



**REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH
PROVINCIAL HEALTH OFFICE
CENTRAL PROVINCE**

**2017 CENTRAL PROVINCE LONG LASTING INSECTICIDE
TREATED INSECTICIDE NETS (LLITNs) MASS
DISTRIBUTION CAMPAIGN REPORT**

1.0 INTRODUCTION

The Ministry of Health through the National Malaria Elimination Center (NMEC) with support from Global Funds, Against Malaria Foundation and Presidents Malaria Initiative has procured a total of Ten Million Eighty Thousand Six Hundred Sixty Eight (10,080,668) Long Lasting Insecticide Treated Nets (LLITNS) to be distributed through the 2017 LLIN mass distribution campaign to all households countrywide. This is in an effort to achieve universal coverage (100%) by covering all household sleeping spaces and 100% utilization rate.

Central Province was allocated a total of 904,300 Long Lasting Insecticide Treated Mosquitoe Nets to be distributed in the eleven districts.

The Provincial Health Office Organised storage space from Zambia Railways. The warehouses had adequate security personnel and no incidence of theft was reported.

2.0 MAIN OBJECTIVE AND MASS CAMPAIGN STRATEGY

The main objectives and strategies for LLINS 2017 mass campaign were:

- To ensure 100% registration of households in each district of Central province
- To ensure 100% distribution of all registered households in the province.
- To coordinate distribution of LLITNs from Provincial Hub to Districts

2.1 Expected outcomes:

- To have 100% Household coverage of LLINs in all the communities.

3.0 STAGES OF THE CAMPAIGN

The campaign was conducted in three (3) main stages which involved the following:

- 3.1 Planning and Preparations
- 3.2 Household Registration
- 3.3 Transportation / Distribution

3.1 PLANNING AND PREPARATORY STAGE

The whole process of the LLINs mass distribution started with planning and preparations. The last campaign was conducted in 2014 and therefore strategies had to be put in place to conduct the activity. The following activities were undertaken during planning and preparations:

- Training of District Supervisors as Trainer of Trainers (ToT). This activity was undertaken from 29th to 30th May, 2017 in Kabwe District at Senedy Lodge. All the eleven districts were involved. (See attached report for the training).
- Immediately districts conducted Cascade trainings of Health Workers who later trained Community Based Volunteers. This was done uniformly for all the districts.
- The Training was also done for Household Registration which targeted Community Based Volunteers as well as Community leaders at facility level.
- Social Mobilization for Registration within communities

3.2 HOUSEHOLD REGISTRATION, DATA ENTRY AND DATA VALIDATION

3.2.1 Data Collection

The process of data collection involved different stages starting at community level. Collection of data was done by the trained Community Based Volunteers who entered the information captured for household information on form called Form A. This was a standard register which was availed during the trainer of trainers to be used in all facilities for easy consolidation of data. The form was availed by the National Malaria Elimination Centre (NMEC).

The Form As were then submitted to the Health Facilities which aggregated them on the Form B. All form Bs from various Health Facilities were aggregated at district level into form C. The Districts then consolidated all the Form Cs and Submitted to the Provincial Health Office. (See table of aggregated form D).

After data entry was completed using both manual and electronic methods, a 5% data verification to check on the accuracy of the households that were registered. The data was re-entered as recommended on the data sheet and uploaded on the online data base and submitted to NMEC.

3.3 TRANSPORTATION/ DISTRIBUTION OF LLITNs

The transportation of nets was implemented using two stages;

1. From the supplier: LLITNs were transported by an International transporter (Barloworld Logistics) to the province.
2. From the Province: Transportation was done by the local transporter engaged by World Food Programme (WFP) directly to health facilities.

4.0 COMMUNITY SOCIAL MOBILIZATION AND SENSITIZATION

For effective implementation of the program, various strategies were implored to make the communities aware of the Long Lasting mass distribution campaigns. Community

radio stations were involved and sensitisation done in Local languages. The Political leadership was involved and the Province organised a flagging off Ceremony.

4.1 Key highlights on the Flagging Off Ceremony of LLITNs

The mass distribution of ITNs was flagged off on 13th October, 2017 by Central Province Minister Honorable Sidney Mushanga M.P. In attendance was his worship the mayor Mr. Prince Chileshe, the Deputy Permanent Secretary Central Province Mr. Felix Mangwato, Dr. Elizabeth Chizema – Director National Malaria Elinination Centre, Dr. Rosemary Mwanza- Provincial Health Director, Dr Tiza Mufune Kabwe District Health Director. The Government line ministries were also in attendance as well as stakeholders.



Pictures Showing Central Province Minister Honourable Sydney Mushanga M.P

The Districts held community sensitisation meetings where the distribution process was discussed with emphasis on the criteria to be followed during the distribution exercise.

5.0 PROVINCIAL STORAGE

The Provincial Health Office Organised storage space from Zambia Railways. This was offered at no cost. The warehouses had adequate security personnel from Zambia Railways and no incidence of theft was reported. The LLITNs were being transported from the warehouse to the Health facilities in the Districts. This strategies assisted as most of the districts did not have adequate storage spaces at district level.

6.0 SUCCESSES

1. The Province managed to flag off the distribution to the districts as part of sensitisation.
2. There was good collaboration and partnership with stakeholders and district staff.
3. The Province received all the 904,300 (Nine Thousand Hundred and Four Thousand Three Hundred) LLITNs.
4. Hard to reach areas in the four Districts were prioritized and LLITNs successfully delivered.
5. All the targeted CBVs were oriented in LLITNs distribution processes.

