



## Mosquito Nets Distribution Report

### Phalombe Malaria Communities Project

<b>Date of submission:</b> 6 November 2010	<b>Project name:</b> Migowi Community Long Lasting Insecticide Treated Net (LLIN) distribution
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<b>Heading of intervention, site/area:</b> Mosquito net, Migowi Health Centre catchment area- Phalombe District, Malawi
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<b>Donor Agency / organisation:</b> Against Malaria Foundation (AMF) and United States Agency for International Development (USAID). PwC volunteers have also contributed to the project.
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<b>Partner organisation in country of intervention:</b> Concern Universal
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## 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
HFH	Holy Family Hospital
HIV	Human Immune Virus
HMIS	Health Management Information System
HSA	Health Surveillance Assistant
IEC	Information, Education and Communication
ITN	Insecticide Treated Net
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
PSI	Population Services International
PwC	PricewaterhouseCoopers
TFD	Theatre for Development
USAID	United States Agency for International Development
VDC	Village Development Committee
VHC	Village Health Committee

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## 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 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) at a national scale in 2002 targeting pregnant mothers and children under five years of age. In 2006, free ITN distribution policy was adopted targeting pregnant women and under-five children in order to improve coverage among the rural communities. However, a substantial number of the population still remains unprotected and continue to suffer from malaria.

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 high prevalence among under-five children (62%), high malaria cases of the total population at 21%, and an increased percentage of malaria cases in outpatient attendance of 23% (HMIS, 2007)<sup>1</sup>. According to Malawi Indicator Cluster Survey (MICS) report of 2006, Phalombe has a low coverage of 28.7% for households that own at least one ITN and ITN usage amongst under-five children remains as low as 21%. These statistics indicate low adoption of malaria prevention practices in the targeted community. 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 ITN usage was and still is the unavailability of ITNs that could be accessed by all households and particularly those who cannot afford it. Fortunately, USAID introduced CU to Against Malaria Foundation (AMF) that donated 9,600 ITNs for distribution to communities in Phalombe and Migowi in particular (*refer to Annex 1 for a map of Phalombe District and Migowi Health Centre catchment area*).

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

## HOUSEHOLD DATA COLLECTION, ENTRY AND CLEANING

### *Data Collection*

The identification and registration of households in all 28 villages within the catchment area of Migowi health centre was done by Health Surveillance Assistants (HSAs). The project team added on 8 villages from the periphery of Migowi catchment area in order to distribute the 9,600 ITNs. These villages fall under Phalombe and Kalinde health centres. Data was collected from every household at village level. The data collected at the 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 ITNs available in the household and number of ITNs required to meet total household needs for ITN (refer to **Annex 2**).

It was agreed that the PMCP adopt the universal coverage distribution strategy which is recommended and approved by the Ministry of Health in Malawi. The universal coverage net distribution strategy recommends that one ITN should be used by two people in a household. In this respect, data collectors were oriented by the project on how to collect the data in order to improve on quality of the data collected.

### *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 36 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.

### *Printing of Village Registers*

After final analysis and data cleaning for the 36 villages, the project printed 2 village registers for each of the 36 villages where net distribution was to be conducted. 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.

*Picture below shows part of contents of the village register*



### **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 insure that all those registered were indeed members of that village. During the mobilisation meetings, distribution process was explained to the beneficiaries and other community members. Health talks focusing on the importance of sleeping under an ITN and maintenance of ITNs were also made at the mobilisation meetings.



PMCP Director briefing community members at Maliko Village prior to net distribution exercise.

### **LOGISTICS, STORAGE AND MANAGEMENT OF STOCK**

The nets arrived in Malawi on 10<sup>th</sup> August 2010 and Population Services International (PSI) was involved in clearing the ITNs in Malawi. CU developed a stores activity flow chart (*refer to Annex 3*) prior to receiving the ITNs. The project received the 9,600 LLINs accompanied by delivery note (DN) from CU Blantyre office. 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.

On each distribution day, each team leader filled a stores requisition form that was approved by either the Programme Manager or the Project Director 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



CU staff member (Whisky Mkanda) collecting ITNs from warehouse for distribution

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, 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. 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. This rigorous stores management system ensured that no loss of

ITNs was incurred during storage, transportation and distribution processes. 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.



