	Kathebwe	2	114	125	-11
	Phirikeya	3	447	454	-7
	Sumaili	3	335	355	-20
	Khoreya	4	94	85	9
	Chabuka	4	491	514	-23
03/12/2010	Nakhungu	1	178	178	0
	Nambwale	1	336	367	-31
	Phatama	2	186	191	-5
	Nakovo	2	246	244	2
	Likatchale	3	471	455	16
	Mwanyewe	3	193	193	0
	Chale	4	1300	1320	-20
	Pangani	1	315	326	-11
07/12/2010	Koloviko	1	331	343	-12
	Newiri	2	269	282	-13
	Nanchopwa	2	198	214	-16
	Mukakhe	3	694	779	-85
	Nampinga	3	367	367	0
	Tinangale	4	587	587	0
	Likangaliya	4	645	645	0
	Gwadila	1	197	181	16
08/12/2010	Vokiwa	1	220	254	-34
	Katolozwe	2	130	153	-23
	Mang'anda	2	175	188	-13
	Museu	3	516	516	0
	Thunga	3	555	512	43
	Makalakala	4	290	309	-19
	Nambera	4	168	222	-54
	Khuzupa	1	370	370	0
09/12/2010	Matewere	1	254	254	0
	Mlambe	2	220	272	-52
	Masache	2	96	139	-43
	Nanchapa	3	143	153	-10
	Kanjeza	3	209	209	0
	Thombozi	4	164	147	17
	Chinani	4	549	549	0
	Nambazo	1	320	337	-17
10/12/2010	Phelela	1	288	290	-2
	Mpinda	2	103	123	-20
	Mokhola	2	152	158	-6
	Nthenda	4	492	520	-28
	Magologolo	4	107	107	0
	Mangasanja	3	246	246	0
	Chimbalanga	1	661	674	-13
TOTAL			19393	20000	-607

Tota Distributed 20000

Total nets received 20000

Percentage distribution 100%

Balance remaining 0



Mike, Jen and Alecia from PwC conduct pre-distribution planning at CU office, Phalombe

The Chief's court or schools or playgrounds were used as distribution sites. At a distribution site, two tables were set so as to provide two places where registers were placed. Names of beneficiaries were called at Table 1 where they were asked to sign or thumb print against their names. Here the community leaders in the distribution team could check and verify the recipient's identity, explain how many nets the beneficiary will receive and household data records if they tally with the situation in that household. Then upon verification and signing, recipients moved to Table 2 where the nets were handed over. At this table, the beneficiaries were asked to sign in the second register before receiving the nets. Each net distributed was removed from the plastic package and labelled with the beneficiaries initials on the net labels. PwC volunteers were assigned to label and distribute the nets to beneficiaries assisted by community leaders and project staff.

Communities were sensitised on the importance of proper disposal of LLIN packets. The packets had to be burnt on the same day in a rubbish pit. On the same note issues of environmental protection were also emphasised like not to wash the LLINs in rivers as the chemical used to treat the LLIN could be harmful to aquatic life. Burning of the plastic packets was done soon after distribution exercise before the distribution team left the village. Community leaders and health committee members led the process.



Distribution in progress in Kalinde



Net demonstration in Phirikeya



Distribution begins in Turuwa



Receiving nets in Moutcha

LESSONS LEARNT

1. Letting the communities themselves take a leading role during the distributions helped to minimise problems at distribution sites.
2. The government (Phalombe District Council) has adopted the nets distribution system that was devised by Concern Universal for its community net distribution programme. The system may be scaled up based on the lessons that will be learnt from it and may benefit the country in its national nets distribution programme.
3. The district received a complementary supply of 40,000 nets from the First Lady, Madame Callista Muthalika in addition to the contribution made by Against Malaria Foundation. These nets are being distributed in other parts of the district.

