Against Malaria Foundation

LLIN Distribution Programme – Detailed Information

Summary

# of LLINS	Country	Location	When	By whom
155,000 (approx)	**Malawi**	**Dedza District**	**Apr-Jul 2013**	**Concern Universal**

Further Information

1. Household level net-need information (see Note 1)**. Do you have detailed net requirement data for all households in the distribution area? If yes, please describe the information you have and when it was collected. We will request a copy of the information at a later stage. If not, please confirm you will carry out a Pre-Distribution Registration Survey (PDRS) to assess, for each household in the distribution area, the number of sleeping spaces (for the purpose of family-sized nets) and the number of existing LLINs with at least one year's (estimated) use? Please describe how this work will be carried out, by whom and when.**

Detailed net requirement data for all households in the District does not currently exist although we do have i.) population data for the District ii.) information regarding the number of LLINs distributed in the District over the past twelve months and iii.) results of a snapshot household survey carried out in mid-2012 which provides an indication of existing coverage levels. We confirm we will carry out a comprehensive Pre-Distribution Registration Survey (PDRS) in partnership with Dedza District Council from April 2013. This PDRS involves initial training of all Health Surveillance Assistants who will then carry out the primary data collection with supervision from Concern Universal and the District Council. The HSAs will visit every household in every village and gather data about household population (including under fives), sleeping spaces and existing numbers of good quality LLINs. This data will be entered by Concern Universal on a master spreadsheet. Each community will then have a data verification exercise conducted to clean the data and correct any errors (intentional or unintentional) before the final net stock required is confirmed.

2. Independent supervision (see Note 2)**. Please confirm you will be able to ensure there is at least one independent supervisor present at the 'moment of distribution' for all net distributions. Independent supervisors will typically be staff members of the distribution partner and/or senior and trusted members of the local government health system. Their primary role is to ensure nets are distributed in the correct quantity to beneficiaries listed and ensure a 'no show, not net' policy is carried out (beneficiaries unable to be present can collect their nets later).**

Concern Universal confirms at least one member of CU staff will be present for each and every distribution site. We have

a tried and tested methodology here which worked effectively in Ntcheu District.

3. Post-Distribution Surveys (see Note 3)**. Please confirm you will carry out Post-Distribution Surveys (PDSs)** every 6 months post-distribution for a period of up to four years to assess the level of net usage (hang-up %), correct usage and condition of the nets and you will provide us with the findings. Each survey would cover approximately 5% of households.**

I can confirm Concern Universal and Dedza District Council will conduct a Post-Distribution Survey every six months following the distribution.

4. Malaria case rate information (see Note 4)**. Please confirm you are able to provide monthly malaria case rate data going back at least 12 months for each health centre/clinic in the distribution area and will continue to provide monthly data for a period of four years post-distribution. This ensures we understand pre-distribution malaria levels and can monitor them post-distribution.**

Malaria case rate information for each of the Health Centres is available from the Dedza District Health Office using the Malawi Government's national Health Management Information System (HMIS). This information will be sent to AMF separately.

5. Please list the specific locations & villages to receive nets and the number to each? Please provide longitude/latitude information. Information by spreadsheet is likely to be appropriate.

All villages in Dedza District will be covered. See Appendices 1 and 2. This is a total of 698,650 people. Dedza District has a Lat. of 14 deg S and a Long. of 34 Deg E.

6. Is this an urban or rural area and how many people live in this specific area?

Rural area with a population of 698,650.

7. Is this a high risk malaria area for this country? If yes, why do you designate it so?

Yes, all of Malawi (except some isolated highland areas) is designated a high risk malaria area.

8. Please confirm this distribution of nets is to achieve 'universal coverage' - all sleeping spaces covered - of the distribution area.

Yes, this distribution will achieve universal coverage by ensuring that all sleeping spaces have a high quality LLIN.

9. What is the existing level of LLIN use in this area? Please provide details of the LLIN distributions that have taken place in the distribution area in the last three years, including when nets were distributed, where, in what quantities and by whom. Are there existing bednet distribution programmes in this area? A spreadsheet may be appropriate.

Dedza District was the site of a major distribution of LLINs in June 2012. According to official records 255,000 LLINs were distributed in Dedza during this month. A snapshot survey carried out in 3 villages in Balaka in August 2012

found sleeping space coverage was 27%. Data showed 65% of the nets that would have been required for universal coverage were received in the area, 70% of those were found during the survey, of which 60% were hung and being used (65% x 70% x 60% = 27%). Other than this distribution LLINs are made available to pregnant women and new mothers through Health Centres.