Distribution team members counting ITNs at the store

The District Commissioner and the DHO were also involved in writing a communiqué to the Malawi Revenue Authority requesting for duty waiver for the 9,600 LLINs. The Malawi Government had introduced 10% duty on LLINs effective July 2009. The DHO also provided a warehouse where the nets 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 all PwC volunteers paid a courtesy call to him before the commencement of each week's distribution phase. He gave a brief statement regarding collaboration that exists between CU and the DC and indicated that the project would add value to the work of government on the fight against malaria in the district. The DC also highlighted the need for ITNs in the district and the impact that the initiative will bring in Migowi area. He noted that this donation was timely and that there was need to access more LLINs from well wishers and donors as the district is big and has a total 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 be involved in the distribution of the LLINs.

### **ITN DISTRIBUTION**

The distribution exercise took three weeks from 23 August to 10 September 2010. A total of 9,607 (100.07%) nets were distributed to 36 villages that have a total population of 21,000 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 Zonal supervisors from the DHO.

A surplus of 7 nets was reflected in the reports after concluding the net distribution report. This could be due to some additional nets that were included in some bales. Normally, each bale contained 40 nets, but sometimes a bale could contain 41 nets. The Chief's court or schools or play grounds were used as distribution sites. At a distribution site, two tables and 6



chairs were provided and arranged in linear manner 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.





Christina Jenala (28), photo taken after she received 3 nets for her household at Garnet Village



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.

## LESSONS LEARNT

1. Involvement of local leaders as part of the distribution team helped to minimise problems at distribution sites.
2. Removing nets from their packages and labelling them is likely to reduce net abuse or selling of nets by beneficiaries.
3. Post-net distribution follow up visits have started showing signs of increased net use among community members
4. Door to door registration is a more accurate way of beneficiary registration.
5. The use of registers and double signing was a better approach for accountability and transparency.

## **CHALLENGES**

1. Non availability of household members to provide accurate data about their own households. In such circumstances, neighbours were interviewed to provide data although it required a lot of additional effort to establish the accuracy of such data and in some cases the data was not accurate.
2. There were migrant families and individuals who were not present during the registration process and their names and data could not be captured at the time of registration. These were missed out completely although they showed up during the distribution day.
3. In very few and selected situations, some people who had registered had moved out of the area because of other reasons. These were less than 1% of all registered households. In such circumstances, the VHC, village head and project staff made a decision to look for people that were missed out in the same village that could receive these nets.
4. There is a very high demand for LLINs in Phalombe District due to increased knowledge of malaria prevention through ITN use by the community members.
5. Poor road networks in the villages were a hindrance to timely net distribution. In some areas, community members had to carry the bales of nets from the main road covering a distance of up to 2kms.

## **RECOMMENDATIONS**

1. CU in collaboration with the DHO shall request for more ITN from AMF to be distributed in the five remaining malaria high risk catchment areas in order to meet part of the demand and reduce malaria incidences in the district.
2. The DC will be asked to prioritise the improvement of the road networks in targeted villages using Local Development Funds

## Samples of Photographs of the ITN distribution



1. Community mobilisation using local drama. Prior to net distribution exercise at Nakhoro Village

It's all smiles as the women receive their nets



Men are also involved in making sure their families are protected from malaria. Debbie presenting an ITN to a male household head.



'This is how we hang the net' Sara seems to say. Net use demonstrations before distribution at Mariko village



**Left:** A pregnant mother walks away after receiving her net. **Right:** An elderly woman is assisted to sign for her net.

**A SOCIAL RESPONSIBILITY: DONATIONS OF SCHOOL MATERIALS AND TOYS TO CHILDREN BY PwC STAFF**



It's all smiles for children of Chikondano Community Based Child Care Centre when they received books, writing materials and toys from PwC staff who donated the items to the children.

## LOGISTICS FOR ITN DISTRIBUTION



Loading ITNs from the warehouse into vehicles ready for distribution at the destination

An HSA being assisted by a CU staff member to load the ITNs on the back of a pick-up vehicle.



At the distribution site all ITNs were taken out from packages and labelled with recipient initials before distribution



Each recipient signed or thumb printed against their name in the register. **Left:** A woman signing for the nets in



the register **Right:** The same woman receiving the net after signing in the register at Mandeule village.



At the end of distribution exercise, all partners representatives signed the registers verifying that distribution has been done as shown above.



