LLIN DISTRIBUTION REPORT

Chafumbwa and Makwangala, Dedza & Ntcheu Districts, Malawi

July-August 2011

Carried out by Concern Universal with Dedza & Ntcheu District Councils

LLINs Provided by Against Malaria Foundation with support from PriceWaterhouseCoopers

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Glossary of abbreviations

AMF	Against Malaria Foundation
ANC	Antenatal Clinic
CU	Concern Universal
DA	District Assembly
DC	District Commissioner
DEC	District Executive Committee
DHO	District Health Officer
H/C	Health Centre
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
ITN	Insecticide Treated Net
LLINs	Long Lasting Insecticide Treated Nets
M&E	Monitoring and Evaluation
NGO	Non Governmental Organisation
TFD	Theatre For Development
VDC	Village Development Committee
VHC	Village Health Committee

INTRODUCTION

In Malawi malaria is the leading cause of morbidity and mortality particularly in children under five years of age and pregnant women. It is the most common cause of outpatient visits, hospitalization and death- being responsible for about 40% of all under-five hospitalizations and 30% of all hospital deaths in under-five children.

Concern Universal (CU) with support from Irish Aid is implementing the Local Development Support Programme (LDSP) in TA Makwangwala in Ntcheu District and Chafumbwa EPA in Dedza District in Central Malawi. Among other areas of intervention, the project is addressing malaria problems in these impact areas in order to reduce the current malaria associated mortality and morbidity by 50% (from 2010 levels) by 2015.

Specifically the malaria component aims to:

i) Increase community awareness and knowledge on malaria prevention, treatment and case management.
ii) Promote correct and consistent use and treatment of Insecticide-Treated Nets (ITNs).
iii) Increase access to Intermittent Preventive Treatment among pregnant women.
iv) Build capacity of indigenous organizations in malaria management.

These objectives are being achieved by improving access, availability, and quality of community based malaria services through training and capacity building of community based organisations, sensitisation of communities to improve demand for and use of malaria preventive and control measures (IPT and ITNs) and advocate for prompt care-seeking practices to reduce deaths in children less than five years.

It is against this background that Against Malaria Foundation (AMF) provided a donation of 19,950 Long Lasting Insecticide Treated Nets (LLINs) to be distributed in Makwangwala (12,450 nets) and Chafumbwa EPA (7,503 nets) in order to contribute to the reduction of malaria associated mortality and morbidity in these two areas.

MALARIA PREVALENCE AND NET USAGE IN CHAFUMBWA AND MAKWANGALA

According to District data in 2009 there were 45,925 cases of malaria in Chafumbwa EPA (total population of 12,000 households) representing an average of almost 4 episodes of malaria per household per year. A baseline survey of malaria awareness, prevalence and bed net ownership was carried out in Chafumbwa in late 2009. This survey showed that household ITN ownership was estimated at 40%; use of ITNs by children aged 0-59 months during the previous night was 25% while mothers of children 0-23 months who reported sleeping under ITN all of the time or most of the time during their most recent pregnancy was 29%.

There are 20,000 households in T. A. Makwangwala (85,173 estimated population) in 146 villages with a similar number of annual malaria cases per household as in Chafumbwa.

According to the baseline survey of October 2009, 53% of the households in Makwangala owned at least one net while 34% owned two nets or more.

The Government of Malawi started distributing ITNs on a national scale in 2002 targeting pregnant women and children under five. In 2006 the free ITN distribution policy was adopted targeting pregnant women and under five children in order to improve coverage among the rural communities. However a significant proportion of the population still remains unprotected and hence continues to suffer from malaria.

ACHIEVEMENTS

Between 26th July and 12th August Concern Universal, working with the District Health Offices (DHOs) of Dedza and Ntcheu and supported by volunteers from PriceWaterhouseCoopers UK, distributed a total of 19,950 LLINs in four clusters under Chikande, Bilira, Matumba/Mikondi and Kafere Health Centres. The breakdown of nets distributed in each cluster is set out in the table below:

Cluster	**No. of Villages**	**Households**	**Population**	**Existing Useable LLINs**	**No. of LLINs distributed**
Bilira Health Centre (Ntcheu)	29	4,340	17,203	2,735	6,730
Chikande Health Centre (Ntcheu)	35	3,556	14,735	2,452	5,720
Matumba & Mikondi Health Centres (Dedza)	34	1,228	5,313	244	2,715
Kafere Health Centre (Dedza)	88	2,424	10,573	895	4,788
TOTAL	**186**	**11,548**	**47,824**	**6,326**	**19,953**

This analysis shows that existing levels of LLIN coverage across the four distribution clusters was 24% with the Ntcheu clusters having higher existing coverage levels (29%) than the Dedza clusters (13%).

