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	10,132	487	9,645	8,649	996
Doviko	5	1,281	5,660	2,642	34	2,608	2,439	169
Matanda	10	1,573	7,154	3,887	466	3,421	3,288	133
Katsekera	10	2,943	12,884	5,563	533	5,030	4,931	99
Phanga	15	972	4,462	2,160	90	2,070	2,070	0
TOTAL	63	11,647	53,305	24,384	1,610	22,774	21,377	1,397
·					6.6%		21,377	1,397

From the information in the table above it can be seen that only 7% of the existing sleeping spaces were covered by useable LLINs prior to the distribution (1,610 out of 24,384). 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 mopup 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.

UNIVERSAL LLIN DISTRIBUTION REPORT FOR WEEK 9- 14 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 Orientation, Registration, Data Entry, Verification and Distribution. Currently we are conducting the distribution. Distribution commenced in December where it was done on a pilot basis from 15th to 17th December, then 23 December and finally 27th to 29 December. From this pilot distribution we covered areas which we considered would become impassable when the rains commenced in earnest in January. We also learnt lessons which assisted in planning for this major distribution in areas of logistics and distribution methodologies. We have therefore embarked on the distribution proper commencing on Monday 9th January 2012. This report covers net distributions that have taken place from 9th to 14th January 2012 which has seen the project distributing 46,832 LLINs. This brings the total number of LLINs distributed since the start of the project to 68,435.

Below is the table of distribution by health centre covered during the week.

Health Centre	Number of	Number of	Population	Number of sleeping	Usable LLIN in	Nets required	Net distributed	Gap
	villages	households		spaces	place			
Katsekera	9	1,049	4,530	2,559	271	2,288	2,285	3
Mzama	20	2,324	9,247	4,971	105	4,866	4,777	89
Dzonzi Mvai	8	878	3,633	1,942	105	1,837	1,790	47
Subtotal	37	4,251	17,410	9,472	481	8,991	8,852	139
Nsipe	41	5,148	21,237	12,024	1,222	10,802	10,569	233
Champiti	20	2,107	8,369	4,753	210	4,543	4,502	41
Subtotal	61	7,255	29,606	16,777	1,432	15,345	15,071	274
Kapeni	31	2,893	11,494	6,502	600	5,902	5,884	18
Ntonda	21	2,461	10,285	5,941	315	5,626	5,498	128
Namisu	10	1,067	4,508	2,246	215	2,031	2,031	0
Subtotal	62	6,421	26,287	14,689	1,130	13,559	13,413	146

Matchereza	12	1,223	5,322	2,647	364	2,283	2,134	149
Senzani	20	2,371	10,393	5,418	572	4,846	4,842	4
Subtotal	32	3,594	15,715	8,065	936	7,129	6,976	153
Mikoke	12	1,448	5,849	3,152	389	2,763	2,746	17
Subtotal	12	1,448	5,849	3,152	389	2,763	2,746	17
TOTAL	204	22,969	94,867	52,155	4,368	47,787	47,058	729

From the information in the table it is observed that only % of sleeping spaces had useable LLINs prior to the distribution and the distribution during the week covered 98% (47,058 of 47,787 nets) of the total nets that were required by the beneficiaries in the villages concerned.

Nsipe had a large number of nets not collected by the beneficiaries mainly due to double entry- this is because there were villages in the register named Chizindeni and Gwedeza Chizindeni which in reality is one village but it was registered as two separate villages which left us to believe that this had been done deliberately by the relevant HSA in order to access the excess nets to sell at the local trading centre. There was also a data issue at Ntonda health centre in the villages of Dambule 1 and 2. It was observed that most beneficiaries from Dambule 1 also existed in Dambule 2 data base hence they had already accessed their nets from Dambule 1. This situation had not been dealt with during data cleaning as it was only when both villages were asked to collect nets from the same distribution point that it became clear that there had been duplicate entries. The team distributes from 10 distribution centres at the same time everyday meaning that it is practically impossible for villagers to collect two nets from different sites by double registering.