10. Why was the area chosen for bednet distribution and who made this decision? Please provide the name, position, organisation and contact information for the person/s making the decision.

Concern Universal consulted and agreed with the National Malaria Control Programme and relevant District Councils that we would focus our distribution efforts on the Districts of Dedza and Balaka. These are two Districts where Concern Universal has a significant ongoing project presence and a strong working relationship with the District Authorities. This means we will be able to carry out the distribution at a lower cost than if we had to establish a presence in a new District and our understanding and working relationship with the District Council means that the distribution should also be carried out very effectively. NMCP contact is John Zoya, zoyaj2003 AT yahoo.co.uk, +265(0)888873131.

11. Have you consulted with the country's National Malaria Programme about this distribution and what was their response? Please provide the name, position and contact details of the person/s with whom you have liaised.

Yes. John Zoya, NMCP Coordinator
E: zoyaj2003 AT yahoo.co.uk, T: +265(0)888873131

12. Please give the name and contact information for the (government) head of the district health management team for the/each area. Please ensure you include contact information.

Dr Zondiwe Manza, Dedza District Health Officer, PO Box 136, Dedza, C: +265 888874996; E: zmwanza AT gmail.com

13. Please confirm the nets will be distributed free-to-recipients, a requirement for us to fund nets.

Yes, the LLINs will be distributed free-to-recipients.

14. Please describe how the bednets will be distributed and by whom.

The bednets will be distributed by Concern Universal staff in partnership with the Dedza District Health Office. Following the registration of beneficiaries and verification the team will identify distribution points. Each distribution site will be staffed by community volunteers, Health Surveillance Assistants from the District Council and at least one staff member from Concern Universal. Beneficiaries will be asked to sign or thumbprint village registers in duplicate before receiving their nets and each distribution will be supervised by traditional leaders from each village. Nets will be removed from their packaging and initialled with the name of each beneficiary before distribution to reduce the likelihood of resale. Each distribution will be accompanied with malaria

education activities such as community theatre and net hang-up demonstration.

15. Project Timeline. Please provide a project timeline covering pre-distribution, distribution and post-distribution activities. Please provide this in a separate document/spreadsheet.

No.	ACTIVITY	April					May				June				July			
		w/c 1st	w/c 8th	w/c 15th	w/c 22nd	w/c 29th	w/c 6th	w/c 13th	w/c 20th	w/c 27th	w/c 3nd	w/c 10th	w/c 17th	w/c 24th	w/c 1st	w/c 8th	w/c 15th	w/c 22nd
1	Orientation and Initial Training- Dedza																	
2	Registration- Dedza																	
3	Data Entry and Verification- Dedza																	
4	Distribution- Dedza																	
5	Mop- Up Distributions- Dedza																	
6	Report writing- Dedza																	

16. Please describe all aspects of malaria education that will accompany the distribution. Please include a description of what information will be covered and who will carry out this work. Please include activities both pre-distribution and during the distribution.

Prior to distribution health talks will be carried out by Health Surveillance Assistants and CU staff. The house-to-house visits made by HSAs as part of the registration process will also be used to demonstrate correct net hang-up and care activities. During distributions there will also be health talks and community theatre and drama activities to stress the importance of sleeping under an LLIN at all times.

17. Please confirm you will send a Post-Distribution Summary when the distribution is complete.**

Yes we can confirm this.

18. Please confirm you will send us, post-distribution, at least 60 digital photos per sub-distribution*, taken at the distribution/s, to be added to our website as we report on the distribution to donors.**

Yes we can confirm this.

19. Please confirm you will provide at least 15 minutes of video footage from each sub-distribution. It does not need to be 'broadcast' quality and can be taken with a handheld digital video camera.**

Yes we can confirm this.