NET DISTRIBUTION PROCESS

In order to achieve the successful distribution of 19,953 LLINs in Chafumbwa and Makwangala the project team carried out the following activities:

Stakeholder Orientation

Orientation of stakeholders in the process of net distribution is vital for its successful implementation. The primary targeted stakeholders were local leaders, health workers, volunteers as well as the District Executive Committee (DEC) members in both Districts. The orientation was done by Concern Universal staff and district-based Ministry of Health staff responsible for malaria and health education. The topics during the orientation included the registration process, explaining the concept of sleeping spaces, number of nets to be distributed, period of distribution and distribution process, and health education on malaria control and prevention including net usage. DEC members welcomed the move and promised to support the activity where necessary.

Data orientation

Data collectors were oriented on the forms to use and how to go about the activity of data collection. The orientation exercise was supported by DHO, CU and Social Welfare staff in order to get quality data.

Data collection - Registration

Registration and data collection for beneficiaries was done by Health Surveillance Assistants (HSAs), VHWC committee members and VDC chairpersons in villages from the four catchment areas. Data was collected for every household at village level. These were supervised by coordinators and officers from both CU and the DHO. The data collected for each household included the following: Name of household head; number of under five children; number of people over five years of age in the household; number of sleeping spaces; number of usable ITNs available in the household and number of ITNs required for distribution in the household. It was agreed that the project adopt the universal coverage distribution strategy which is recommended and approved by the Ministry of Health in Malawi. Additionally, the HSAs provided health talks on malaria at each household that was being registered.

First Stage Data cleaning

The project assigned malaria coordinators from DHO, Health staff from CU and M & E Officer for CLIOMA Project to check all the data collected from the villages to ensure that all the details were complete and that data is of high quality.

Data verification

The team and Field facilitators 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 every household was visited as part of verification. Verification of the long lasting insecticide treated nets registers was done at village level where everyone was present. This exercise involved one of the team members calling out names of the community members from the primary register with household data collected during registration while the other members were cross-checking and updating the draft distribution registers developed from the primary registers.

Data Entry, analysis and final cleaning

Data was entered using Microsoft Access and spreadsheets were created for each village. Further data cleaning was done during data analysis to assess inconsistencies and ascertain any missing data. The exercise was done by Clioma M& E with assistant from AY computer cafe and DHO staff.

Printing of Village beneficiaries Registers

After final analysis and data cleaning for all villages, the project printed 2 village registers for each group village head man where net distribution was conducted. The aim of printing 2 registers for each group village head man 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 at VDC level and the other one returned by Concern Universal as a partner organisation to Against Malaria Foundation

Warehousing and Stores Procedures

The Ntcheu stock of 12,450 LLINs was stored at the DHO's warehouse in Ntcheu town. The Dedza stock of 7,503 LLINs was stored at CU's storage warehouse in Lobi. CU stores procedures were followed in both cases during distribution. Requisitions were filled and approved by the responsible person to collect the LLINs for distribution by each team leader. The requisition was taken to the warehouse where a Delivery Note was raised by the stores personnel and signed by the one collecting the nets. Upon collection of the nets, a memorandum 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 recounted and verified by Village Health Committee members and community leaders. The VHC chairperson/Secretary signed the delivery note acknowledging receipt of the nets in the village. In absence of the VHC the village head as signing the delivery note. Rigorous stores management system ensured that no LLINs

losses were incurred during distribution, transportation process. LLINs that returned from the distribution site were returned back to the stores and a goods return voucher was filled to that effect.

ITN Distribution

The distribution was done by Concern Universal staff in collaboration with Ntcheu and Dedza District Health Office staff. The distribution was completed in three weeks (from 25 July to 12 August 2011). Four distribution clusters were demarcated- one for each Health Centre in the distribution area.

A distribution site comprising of two or more villages was identified at the centre of the villages within the sub –location. People gathered at the identified distribution site to collect their nets with their local leaders and volunteers for ease of identification of the beneficiaries. Each net was marked with the beneficiary's name on the tag for ease of identification during the post distribution surveys after six months. The plastic bags were then collected by the CU and DHO team and sent for burning at the end of the day. Each beneficiary received the nets allocated to the household based on the number of sleeping spaces that had no nets during registration.

Before the start of net distribution at the distribution site, the distribution group provided health education on the malaria control and prevention as well as demonstrations on net usage and hang-up. A total of five volunteers from PwC UK assisted with the village based distributions over the three week period.