Challenges and lesson learnt

There has been great success from the initiative that the teams leave for distribution before 8:30am on a working day. The teams have managed to complete most distributions by 3pm each day.

The provision of the 2 pickups has also facilitated the distribution timing in that it is accelerating community mobilisation since net deliveries to the distribution points were being made promptly before the distributing team's arrival.

Clustering of the villages to one distribution point has reduced beneficiaries receiving the nets twice especially those who registered in two villages.

There is need to just send exact number of nets to a distribution point, as the extra nets sent can spark controversy in the villagers thinking that the extra nets were also meant for them. The sending of the extra nets has been mainly due to the project deeming sending incomplete bales as compared to removing the nets from the bales as it will create risk especially in the warehouse.

UNIVERSAL LLIN DISTRIBUTION REPORT FOR WEEK 17-20 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 2012, 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 and continued in January. To date we have covered the following health centres: Tsangano, Doviko, Matanda, Katsekera, Mzama, Dzonzi Mvai, Champiti, Kapeni, Ntonda, Namisu, Matchereza, Senzani, Mikoke, Manjawira, Nsiyaludzu, Bilila and part of Dzunje. This report therefore covers net distributions that have taken place from 17th to 20th January 2012 which saw the project distributing 42,024 LLIN nets over the four day period (Monday 16th January was a public holiday in Malawi). This means that we have now distributed 110,828 nets since the start of the programme.

Below is the table of distribution by health centre covered during the week.

Health Centre	Number of	Number of	Population	Number of sleeping	Usable LLIN in	Nets required	Net distributed	Gap
	villages	households		spaces	place			
MANJAWIRA	8	1,611	6,861	4,111	891	3,220	3,220	0
NSIYALUDZU	44	7,732	31,095	17,352	1,539	15,813	15,711	102
BILILA	31	6,247	26,298	14,017	1,532	12,485	12,460	25
DZUNJE	30 (additional 12 to be covered)	-	-	-	-	10,765	10,633	132
TOTAL		15,590	64,254	35,480	3,962	42,283	42,024	259

The distributions during the week covered 99% (42,024 of 42,283 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 only 11% of the sleeping spaces had LLIN prior to the distribution. There was a high return of 120 nets from one village of Sanjani under Dzunje health centre as the concerned beneficiaries were not known by the villagers. We suspect that this was a case of

registration fraud. Distributions in Dzunje health centre are ongoing as we are remaining with 12 of the 42 villages. Dzunje Health centre details (population, sleeping spaces and existing useable LLINs) will be reported in the next week report when we complete the remaining villages.

In terms of the 14 sub-locations we have now completed distributions at 5 of the sub-locations namely:

- Sub-location A (Tsangano, Doviko, Matanda and Katsekera I)
- 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 2 additional sub-locations:

- Sub-location D (Chikonda and Bilila)
- Sub-location L (Nsipe and Dzunje)

Challenges and lesson learnt

The greatest challenge and lesson learnt during the week was when one HSA from Nsiyaludzu health centre collected 7 nets without the knowledge of the distribution officer. This made five beneficiaries from Pembereka village not to receive the nets. After investigations the HSA was identified, called, questioned and he gave back all the 7 missing nets and two days later the five beneficiaries who did not receive their nets were called and have received their nets. This has made the distribution team to take additional care with the HSAs to ensure that such an incident doesn't happen again. The distributing team has also learnt to collect the exact number of the nets per village requirement from the cluster net requirement when distributing so that they can easily identify the village that has caused the net shortage if there is any.

Since the rains have started in earnest some of the bridges to some sites have been washed away making such villages inaccessible hence we have to go through other alternative roads which can be time consuming and thereby affecting our distribution timeliness.

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 15th to 17th December, then 23 December and finally 27th 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 23rd to 27th January 2012. During the period between 23rd and 27th 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.