20. Please provide your name, role and organisation and full contact information.

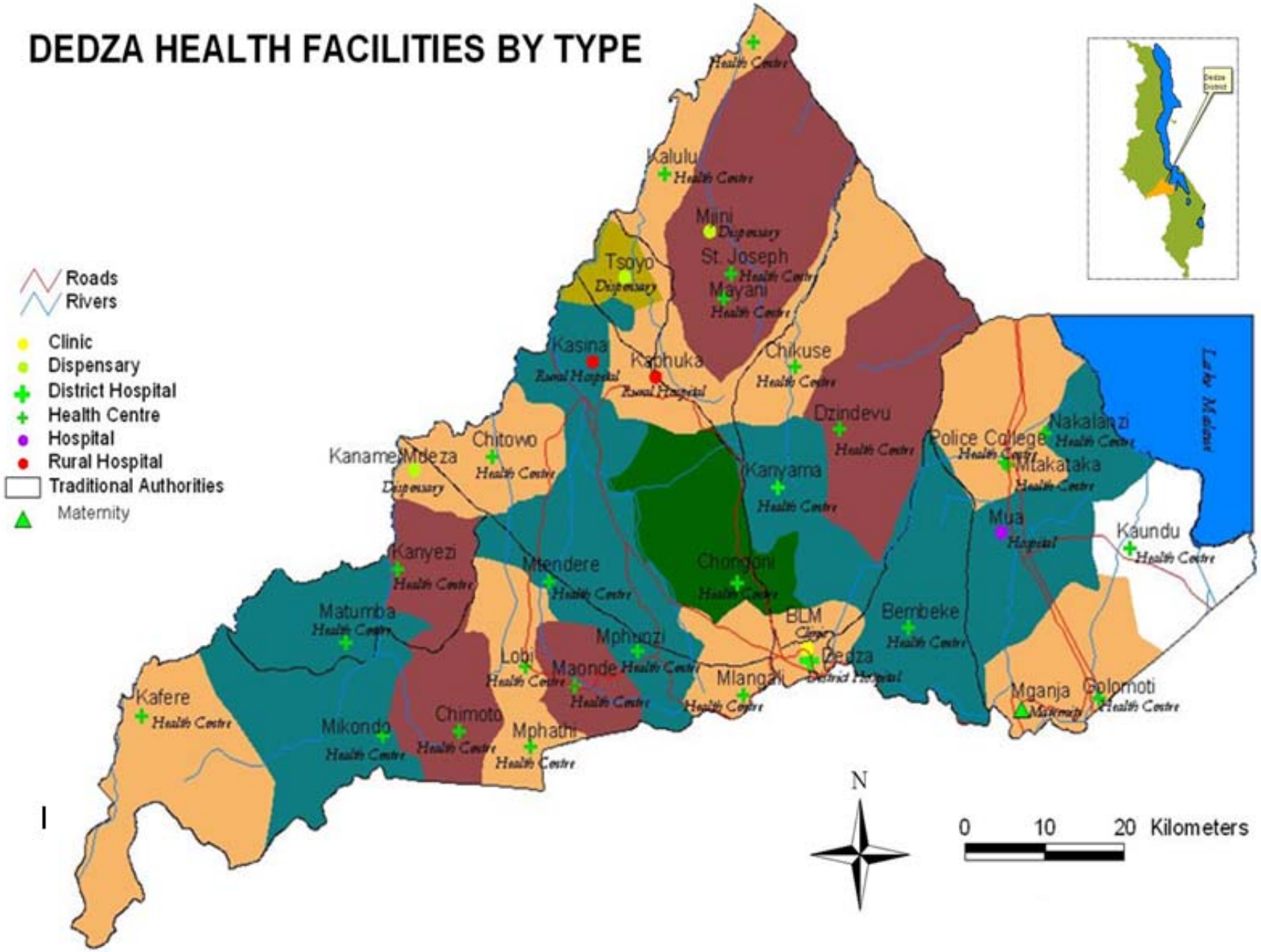
Robin Todd, Country Director, Concern Universal Malawi
T: +265(0)881519630, E: robin.todd AT concern-universal.org

NOTES
*Sub-distributions are mutually agreed and are typically a portion of the total distribution ie A 250,000 net distribution, for photo and video reporting purposes, might be divided into 10 sub-distributions.
**Information on the provision of photos, video, Post-distribution Summary and Post-Distribution Surveys is included in the following pages. Ends—

