## CONCERN UNIVERSAL AND NTCHEU DISTRICT COUNCIL

## UNIVERSAL LLIN DISTRIBUTION REPORT FOR WEEK 23-27 JANUARY 2012

Concern Universal Malawi and Ntcheu District Council are conducting a Universal Long Lasting Insecticide Net (LLIN) Distribution Programme across Ntcheu District as part of the National Malaria Control Programme universal distribution efforts. Against Malaria Foundation provided the 250,000 LLIN for distribution in Ntcheu district whilst funds for distribution operations have been provided by Irish aid.

The programme started in late October 2011 and is expected to be completed in February 2011, there were a number of activities which were lined up and have been carried out which included Stakeholder orientation, Beneficially Registration, Data Entry, Data Verification and finally Net Distribution. Currently we are conducting the last operational phase of Net distribution. Net Distributions commenced in December where it was done on a pilot basis from 15<sup>th</sup> to 17<sup>th</sup> December, then 23 December and finally 27<sup>th</sup> to 29 December in the Health Centres of Tsangano, Doviko, Matanda, Phanga and part of Katsekera . From this pilot distribution we covered areas which we deemed impassable when the rains commenced. We also learnt lessons which assisted in planning for this major distribution in areas of logistics and distribution methodologies. To date we have covered the following health centres: Katsekera, Mzama, Dzonzi Mvai, Nsipe, Champiti, Kapeni, Ntonda, Namisu, Matchereza, Senzani, Mikoke, Manjawira, Nsiyaludzu, Bilila, Dzunje, Bwanje, Sharpe Valley, Kasinje, Chiole and part of Mphepozinai. This report therefore covers net distributions that have taken place from 23<sup>rd</sup> to 27<sup>th</sup> January 2012. During the period between 23<sup>rd</sup> and 27<sup>th</sup> January the project distributed 61,104 LLIN nets. This means that we have distributed a total of 171,932 nets since commencing the distribution exercise.

Table 1 below shows the distributions by health centre covered during the week.

<b>Health Centre</b>	Number of	Number of	Population	Number of sleeping	Usable LLIN in	Nets required	Net distributed	Gap
	villages	households		spaces	place			
DZUNJE	12	-	-	-	-	4,131	4,131	0
BWANJE	27	7,903	34,027	18,073	1,134	16,939	16,778	161
SHARPE VALLEY	30	5,067	22,759	11,785	635	11,150	11,054	96
KASINJE	59	10,790	47,065	23,613	681	22,932	21,810	1,122
CHIOLE	11	1,643	6,758	4,304	522	3,782	3,776	6
MPHEPOZINAI	11	-	-	-	-	3,574	3,555	19
TOTAL	150	25,403	110,609	57,775	2,972	62,508	61,104	1,404

The distributions during the week covered 97.7% (61,104 of 62,508 nets) of the total nets that were required by the beneficiaries in the villages concerned. From the information in the table it is observed that (including Dzunje) only 6% of the sleeping spaces had high quality LLINs in place prior to the distribution.

Part of Dzunje health centre villages (30) were reported last week so this week we have completed the remaining 12 villages by distributing 4,131 nets. Table 2 gives the complete summary of Dzunje health centre as in the above table we have only reported for the nets distributed during the week.

<b>Health Centre</b>	Number of	Number of	Population	Number of	Usable LLIN in	Nets required	Net distributed	Gap
	villages	households		sleeping spaces	place			
DZUNJE	42	7,418	30,506	16,439	1,539	14,900	14,764	136

In Bwanje, there was a high return of 158 nets from one village (Chikadya 1). Most of the members in the village were recipients from Chikadya 2 and 3.

At Kasinje health centre, 95.1% of the sleeping spaces are under mosquito nets now since 21,810 nets were received by the beneficiaries of the 22,932 sleeping spaces requiring the nets. There are five villages (Gambatula, Mchokera, Mitongwe, Donyo and Saguga) under the health centre that have not been issued with the nets. This is due to communication breakdown for the Gambatula, Mchokera and Mitongwe villages, as the beneficiaries anticipated that the distribution will be one day ahead as for Donyo and Saguga. We are investigating the existence of these villages as no beneficiaries have so far claimed that they haven't received their nets from such villages. We believe that they were fabricated villages. We have planned to arrange a day during the mop up week to verify this and serve the three villages with the nets they are supposed to receive.

During the week, we also distributed to 11 of 45 villages under Mphepozinai health centre. The 11 villages had 3,574 sleeping spaces which were not protected and required the nets of which 3,555 sleeping spaces received the nets. The full coverage report for Mphepozinai will be presented in the next week report.

In terms of the 14 sub-locations we have now completed distributions at 7 of the sub-locations namely:

- Sub-location A (Tsangano, Doviko, Matanda and Katsekera I)
- Sub-location C (Bwanje and Sharpevalley)
- Sub-location F (Kasinje)
- Sub-location H (Manjawira and Senzani)
- Sub-location J (Mzima, Katsekera II and Dzonzi)

- Sub-location K (Namisu, Kapeni and Ntonda)
- Sub-location M (Nysialadza and Mikoke)

Distributions have been partially completed at 4 additional sub-locations:

- Sub-location D (Chikonda and Bilila)
- Sub-location I (Mphepozinaj, Muluma and Gowa)
- Sub-location L (Nsipe and Dzunje)
- Sub-location N (Ntcheu and Chiole)

## **Challenges and lesson learnt**

There was an attempt by one HSA to steal 10 nets from Kasinje health centre. The nets were hidden in one of the officers' office and were recovered by one of the distribution team members who happens to be a supervisor in the government health system. The matter was reported to the health centre authorities. This has made the project team not to rely so much on the HSAs when distributing but instead rely on the village members who are the beneficiaries. A few HSAs are frustrated that our model has not provided them with an opportunity to siphon out nets for their personal benefits hence their subsequent attempts to steal the nets.

Heavy rains have also been another challenge in that it is making the distributions to take long to finish per distribution point as the beneficiaries have to fetch shelter for some time till the rains stop. This is mostly occurring in places where the distributions are taking place on open grounds where shifting the nets to the shelters has potential to expose the nets to theft. Bridge wash away has also been another challenge in that we had to reallocate one distribution point meaning beneficiaries had to cross the river to access the nets. These challenges are delaying the distribution process hence the distribution staff have been forced at times to work under darkness so that they finish the day's distribution. However we have been receiving good support from both health centre personnel and the local leaders.