Health Centre	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.

Health Centre	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.

UNIVERSAL LLIN DISTRIBUTION REPORT FOR WEEK 30TH JANUARY TO 3RD FEB 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 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. 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, Mphepozinai, Muluma, Gowa, Kandeu, Kampanje and Chlgodi. This report covers net distributions that have taken place from 30th January to 3rd February 2012 during which the project distributed 38,740 LLINs. This brings the total number of nets distributed to 210,672 nets since December 2011.

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

Health Centre	Number of	Number of	Population	Number of sleeping	Usable LLIN in	Nets required	Net distributed	Gap
	villages	households		spaces	place			
KASINJE	5	257	1146	582	6	576	576	0
MPHEPOZINAI	34	6226	25416	9941	594	9347	9333	14
MULUMA	15	1461	5764	3370	670	2700	2699	1
GOWA	25	3396	13969	8890	658	8232	8229	3
KANDEU	35	2893	21229	10471	928	9543	9462	81
KAMPANJE	18	2331	9605	4693	957	3736	3688	48
CHIGODI	15	2878	12322	5917	1164	4753	4753	0
TOTAL	147	19442	89451	43864	4977	38887	38740	147

The distributions during the week covered 99.6% (38740 of 38887 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 only 11% of the sleeping spaces had good quality LLINs prior to the distribution.

During the week we continued distributing to the remaining 34 villages under Mphepozinai health centre as 11 of the 45 villages were covered in the previous week's distribution. Table 2 gives the summary of Dzunje health centre as in the above table we have only reported for the nets distributed during the week.

Table 2

Health Centre	Number of	Number of	Population	Number of	Usable LLIN in place	Nets required	Net distributed	Gap
	villages	households		sleeping spaces				
Mphepozinai	45	6226	25416	13515	594	12921	12888	33

In Muluma, all 2700 nets were distributed except for one, whose beneficiary did not show up. There were 3370 sleeping spaces in the area and 19.8% was already covered.

In Gowa, there were 8890 sleeping spaces, of which 7% was already under LLIN, 8299 sleeping spaces were covered.

In Kandeu health centre 34 of 35 villages were attended and of 10,471 sleeping spaces available 928 were already covered by LLINs before the distributions representing a 8.8% of the coverage. Of the 9,543 nets required, 9462 were distributed which represents 99.1% of the total. There was one village Kasandzu 1 that was not distributed as the beneficiary did not turn up. Efforts have been put in place to serve this village during the mop up week.

In Kampanje health centre, 17 of 18 villages were attended, and of the 4693 sleeping spaces, 957 spaces were already covered with LLIN representing a 20% of the total sleeping spaces. 98.7% of the 3736 total nets required in Kampanje were distributed. There was one village, kadzombe 1 that was not covered by the distribution and this will be done during the mop up.

In Chigodi health centre, all the 15 villages were attended and of the 5917 sleeping spaces, 1156 spaces already had LLIN giving coverage of 19.5%. 100 percent of the unprotected sleeping spaces received the nets.

During the week the project also distributed nets in the five villages that remained from previous distributions under Kasinje health centre of Gambatula (165), Mchokera (72), Mitongwe (112), Donyo (133) and Saguga (94). Gambatula, Mchokera and Mitongwe were skipped due to miscommunication where as for Donyo and Saguga were sub villages in Cheuka and Mafuwa villages respectively. The table 3 below shows complete status of Kasinje health centre. This has made the team complete 22,932 net distributions in the health centre catchment area. In total all the villages have been covered and 100% of the nets required have been distributed.