CHALLENGES

1. LLIN distribution coincided with the agricultural planting season, such that most people did not attend mobilisation meetings and a few were missed during registration, as they were busy in the fields or purchasing agricultural inputs.
2. Being the rainy season, some places were inaccessible due to poor roads. The team used 4x4 vehicles in order to access these locations.
3. One team lost one bale (40 nets) in transit to a village in Nambazo. These nets were recovered the following day with the assistance of the Police.

RECOMMENDATIONS

1. LLIN distribution should be done before the beginning of the rainy season to avoid transportation problem and coincidence with the farming season
2. To lobby the DHO to reintroduce use of village registers to prevent people from inflating figures on the number of people in their household as the HSA will already have their details.

SELECTED PHOTOGRAPHS FROM DISTRIBUTION



Signing for a net in Phirikeya



Signing for a net in Turuwa



Waiting patiently in Kachingwie



Distribution in Mwazozo

ANNEX 1: Kalinde and Nambazo Distribution Maps

25 targeted villages in Kalinde catchment area



40 targeted villages in Nambazo catchment area



ANNEX 2: LLIN distribution village beneficiaries register



PHALOMBE MALARIA COMMUNITIES PROJECT

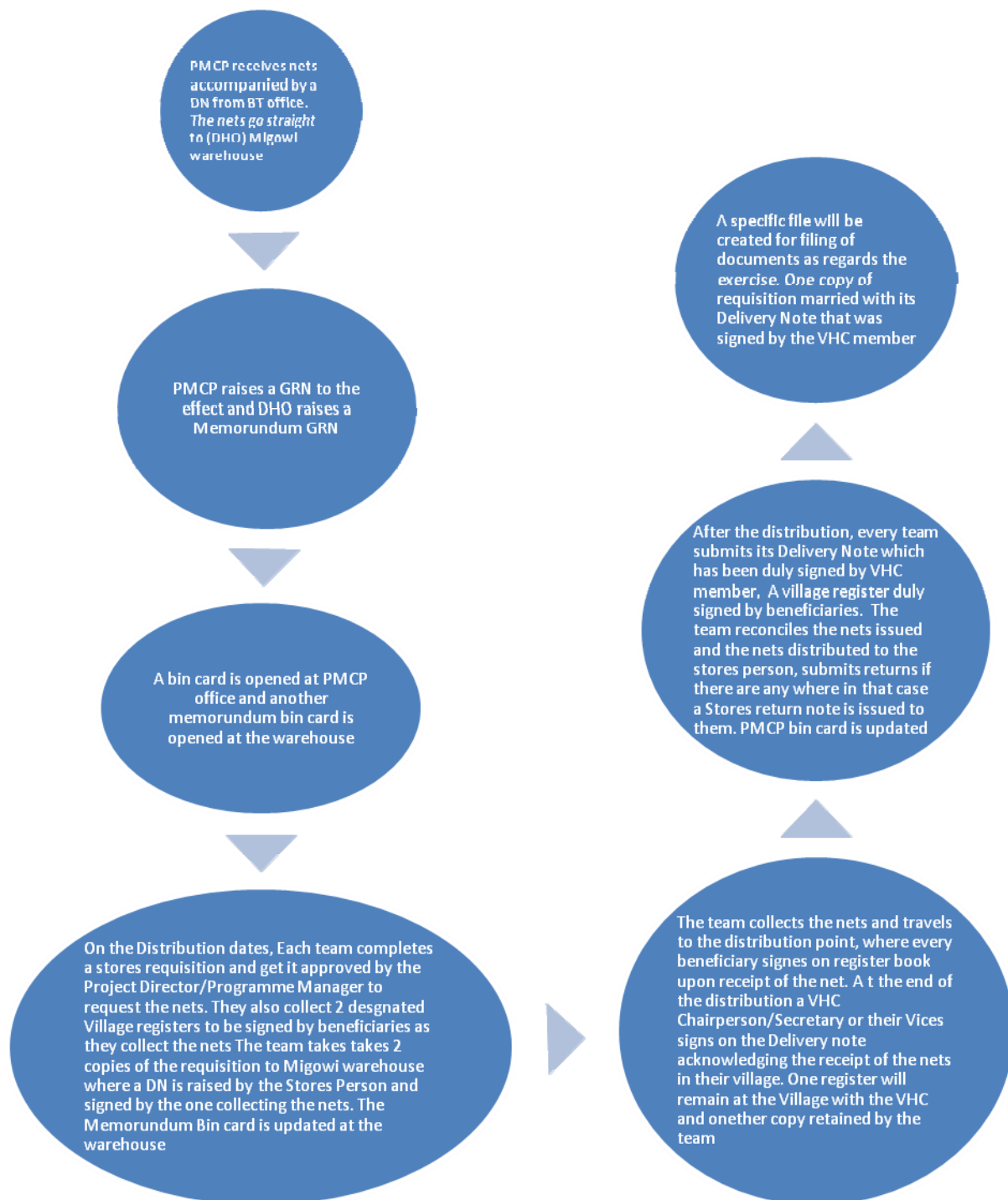


Village Name _____

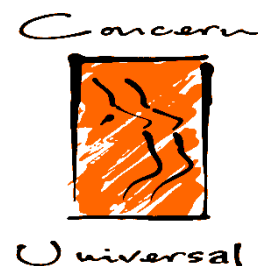
Date of Distribution _____

#	Name of HH head	Total # of beneficiaries		# of ITNs available in HH	Total # of ITNs required	# of ITNs received	Signature/Finger print of HH head	Date
		Under 5	Over 5					
1								
2								
3								
4								
5								
6								
7								
8								

ANNEX 3: Stores Flow Chart



Annex 4: 29th November Press Release which appeared in Malawian National Newspapers



PRESS RELEASE

Against Malaria Foundation donates 20,000 mosquito nets (LLINs) to achieve universal coverage in 65 villages in Phalombe District.

Concern Universal, in partnership with Phalombe District Health Office and Holy Family Hospital, is implementing a four-year (October 2008 to September 2012) community malaria project funded by the U.S. President's Malaria Initiative (PMI) through the United States Agency for International Development (USAID).

