

Concern Universal and Ntcheu District Council

Ntcheu Universal LLIN Distribution Programme funded by Against Malaria Foundation and Irish Aid

December 2011 Pilot Distribution Report

Background

Concern Universal (CU) Malawi and Ntcheu District Council are conducting a universal Long Lasting Insecticide Treated Net (LLIN) distribution programme across Ntcheu District as part of the National Malaria Control Programme's universal distribution efforts. The 250,000 nets for the Ntcheu Distribution are provided by Against Malaria Foundation (AMF) whilst Irish Aid is funding the distribution costs. The programme started in late October 2011 and will be completed by the end of February 2012.

CU and Ntcheu District Council agreed to carry out a pilot net distribution from 16th to 30th December 2011. The purpose of this distribution was i.) to ensure that areas of the District which would be inaccessible after the major onset of the rainy season in January and February could receive LLINs and ii.) to learn lessons around logistics, distribution methodology etc. to inform the conduct of the main net distribution which will take place in January and February 2012.

Distribution Data

Health Centre	No of Villages	No of households	Population	No of sleeping spaces	Useable LLINs in place	Nets Required	Nets Distributed	Gap
Tsangano	23	4,878	23,145	10,804	487	9,645	8,649	996
Doviko	5	1,281	5,660	2,575	34	2,608	2,439	169
Matanda	10	1,573	7,154	3,421	466	3,421	3,288	133
Katsekera	10	2,943	12,884	6,494	533	5,030	4,931	99
Phanga	15	972	4,462	2,157	90	2,070	2,070	0
TOTAL	63	11,647	53,305	25,451	1,610	22,774	21,377	1,397
					6.3%		21,377	1,397

From the information in the table above it can be seen that only 6% of the existing sleeping spaces were covered by useable LLINs prior to the distribution (1,610 out of 25,451). This is a very low existing coverage level but it must be noted that these communities are the most isolated and hard to reach in the entire Ntcheu District (this is why we targeted them first before the onset of major rains) and this would go some way to explaining the low coverage levels. In total 21,377 LLINs were distributed across the 5 Health Centres. It should be noted that the distribution for the Katsekera Health Centre area only covered 10 out of the 13 villages in the catchment area. The remaining 3 villages (Billiati, Kakhobwe 2 and Muso) will be covered in January 2012.

There was a significant variation across the 5 Health Centres regarding the number of nets registered to be distributed and the number of nets actually distributed. In Phanga Health Centre there was no variance at all- 2,070 nets were planned to be distributed and 2,070 were delivered and signed for. In the three Health Centres of Doviko, Matanda and Katsekera there was a variance of between 99 and 169 nets (between 2% and 6% of the total anticipated). We believe that the bulk of these nets remained undelivered as registered people did not attend to collect their nets. This will be addressed during our distribution mop-ups in February 2012 when all communities with remaining nets to collect will be revisited at the end of the main distribution.

For the Tsangano Health Centre catchment area we recorded a significant variance of 996 nets (10% fewer were distributed than we anticipated). We believe that fraud by a few of the Health Surveillance Assistants (HSAs- the 451 government extension staff who conducted the initial registration) in this area may account for the bulk of this variance. One HSA confessed that he added ghost names to the initial register which were not removed during verification. He thought that he would be the one responsible for distributing the nets and earmarked 90 nets for himself as a result of these ghost names which he apparently planned to sell. He was unhappy to find out that CU staff would be present for all distributions hence meaning that he was unable to take these nets. Discussions with the Ntcheu District Health Office (DHO) revealed that Tsangano Health Centre- as one of the most undesirable and remote postings in the District- was used as a place of punishment to send HSAs who had been found guilty of bad behaviour at other postings. We will of course return to Tsangano in February to conduct our net distribution mop-up but we suspect that ghost names mean that there will still be a significant gap between anticipated and actually distributed nets.

Challenges and Lessons Learnt

In order to deliver 250,000 LLINs before the end of February 2012 CU will need to add additional manpower and vehicles to the distribution fleet. It is particularly important to have a reliable 3-tonne truck to ferry net stocks to Health Centres. These issues have all been addressed and extra resources are now available for the distribution from 9th January 2012 onwards.

There is a need for distribution teams to leave Ntcheu town earlier in the morning in order to ensure that all nets are distributed as planned during that day. There is also a need to further stockpile diesel for distribution given the supply problems in Malawi at present.

Pay particular attention to warning signs of HSA irregularities and corruption which haven't been rectified during the verification process.