Table 3

Health Centre	Number of villages	Number of households	Population	Number of sleeping spaces	Usable LLIN in place	Nets required	Net distributed	Gap
KASINJE	60	10790	47065	23613	681	22932	22932	0

In terms of the 14 sub-locations we have now completed distributions at 11 of the sub-locations namely:

- Sub-location A (Tsangano, Doviko, Matanda and Katsekera I)
- Sub-location C (Bwanje and Sharpevalley)
- Sub-location D (Chikonda and Bilila)
- Sub-location E (Kampanje and Kandeu)
- Sub-location F (Kasinje)
- Sub-location H (Manjawira and Senzani)
- Sub-location I (Mphepozinaj, Muluma and Gowa)
- Sub-location J (Mzima, Katsekera II and Dzonzi)
- Sub-location K (Namisu, Kapeni and Ntonda)
- Sub-location L (Nsipe and Dzunje)
- Sub-location M (Nysialadza and Mikoke)

Distributions have been partially completed at 2 additional sub-locations:

- Sub-location G (Lizulu, Mlanda, Masasa and Chigodi)
- Sub-location N (Ntcheu and Chiole)

Challenges and lesson learnt

The major challenge during the week was that were a good number of villagers claiming that their names had been skipped. It turned out upon investigations that many of these people had not bothered to participate in the registration process as they did not believe that nets would actually be distributed as apparently there had in the past been registrations which were not then followed up by the actual delivery of intended items.

UNIVERSAL LLIN DISTRIBUTION REPORT FOR WEEK 6TH TO 9TH FEBRUARY 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 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. 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, Mphepozinai, Muluma, Gowa, Kandeu, Kampanje, Chigodi, Masasa, Mlanda, Lizulu, Lake view, Mlangeni and Biriwiri. This report covers net distributions that have taken place from 6th to 9th February 2012 and during this period the project distributed 26,831 LLIN nets. This brings the total number of nets distributed to date to 237,503 nets since commencing the distribution exercise.

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

Health Centre	Number of	Number of	Population	Number of sleeping	Usable LLIN in	Nets required	Net distributed	Gap
	villages	households		spaces	place			
MASASA	10	1387	5868	3131	327	2804	2787	17
MLANDA	18	1599	6412	3870	295	3575	3575	0
LIZULU	22	3826	16018	8670	107	8563	8553	10
LAKE VIEW	8	1790	7848	4277	325	3952	3952	0
MLANGENI	9	1570	6682	3588	361	3227	3227	0
BIRIWIRI	24	2870	12284	5901	1164	4737	4737	0
TOTAL	91	13042	55112	29437	2579	26858	26831	27

In total 26,831 nets were distributed during the week which was 99.9% of the required total of 26,858 nets. 2,579 sleeping spaces were already covered by good quality LLINs representing 9% existing coverage.

In terms of the 14 sub-locations we have now completed distributions at 13 of the sub-locations namely:

- Sub-location A (Tsangano, Doviko, Matanda and Katsekera I)
- Sub-location B (Biriwiri, Mlangeni and Lakeview)
- Sub-location C (Bwanje and Sharpevalley)
- Sub-location D (Chikanda and Bilila)
- Sub-location E (Kampanje and Kandeu)
- Sub-location F (Kasinje)
- Sub-location G (Lizulu, Mtandam Masasa and Chigodzi)
- Sub-location H (Manjawira and Senzani)
- Sub-location I (Mphepozinaj, Muluma and Gowa)
- Sub-location J (Mzima, Katsekera II and Dzonzi)
- Sub-location K (Namisu, Kapeni and Ntonda)
- Sub-location L (Nsipe and Dzinje)
- Sub-location M (Nysialadza and Mikoke)

Distributions have been partially completed at 1 additional sub-locations:

- Sub-location N (Ntcheu and Chiole)

Challenges and lesson learnt,

There was a shortage of one net at Kasamba village. Then when we were preparing to dispose the plastic wrappers one of the HSAs at the site was insisting that we leave the burning of the plastic wrappers to him but when staff insisted that we do not leave the distribution point without the last plastic wrappers burnt the HSA gave in and when the staff set the plastic wrappers on fire it was discovered that the missing net was amongst the wrappers. It was recovered and the beneficiary was called and signed for the net.