Republic of Malawi

Ministry of Health

National Malaria Control Programme

2018 Mass Distribution Campaign of Long Lasting Insecticidal Treated Mosquito Nets in Malawi

Implementation Strategy

January 2017

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List of Acronyms

ANC	Antenatal Care
BCC	Behavior Change Communication
CDC	US Centers for Disease Control and Prevention
CP	Cluster Point (covering numerous villages)
DHMT	District Health Management Team
DHO	District Health Officer
DHS	Demographic and Health Survey
DMC	District Malaria Coordinator
DS	Distribution Site
DTF	District LLIN Task Force
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HSA	Health Surveillance Assistant
HH	Household
IEC	Information, Education, Communication
ITN	Insecticide-Treated Net
IRS	Indoor Residual Spraying
LLINs	Long-Lasting Insecticide Treated Mosquito Nets
LSC	Logistics Sub-Committee
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
NMSP	National Malaria Strategic Plan
NTF	National Task Force
NMCP	National Malaria Control Program
NSO	National Statistics Office
PMI	U.S. President's Malaria Initiative
RBM	Roll Back Malaria
TSC	Technical Sub-Committee
UNICEF	United Nations Children's Fund
VCO	Vector Control Officer
VPP	Voluntary Pooled Procurement
WHO	World Health Organization

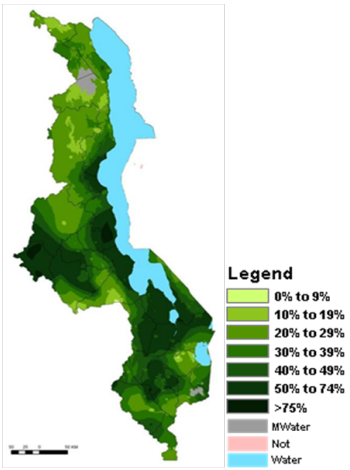
A. BACKGROUND

1. Overview of Malaria in Malawi

Malawi is a landlocked country bordered by Tanzania to the north, Zambia to the west, and Mozambique to the east and south. The population in 2018 is projected to be 17.9 million, comprised of approximately 46.3% women of reproductive age and 19% children under five years old (National Statistical Office of Malawi).

Malaria is endemic in more than 95% of the country. Transmission is perennial in most areas and peaks after the start of the annual rains that typically begin in November and last through April. The highest transmission areas are found along the hotter, wetter, and more humid low-lying areas (lakeshore, Shire River Valley, and central plain), while the lowest risk areas along the hotter, wetter, and more humid low-lying areas (lakeshore, Shire River Valley, and central plain), while the lowest risk areas fall along the highland areas of Rumphi, Mzimba, Chitipa, and Kirk Range (Kazembe, 2006; Okira et al, 2014). *Anopheles funestus* is considered to be the primary vector species; *An. gambiae* s.s. and *An. arabiensis* also are present and may predominate in some areas at certain times of the year. *Plasmodium falciparum* is the most common species of malaria, accounting for 98% of the infections and all severe disease and deaths.

Figure 1: Predicted population-weighted *Plasmodium falciparum* parasite prevalence in children two to ten years of age, Malawi 2010-2012



Okiro EA, Noor AM, Malinga J, Mitto B, Mundia CW, Mathanga D, Mzilahowa T, Snow RW (2014). *An epidemiological profile of malaria and its control in Malawi*. A report prepared for the Ministry of Health, the Roll Back Malaria Partnership and the Department for International Development, UK. March, 2014 Electronic and manual searches for published and unpublished reports were used to identify available malaria prevalence surveys (including the 2010 and 2012 Malawi Malaria Indicator Surveys). Age-corrected survey data (sample size and numbers positive) at known locations (longitude and latitude) and times (year) with a minimal set of conservative, long-term climate and human settlement covariates were used. Covariates statistically significant to the age-corrected infection prevalence were identified (in this case urbanization). Empirical data and spatially matched covariates were used within a Bayesian hierarchical space–time model to produce continuous maps of *Pf*PR_{2-10} for 2010-2012.

Malaria continues to be a major public health problem. Malaria accounts for over 30% of outpatient visits (about 6 million cases annually) and 40% of in-patient cases (HMIS Report 2016). According to the Malaria Indicator Survey 2014, malaria prevalence is at 33% among children 6 – 59 months. According to 2016 HMIS report, malaria deaths are at 23 per 100, 000 population (about 4000 cases annually).

Malawi has made relative progress in reducing malaria morbidity and mortality between 2011 and 2016 with the overall malaria incidence rate having decreased by 27% and the malaria mortality rate having decreased by 61%, as shown in figure 1 below[1]. Similarly, malaria prevalence decreased from 43% in 2010 to 33% in 2014.

Despite the overall reduction in malaria morbidity and mortality, the burden of malaria still remains relatively high ranging from 150 cases per 1000 population in some districts to over 353 cases per 1000 population in others. 33In 2016, malaria accounted for 37% of all outpatient cases, 46% of all in-patient cases, and 24% of all in-patient deaths. Malawi is still in the control phase of malaria, focused on ensuring that key, high impact malaria control interventions for prevention, through Long Lasting Insecticide Treated Net (LLIN) mass campaign, IRS and routine distribution coverage, and prompt and effective diagnosis and treatment, reach the entire population of the country. To assess progress towards achievement of the universal coverage targets, there is a strong focus on surveillance and monitoring and evaluation. Malaria prevention (IRS, LLINs) is targeted based on entomological and epidemiological factors.

Sleeping under LLINs is one of the most effective ways of preventing malaria. LLINs can reduce the number of uncomplicated malaria episodes in areas of high malaria transmission by half (50%), and have an even bigger impact in areas of medium or lower transmission. LLINs have also been shown to reduce childhood mortality substantially. LLINs are preferred because they do not require re-treatment and remain effective for at least three years. For this reason, the Ministry of Health (MoH) in Malawi adopted the international recommendation from the World Health Organization (WHO) that all public-sector distributions should involve LLINs rather than conventional nets as its policy.