Appendix 1: List of Health Centres and Populations

		Population	%Pop
Dedza District - Malawi			
List of Health Centres			
Dedza East	Mua	19,623	3%
Dedza East	Nakalanzi	16,374	2%
Dedza East	Golomoti	22,097	3%
Dedza East	Kaundu	13,703	2%
Dedza East	Mtakataka	14,029	2%
Dedza East	Police College	949	0%
Dedza East	Mganja	3,798	1%
		90,573	13%
Dedza Boma	Dedza	30,210	4%
Dedza Boma	Mphunzi	22,915	3%
Dedza Boma	Chongoni	19,602	3%
Dedza Boma	Mlangali	16,025	2%
Dedza Boma	Bembeke	17,568	3%
		106,320	16%
Dedza North East	Dzindevu	33,189	5%
Dedza North East	Kalulu	7,768	1%
Dedza North East	Mjini	18,757	3%
Dedza North East	Kanyama	21,117	3%
Dedza North East	Chiphwanya	11,565	2%
Dedza North East	Tsoyo	18,490	3%
Dedza North East	Mayani	22,862	3%
Dedza North East	Chikuse	25,856	4%
Dedza North East	Kasina	27,944	4%
Dedza North East	Kaphuka	26,775	4%
		214,323	32%
Dedza Central West	Mtendere	61,354	9%
Dedza Central West	Mdeza	12,167	2%
Dedza Central West	Maonde	20,200	3%
Dedza Central West	Mphati	10,334	2%
Dedza Central West	Lobi	20,515	3%
Dedza Central West	Chitowo	23,182	3%
		147,752	22%
Dedza West	Chimoto	29,608	4%
Dedza West	Mikondo	16,781	2%
Dedza West	Matumba	33,619	5%
Dedza West	Kanyezi	24,226	4%
Dedza West	Kafere	8,523	1%
		112,757	17%
TOTAL		**671,725**	**100%**

Appendix 2: Map showing Health Centre Locations



NOTES

Note 1

Accurate household-level net need data

What? Number of sleeping spaces and existing usable nets.

Why? So we know exactly how many nets each household needs.
It is important data is recent and accurate. This helps avoid both over-delivery and under-delivery of nets to households. Over-delivery of nets is wasteful. This can occur if perfectly usable nets are not counted with households receiving four nets when they might only need two. Under-delivery of nets can leave sleeping spaces uncovered and this can compromise breaking transmission. This can occur when one net per two people is the basis for a distribution but the composition of a family might mean more nets are required. Distribution partners will typically carry out a pre-distribution registration survey (PDRS) across the entire distribution zone to establish the number of sleeping spaces and the number of LLINs with at least one year of remaining use.

If there have been no, or few, nets distributed in the last three years there *may* be no need to assess existing usable nets. If recent, accurate data based on the number of people per household exists, it may be the data used for a distribution with additional accuracy being sacrificed in order to achieve an immediate distribution and people protected. In such a case, AMF and the distribution partner discuss whether the data is reliable and up-to-date or whether a new PDRS should be conducted.

Nets distributed to households that need them in the quantities they need them leads to an efficient, waste-free distribution. Being efficient with funds is important in an environment where there are insufficient funds to buy all the nets needed for badly-affected malaria zones. It means we can protect the most people possible with the funds available.

Carrying out a pre-distribution registration survey (PDRS) to identify household-level net-need costs US$50,000 per 500,000 people. Identifying existing, perfectly usable LLINs equivalent to a sleeping space coverage of 5% would represent break-even, in purely financial terms, on the cost of conducting the household-level survey. Assumptions and calculations are shown below. In many distributions now the existing LLIN coverage is significantly higher than 5%.

In a recent (2012) universal-coverage distribution of nets in a 550,000 population district in Malawi the total cost of the pre-distribution activity to establish household level net need through an all-household survey was US$50,000. This excludes the cost of the government health service workers who carried out the survey or the salary costs of the small team who managed and supervised the work. These costs are not included as these salaries are paid anyway. If included, the fully-loaded cost would be US$75,000. At $50,000 of cost and $4 per net, identifying ~12,500 perfectly usable LLINs achieves break-even considering the cost of nets saved. Assuming 1.8 people per net, this would represent an existing LLIN coverage of 4.5%. At $75,000 of cost, the break-even LLIN coverage would be 6%. Factoring in 1 year of life remaining in nets identified and assuming nets have a 4 year lifetime, a ‘worst case’ level of existing LLINs for this work to be break-even in value would be 24%.

There are significant, arguably more important, benefits of carrying out a PDRS.

First, the survey is an important mechanism for engaging all in the community in the net distribution. The local community and health leadership are involved in the survey planning;

the local government health workforce is involved in collecting the data; by necessity the whole community is involved through the household visits. This achieves high level of engagement and awareness throughout the community of the impending distribution.

Second, malaria education messaging and correct net use can be introduced through the planning of the survey, while it is carried out or as a natural follow-on activity.

Third, when the distribution is carried out there is a strong sense of both fairness (no-one will be stealing nets) and equity (I will get the nets I need

The result is strong awareness among the whole community of how community-wide correct net use can prevent malaria gives the best chance of achieving very high levels of sustained, correct net use.

Note 2

Independent supervision at the 'moment of net distribution'

What? Individuals not connected with either the communities receiving nets or the government health teams involved in the distribution, are present whenever a net is handed out. They check the beneficiary is identified on the net distribution list and the 'no show, no net' rule is applied. Those beneficiaries not able to attend the distribution can collect their nets at a later time.

