

Holden Karnofsky's notes on Oct 21, 2011 meeting regarding LLIN distribution in Malawi

I sat in on a meeting at the Ntcheu District Hospital between

- The project manager for Concern Universal's upcoming LLIN distribution (referred to below as "Concern")
- John Zoya, representing Malawi's National Malaria Control Program
- Ntcheu's District Malaria Coordinator
- The District Medical Officer for Ntcheu
- The acting District Health Officer for Ntcheu
- Cedric Mingat, representing the Alliance for Malaria Prevention (AMP)
- Antonia Mariani, representing the U.S. President's Malaria Initiative (PMI)

My notes from this conversation:

- Malawi's National Malaria Control Program distributed about 600,000 Insecticide Treated Nets (ITNs) in 2006 (funded by the Global Fund) and about 2 million in 2008, focusing on women and children. The upcoming distribution has Long Lasting Insecticide Treated Nets (LLINs) coming from three main sources: 4.7 million LLINs from the Global Fund; approximately 477,000 from PMI and 230,000 funded by Against Malaria Foundation (AMF) bringing the total to be distributed nationwide to approximately 5.2 million.
- Concern Universal has already started its own Ntcheu-wide distribution, funded by the Against Malaria Foundation (for the nets) and by Irish Aid (for distribution costs). The national distribution will be excluding Ntcheu for this reason.
- This could potentially create a challenge re: making sure the different distributions are coordinated, especially in terms of data collection. Mr. Mingat stated that he had previously been more concerned about this issue, when it had looked like Concern Universal would only be covering part of Ntcheu (with the national program covering the rest); now that Concern Universal will be covering the entire district, the risks of problems caused by lack of coordination are lower.
- There's a consensus that it's important to have Health Surveillance Assistants (HSAs) collect data on need for LLINs and check it with village headmen/headwomen (as well as checking against health passports when warranted), because there is some risk that people will understate the number of LLINs they have in order to get more for free.
- For the national distribution, the number of LLINs needed per household is set to 1/2 the number of household members, rounded up for each household. The number of usable LLINs is equal to the number of LLINs in each household that are 2 years old or less, long lasting and in good condition. Each household will receive LLINs to make up the difference between usable LLINs and needed LLINs.
- Concern is using a slightly different model for assessing LLIN need. While the national program is aiming for one LLIN provided for every two household members, Concern is counting the sleeping spaces in each household and aiming

- for one LLIN per sleeping space. Concern stated that its grant from Against Malaria Foundation had been based on this model (the same model it had used in an earlier distribution), so it hadn't wanted to switch to the national-level model. When asked whether it expected to end up with about LLIN per two household members, Concern replied that it does, though there will be exceptions (for example, a brother and sister who aren't comfortable sharing a sleeping space).
- Ms. Mariani stated that if Concern ended up with a shortage of LLINs, PMI would be able to procure enough LLINs to close the gap for Ntcheu. However, for the national program as a whole, there is a chance (pending data on needed LLINs) that there will be a shortage of LLINs for the national distribution, and thus that not every household will be able to get one LLIN for every 2 people. Whether there's a shortage will not be known until the data is in regarding needed LLINs vs. usable LLINs.
 - For this reason, Ms. Mariani stated that it is important not to tell people in advance how many LLINs they will be receiving. Concern stated that they have already done so in Ntcheu, but added that they are confident of having enough LLINs for their own distribution. (Afterward I asked them about their plans for surplus LLINs, and they stated that they will distribute them to clinics so that they can be given to pregnant women).
 - The representative of the National Malaria Control Program asked whether Concern could delay their HSA training so that someone representing the district could be present. Concern stated that training has already started.
 - It came up that the insecticide in the LLINs being used is only effective against one of the three prevalent types of mosquitoes in Malawi, and this is the type that is principally responsible for transmitting malaria.
 - The representative of the National Malaria Control Program made several suggestions for the Ntcheu distribution by Concern:
 - HSAs should not distribute LLINs alone - an HSA Supervisor and village headman/headwoman should be present for any distribution.
 - Coordination with the district is important. (Concern replied that the District Malaria Coordinator, present in the meeting, was frequently with Concern's project manager. I note that the District Malaria Coordinator had accompanied us for all of our Wednesday, Thursday and Friday activities.)
 - Concern should have an allocation in its budget for community sensitization.
 - Concern should be mindful of setting up distribution sites so that people don't have to travel too far.
 - Getting the numbers right (re: how many LLINs each household needs) is crucial.
 - The representative of the National Malaria Control Program stated that the Ministry of Health fully supports the Concern Universal distribution in Ntcheu.