Concern Universal has received a donation of 20,000 Long-Lasting Insecticide treated Nets from the UK-based Against Malaria Foundation. The nets will be distributed to families in 65 villages in and around the catchment area of Kalinde and Nambazo Health Centres (TA Kaduya and Chiwalo) in Phalombe using a *blanket* approach whereby all households without nets will receive nets for each sleeping space. According to the Multiple Indicators Cluster Survey of 2006, only 36% of households in Phalombe District have at least one insecticide treated net.

The PMI/USAID grant covers the distribution and logistics costs for the nets. Concern Universal, Phalombe District Health Office and Holy Family Hospital personnel plus 5 U.S., European, and Malawian volunteers from PricewaterhouseCoopers will handle the distribution exercise, which will take place between 30th November and 23rd December, 2010. The market value of the nets is in excess of MK 15 million.

The overall objective of the project is to reduce malaria associated mortality and morbidity by 50% compared to the baseline level. The project's specific objectives are: (i) Increased community awareness and knowledge on malaria prevention, treatment and case management; (ii) Promotion of correct and consistent use and treatment of Insecticide-Treated Nets; (iii) Increased access to Intermittent Preventive Treatment for pregnant women; and (iv) Building the capacity of indigenous organisations in malaria management.

Malaria is a major public health problem in Malawi. It is a leading cause of morbidity and mortality, particularly among under-five children, pregnant women and other vulnerable groups such as people living with HIV and AIDS.

According to the World Health Organisation (WHO), worldwide there were 247 million cases of malaria and nearly one million deaths in 2008 . In Africa a child dies every 45 seconds of malaria and the disease accounts for 20% of all childhood deaths. Malaria is preventable and curable.