6. Registers received were adequate for the exercise.
7. The household registration, 5% household re-registration, data entry and submission to NMEC were done.
8. Monitoring and Supervision was done during household registration, verification and actual distribution by the National and Provincial Health Teams.
9. LLINs were delivered up to the health facility by World Food Programme, relieving the district of storage pressures.

7.0 CHALLENGES

1. Shortage on the number of LLITNs to be received. A total of 975,362 LLITNs were expected to be procured, but only 904,300 ITNs were to be received. Further after the registration exercise, it was found that the total of 1,232,783 LLITNs were needed in the Province. From the allocated LLITNs before procurement, the deficit was 504,379.
2. The re-registration further delayed the process of distributing the LLITNs in good time as the system initially depended on the availability of internet services and only one person could enter data at a time.
3. The Web based systems had challenges of being slow and some passwords were not working and only one person could enter data at a time.
4. The transporter took a few more LLITNs in some districts and others less. (See Form D).
5. LLITNs were not adequate and some community members who registered did not receive.
6. Late disbursement of LLINs distribution funds for the Community Based Distributors.
7. Some families and individuals were not present during the registration process and their names and data could not be captured at the time of registration. These were missed out completely although they showed up during the distribution day.
8. Transport for facility supervisors for monitoring and supervision of the registration and distribution exercise at facility level was a challenge.
9. Under Chisamba District, a total of 548 LLITNs were lost in transit by WFP.

8.0 RECOMMENDATIONS

1. The registrations to be conducted earlier before procurements are done.
2. Head count to be put into consideration as CSO figures are low when allocating LLITNs.
3. In the next mass distribution campaign, registration should be conducted before allocations or purchase of LLITNs is done.
4. National level through NMEC to consider the balance of LLITNs remaining to be supplied of 457,368 to cater for the deficit.

5. The electronic system (Data collecting software) should be availed in good time to prevent delays in re-registrations.
6. The supply LLITNs should be according to the requirement by the Province
7. The budgets at National level should be properly scrutinised before funds are requested to prevent errors at Provincial, District and facility levels.

9.0 CONCLUSION

Central Province conducted the 2017 Long Lasting Insecticide Treated Nets Mass ITN Distribution Campaign successfully in all the eleven districts. This was due to good political will and stakeholder involvement at all levels. The National level provided the necessary guidance and leadership which assisted in the smooth implementation at all levels from the Province to the community.

Report Compiled by:

Verified by:

Sign:.....

Teddy Wakuñuma

Ag. CHIEF ENV. HEALTH OFFICER.

Sign:.....

Dr. Isaac Banda

PUBLIC HEALTH SPECIALIST

Appendix 1: Form D



Ministry of Health
National Malaria Elimination Centre

Form D: Central Province Data Aggregation 2017 LLITNs Mass Distribution

Name of District	No. NHCs/ Zones	No. of communities/ villages in Health Centre Catchment Area	No. of HH in Health Centre Catchment Area	Total No. People in Health Centre Catchment Area	No of bed spaces in Health Centre Catchment Area	No. of LLINs Required for Health Centre Catchment Area	No. of LLINs Dispatched from PHO Hub	No. of LLINs supplied to Health Centre Catchment Area	No. of LLINs Issued in Health Centre Catchment Area	Variance from Required and Received	Variance during transportation to districts	Comments
Chibombo	203	954	66,463	398,460	217,224	208,409	129,028	129,029	129,029	79,380	- 1	1 extra received
Chisamba	104	300	26,862	168,446	90,596	91,326	79,202	78,653	78,653	12,673	549	(548) Lost in transit (1 extra received by Chibombo)
Chitambo	93	221	18,589	112,843	60,876	59,615	42,523	44,755	44,755	14,860	- 2,232	2232 extra received
Itezhi Tezhi	176	523	38,288	201,494	103,731	103,731	45,046	45,046	45,046	58,685	0	Nil
Kabwe	189	225	63,539	339,651	204,517	186,774	132,704	132,704	132,704	54,070	- 0	Nil
Kapiri Mposhi	212	992	81,994	435,954	247,364	241,022	146,792	146,791	146,791	94,231	1	Less by 1
Luano	113	566	12,939	85,129	45,826	44,066	25,046	26,136	26,136	17,930	- 1,090	1090 extra received
Mkushi	183	1,008	39,679	230,897	118,656	123,032	105,134	91,537	91,537	31,495	13,597	Less by 13,597
Mumbwa	176	758	49,730	328,905	173,467	172,006	112,351	115,230	115,230	56,776	- 2,879	2879 extra received
Ngabwe	34	240	7,049	36,186	20,030	20,380	20,380	20,380	20,380	-	-	Nil
Serenje	180	677	34,429	204,958	113,058	110,759	66,094	73,491	73,491	37,268	- 7,397	7397 extra received
Central Province	1,663	6,464	439,561	2,312,026	1,276,689	1,361,120	904,300	903,752	903,752	457,368	548	Lost in transit

Appendix 2: Names of Supervisors Involved at Provincial Level

S/NO	NAMES	DESIGNATION	INSTITUTION/ ORGANISATION	CELL NUMBER
1.	Dr. Rosemary R. Mwanza	Provincial Health Director	Provincial Health Office	0972080806
2.	Dr. Isaac Banda	Public Health Specialist	Provincial Health Office	0977348278
3.	Mr. Teddy Wakuñuma	Ag. Chief Env. Health Officer	Provincial Health Office	0977529804
4.	Mr. Stabbes Mpokota	Snr Health Education Officer	Provincial Health Office	0979092679
5.	Mr. Alick Chirwa	Snr Env. Health Technologist	Provincial Health Office	0966421429
6.	Mr. Peter Nyakulo	Stores Officer	Provincial Health Office	0977127180