**Distribution Teams from PwC and Project staff joined by Samson Hailu – CU Malawi Country Director (Standing First from left).**



**Debbie, Dan Good, Andrew and Claire, getting things ready for net distribution at Nakhoro village.**



**Annex 1: Map of Phalombe showing Migowi catchment area (circled in red) and some villages belonging to Kalinde and Phalombe Health Centre catchments (circled in Blue)**



**Annex 2: LLIN distribution village beneficiaries register**



PHALOMBE MALARIA COMMUNITIES PROJECT

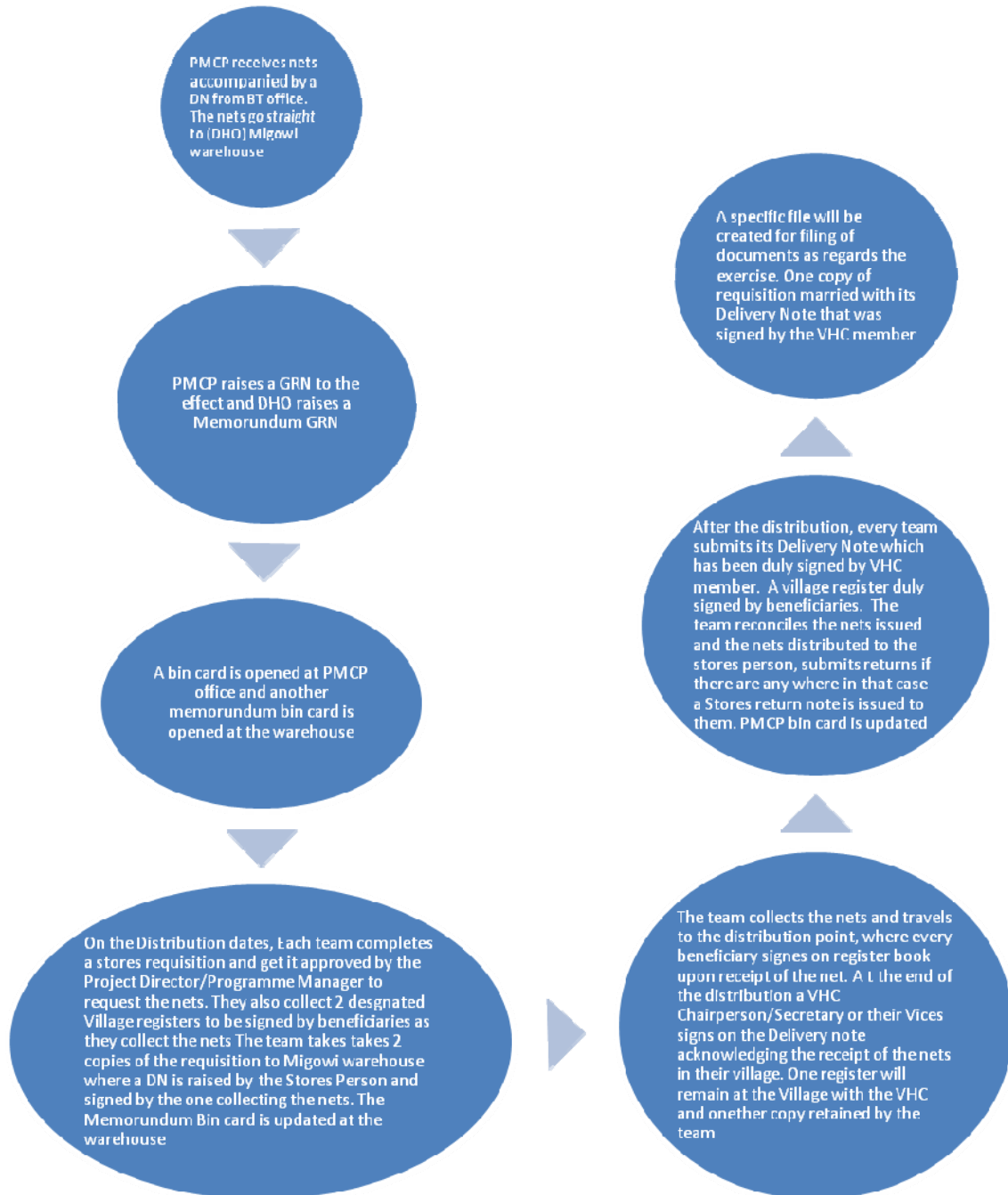


Village Name \_\_\_\_\_

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





**Concern Universal**  
**Phalombe Malaria Communities Project**  
**ITN Distribution Summary by Village & by Date**



Date	Village name	TEAM	# of ITNs per Village		Balance
			Planned	Distributed	
25/08/2010	Chimbudzo	1	187	181	6
26/08/2010	Jarden	1	234	230	4
27/08/2010	Ngoma	1	351	351	0
25/08/2010	Namata	2	402	394	8
26/08/2010	Nyalugwe	2	226	226	0
27/08/2010	Garnet	2	137	133	4
25/08/2010	Mapando	3	274	238	36
26/08/2010	Mkwepu	3	85	85	0
27/08/2010	Mvahiwa	3	194	194	0
25/08/2010	Singano	4	166	166	0
26/08/2010	Mgona	4	216	216	0
27/08/2010	Mandeule	4	378	378	0
01/09/2010	Mandanda	1	277	277	0
02/09/2010	Kaduya	1	206	185	21
03/09/2010	Thondolo	1	125	125	0
01/09/2010	Nasiyaya	2	516	514	2
02/09/2010	Nasiyo	2	166	166	0
03/09/2010	Ulolo *	2	248	536	-288
01/09/2010	Sakwedwa	3	850	844	6
02/09/2010	Msikita	3	94	94	0
03/09/2010	Mariko	3	200	184	16
01/09/2010	Makuti	4	164	164	0
02/09/2010	Mumbulu	4	365	353	12
03/09/2010	Jeke	4	292	302	-10
08/09/2010	Manyamba	1	108	108	0
09/09/2010	Mlelemba	1	292	292	0
10/09/2010	Mankhamba	1	487	479	8
08/09/2010	Manase	2	228	225	3
09/09/2010	Nandolo	2	153	153	0
10/09/2010	Matope	2	165	165	0
08/09/2010	Matepwe	3	438	409	29
09/09/2010	Mulera **	3	228	97	131
10/09/2010	Filisa	3	254	249	5
08/09/2010	Chamasowa	4	109	109	0