Why? This ensures nets reach those who need them and reduces to an immaterial level the misappropriation of nets.

Note 3

Post-distribution monitoring of net use and condition

What? Data showing the level of net use and the condition of the nets. Post-distribution surveys (PDSs) are carried out at six-month intervals. Approximately 5% of the nets distributed are assessed through visits to randomly selected households. The data are published.

Why? Only by gathering data do we have a strong idea of the level of net use and condition. The data can alert the distribution partner to the need for additional actions such as a net hang-up campaign or an additional malaria education intervention.

Note 4

Monthly malaria case rate data

What? Monthly malaria data is gathered from all health centres in the distribution zone. The level of stock of rapid diagnostic testing (RDT) kits is monitored.

Why? This allows us to assess the impact of the nets and be alerted to any trends that might suggest additional actions are necessary such as a net hang-up campaign or an additional malaria education intervention. The data are published.

INFORMATION ABOUT PHOTOS/VIDEO FOOTAGE, POST-DISTRIBUTION SUMMARY AND POST-DISTRIBUTION SURVEYS

PHOTOS

We require at least 60 pictures from EACH sub-distribution* showing a variety of activities that make up a distribution. Each 60+ picture set should tell the story of what happened. Receiving several hundred pictures rather than just 60 is absolutely fine. Photos will ideally cover:

- any pre-distribution activity i.e. briefing of volunteers/community leaders/staff;
- nets arriving at storage;
- nets on truck to distribution point; nets being unloaded;
- photo of village name sign if one exists;
- people arriving at distribution point;
- bednet demonstration;
- malaria education talk;
- beneficiaries lining up for nets;
- photos of list of recipients;
- any coupons/thumbprint mechanism so people can see process of identifying beneficiaries;
- lots of shots of nets being handed out to beneficiaries; photos of beneficiaries;
- photos showing help hanging nets in homes if that is part of the distribution.
- photos of the condition of the roads etc are good to show people this work is not easy.
- Several general shots of the village/s, houses/huts so people can see environment are good.

We will select 30-40 photos for each sub-distribution for the website. Hence more than 60 pictures are fine as this gives us more form which to select. Please ensure a variety of photos are provided and not multiple shots of the same thing. Ideally photos will be date and time-stamped by enabling the feature and ensuring the correct date/time is set on the camera.

VIDEO FOOTAGE

The aim of edited video footage is to show donors what happens when nets are distributed.

Ideal footage is a series of 10-15 second clips showing different aspects of the distribution. 20 minutes of footage from each sub-distribution is ideal. The video does not have to be professionally filmed or of broadcast quality. Digital hand-held camera footage is fine.

It is fine to send us raw video footage. We edit into 90-120 second clips for each distribution sub-distribution to make the material highly watchable.

Videos: http://www.againstmalaria.com/en/Distribution_videos.aspx.
Good example: http://www.againstmalaria.com/en/Distribution.aspx?DistributionID=1

Edited video footage is available free of charge to Distribution Partners to use as they see fit.

SENDING PHOTOS AND VIDEO FOOTAGE TO AMF

File sizes will make pictures and video too big for sending via email. Photos should be sent on a cd, and video on a dvd to: Andrew Garner, AMF, 6 Camp View Road, St Albans AL1 5LL UK.
Contact tel: +44 20 7371 8735

It is VERY important pictures and video sent to us have photos/video footage in labeled folders for each sub-distribution so we can match photos/video to each sub-distribution.

POST-DISTRIBUTION SUMMARY

This can be a few pages or up to a dozen, particularly if photos are integrated into the pages. We are not looking for a thesis, more a several page, readable overview of what happened, when, and what went well and what didn't.

Several good examples, presenting what happened in a very readable way and using pictures well, can be seen here:
Namibia: http://www.againstmalaria.com/en/Distribution.aspx?DistributionID=54
Malawi: http://www.againstmalaria.com/Distribution.aspx?ProposalID=184

The post-distribution report should be emailed to RMATHER@AGAINSTMALARIA.COM One report covering the entire distribution is adequate. We do not need one for each sub-location.

POST-DISTRIBUTION SURVEYS

These occur at 6-month intervals post-distribution and occur for up to 4 years. They assess three things:

1. Hang-up % - are the nets still being used?
2. Correct usage – are the nets being used properly?
3. Net condition – in what state are the nets?

A 6-months post-distribution survey (PDS-6) involves sampling 5% of the households that received nets and recording the following information for each household.

Anonymised data is entered by the distribution partner into an AMF-built online database with summary information made public.