Post-distribution meetings and lesson learning sessions

Post-distribution meetings were carried out to evaluate the whole process of net distribution at each sub-location. The meetings focused on what went well, what did not go well, lessons learnt and how best the exercise can be improved in future. The participants at the review meetings were health workers, volunteers and local leaders as well as beneficiaries who were involved in the process of net distribution.

What went well?

- All the households were reached for registration.
- Community mobilization and orientation of local leaders, volunteers and health workers hence a lot of people were aware of the activity.
- The verification and distribution process was open, free and fair as people knew the number of nets to be received.
- Households received nets according to the number of sleeping spaces they had.
- There was team work from CU staff, village development committees, local leaders, health workers and district staff.
- Health talks were provided during the registration, verification and distribution of nets.

- People who are not target by health centre distribution were able to receive nets (every person was targeted regardless of age and economic status)
- Involvement of local leaders as part of the distribution team helped to minimise problems at distribution sites.

What did not go so well?

- Some households did not receive nets mainly in Pengapenga as the there was a shortfall of nets.
- Beneficiaries and distribution teams were not always punctual.
- Time allocated for the whole process was tight especially net registration which required two weeks.
- Some household heads were reluctant to allow the data collectors to enter their houses for fear of the unknown.
- A lot of people were fingerprinting instead of signing their names as they were illiterate- this made it difficult for people to see their names and know where to finger print.
- Some parents were absent during the registration, verification and distribution hence sending their children who did not know their parents' names to receive nets and were providing confusing names during the distribution.
- A few women were not open to mention the names of their husbands because of cultural reasons and as a result women were using maiden names with which their husbands were not familiar- this caused confusion at the distribution points.

Lessons Learnt

- Informing people that data collectors will be entering their houses to see the sleeping spaces during community mobilization creates good working relationship between HSAs and communities.
- People who allowed data collectors to enter their houses were allocated the correct number of nets.
- There is need to have enough time to collect data for registration before commencement of net distribution.
- Avoid market days during net registration, verification and distribution to avoid absenteeism.
- Involvement of local leaders, volunteers, health workers and community itself enforces successes
- Adoption of door to door registration proved to be a great succe

Chafumbwa & Makwangala Net Distribution Data- August 2011

Cluster	VDCs	No of villages per VDC	No of households	Population	Number of sleeping spaces	Useable LLINs in place	Nets Required	Nets Distributed	Gap
1. Chikande Health Centre-Makwangala	Austen	17	1,262	5,048	2,804	738	2,066	2,066	0
	Pengapenga	1	39	141	78	8	70	70	0
	Namboya	13	1,579	6,714	3,730	1,161	2,569	2,555	14
	Mapondera	2	317	1,418	788	268	520	520	0
	Mkutumula	2	359	1,414	786	277	509	509	0
Sub-Total		**35**	**3,556**	**14,735**	**8,186**	**2,452**	**5,734**	**5,720**	**14**
2. Bilira Health Centre-Makwangala	Kambuku	4	581	2,300	1,278	247	1,031	1,031	0
	Mkutumula	14	2,344	9,484	5,269	1,738	3,531	3,478	53
	Mapondera	2	325	1,185	658	112	546	546	0
	Kalimanjira	6	792	3,060	1,700	495	1,205	1,176	29
	Pengapenga	3	298	1,174	652	143	509	499	10
Sub-Total		**29**	**4,340**	**17,203**	**9,557**	**2,735**	**6,822**	**6,730**	**92**
3. Matumba & Mikondi Health Centres- Chafumbwa	Chipingasa	3	109	512	280	20	260	260	0
	Kutsanja	9	338	1,578	892	55	837	837	0
	Nkhaladzulu	6	102	459	224	3	221	221	0
	Yobe	4	122	540	325	42	283	283	0
	Kuchipanga	3	74	264	175	11	164	164	0
	Ndevu	9	483	1,960	1,063	113	950	950	0
Sub-Total		**34**	**1,228**	**5,313**	**2,959**	**244**	**2,715**	**2,715**	**0**
4. Kafere Health Centre-Chafumbwa	Tsumbi	21	610	2,730	1,415	172	1,243	1,243	0

	Kafere	18	552	2,371	1,281	287	994	994	0
	Mantega	18	368	1,568	786	72	714	714	0
	Kanyanda	10	292	1,255	670	105	565	565	0
	Kude	6	171	766	468	92	376	376	0
	Kunjawa	10	222	880	515	98	417	417	0
	Majamanda	5	209	1,003	548	69	479	479	0
Sub-Total		**88**	**2,424**	**10,573**	**5,683**	**895**	**4,788**	**4,788**	**0**
TOTAL FOR ALL 4 CLUSTERS		**186**	**11,548**	**47,824**	**26,385**	**6,326**	**20,059**	**19,953**	**106**