09/09/2010	Nakholo	4	468	468	0
10/09/2010	Gogodera	4	317	317	0
<b>TOTAL</b>			<b>9,600</b>	<b>9,607</b>	<b>-7</b>

\* First round data collection indicated 248 ITNs were needed. However a second round exercise confirmed that 536 ITNs were needed

The village register was updated to reflect the change but the summary table was not updated leading to the discrepancy presented below.

\*\* 131 less than planned ITNs were distributed as the balance was shifted to Ulolo. Mulera has now been included in the 20,000 ITN plan.

<b>SUMMARY LLIN DISTRIBUTION VILLAGE LISTING</b>			
<b>Date</b>	<b>Village name</b>	<b>CODE</b>	<b># of LLIN distributed</b>
<b>SUB-LOCATION 1 Nakhoru and surrounding villages</b>			
25/08/2010	Chimbudzo	1	181
26/05/2010	Jarden	2	230
25/08/2010	Mapando	7	238
01/09/2010	Mandanda	13	277
02/09/2010	Kaduya	14	185
01/09/2010	Sakwedwa	19	844
08/09/2010	Manyamba	25	108
08/09/2010	Matepwe	31	409
09/09/2010	Nakhoru	35	468
			<b>2940</b>
<b>SUB-LOCATION 2 Mankhamba and surrounding villages</b>			
25/08/2010	Namata	4	394
26/05/2010	Nyalugwe	5	226
27/08/2010	Mvahiwa	9	194
25/08/2010	Singano	10	166
03/09/2010	Ulolo	18	536
09/09/2010	Mlelemba	26	292
10/09/2010	Mankhanamba	27	479
08/09/2010	Manase	28	225
			<b>2512</b>
<b>SUB-LOCATION 3 Nasiyaya and surrounding villages</b>			
27/08/2010	Ngoma	3	351
03/09/2010	Thondolo	15	125
01/09/2010	Nasiyaya	16	514
02/09/2010	Msikita	20	94
03/09/2010	Mariko	21	184
02/09/2010	Mumbulu	23	353
10/09/2010	Matope	30	165
29/09/2010	Mulera	32	97
09/09/2010	Filisa	33	249
10/09/2010	Gogodera	36	317
			<b>2449</b>
<b>SUB-LOCATION 4 Mandaule and surrounding villages</b>			
27/08/2010	Ganeti	6	133
26/05/2010	Mkwepu	8	85
26/05/2010	Mgona	11	216
27/08/2010	Mandaule	12	378
02/09/2010	Nasiyo	17	166
01/09/2010	Makuti	22	164
03/09/2010	Jeke	24	302
09/09/2010	Nandolo	29	153
08/09/2010	Chamasowa	34	109
			<b>1706</b>
<b>TOTAL</b>			<b>9,607</b>