2. Use of LLINs for Malaria Prevention

The MoH adopted use of LLINs as one of the major interventions in 2005 and adopted a universal coverage approach in the Malaria Strategic Plan 2011 – 2015. This intervention is likewise maintained in the revised strategic plan of 2017- 2022, with the aim of having the whole population of the country sleeping under LLINs by end December 2022. In the past, the focus has been on protecting the most vulnerable people (pregnant women and children under five), and distributions of LLINs have been targeted at these groups. The current Malaria Strategic Plan aims at achieving “Universal Coverage on the road to malaria elimination” for all interventions (prevention and treatment), including LLINs. Universal coverage involves reaching 100% of the population at risk of malaria with prevention and treatment services. For Malawi, universal coverage for LLINs is defined as one LLIN for every 1.8 people. With high population coverage for prevention and treatment interventions, malaria morbidity and mortality can be significantly reduced.

According to the Malaria Indicator Survey, household ownership of at least 1 LLIN increased from 58% in 2010 to 70% in 2014. Utilization of LLINs by pregnant women increased from 49% in 2010 to 62% in 2014, while for under-five children, the proportion increased from 55% in 2010 to 67% in 2014.

3. Lessons Learned from Previous LLIN Campaigns

Malawi has nearly 10 years of experience implementing mass mosquito net distribution campaigns. The last mass LLIN distribution campaign was conducted in 2016 covering 19 districts.

The NMCP and partners reviewed lessons learned from previous mass campaigns to improve performance moving forward. The following are key lessons learnt from the recent mass campaign:

Partnership: Engagement of a broad range of partner was crucial to the success of the campaign. The National and District Task forces composed of Government and Non-Governmental Organization representatives was paramount in overseeing the planning and successful implementation of the campaign

Mass campaign distribution period: Distribution of nets should not be conducted during rainy season to avoid logistical nightmares. There should also be a short period between registration and the actual distribution to avoid having a lot of unregistered households due to population movement.

Resources for supportive supervision: Supervision requires adequate resources in terms of fuel and human resources at each and every stage of campaign implementation and at each level.

Risk mitigation measures: The institution and implementation of financial risk mitigation measures in the course of implementation was crucial, however, it affected the flow of the planned activities and delayed the overall campaign implementation.

Security at some distribution points: There was inadequate security at some distribution points due to either late reporting of distribution point teams, inadequacy of security personnel (police officers) or low support from local leaders that were supposed to take control of their subjects. There is need to increase personnel in the urban areas and implementation of good transport plan.

Data Management: The amount of time, the training needed and the volume of work required to ensure the data collected are managed well should not be underestimated. It is important to synthesize the data from the household registration (both paper & electronic) and keep it safe using appropriate systems.

B. PLANNING AND COORDINATION

1. The Purpose of this Implementation Strategy

The purpose of this implementation strategy is to provide guidance to conduct the mass-campaign in a standardized way in all the districts of Malawi. The implementation strategy outlines the steps to be followed in undertaking each activity and provides development partners with a clear understanding of the process to be followed, timing of key activities and required resources. The document also builds on lessons learned from previous mass campaigns to ensure successful outcome of the campaign.

2. Implementation Model for the 2018 Mass LLIN Distribution Campaign

The 2018 mass LLIN distribution campaign will target all 29 districts in Malawi. The total quantity of LLINs to be distributed for the 29 districts (according to the projected census data) is estimated at 10,958,223. However, the exact quantity required will only be confirmed after household registration.

3. Coordination Mechanisms

3.1. National level

In line with the Global Fund financing arrangement for the 2018 – 2020 grant, the Country Coordinating Mechanism (CCM) nominated the Ministry of Health (MoH) to be the government Principal Recipient (PR) and World Vision Incorporated (WV Inc.) to be the non-government PR. Both NMCP and WVI are responsible for coordination and implementation of the 2018 mass LLIN distribution campaign.

The LLIN National Task Force (LLIN NTF), under the Vector Control Subcommittee through NMCP, will be tasked with overseeing the preparations for the 2018 national mass campaign. The LLIN NTF includes implementers, development partners and key stakeholders from the Ministry of Health (see Annex 1 for full list of the membership). Throughout the campaign planning period, the NTF meets on a biweekly basis with additional ad hoc meetings as required to ensure that key planning steps are carried out at the appropriate time. However, the teams within the NTF meet more regularly and meetings intensify as the warehousing and distribution exercise draws closer. The diagram below shows the coordination structure while terms of reference for these various groups are included in Annex 2:

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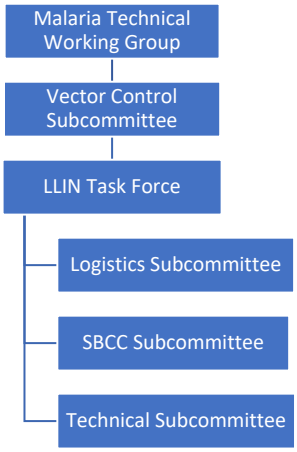

Within the LLIN Task Force, there are three sub-committees responsible for developing detailed guidance, standard operating procedures and other tools to support campaign planning and implementation. The Logistics sub-committee is responsible for providing technical oversight on the warehousing, distribution planning and security arrangements. The Social and behaviour change (SBCC) sub-committee provides guidance on all mass media, behaviour change communication and community mobilization activities. Finally, the Technical subcommittee is

responsible for overall implementation strategy development, micro-planning (including development of guidance and supporting tools), training and monitoring and evaluation (including development of data collection and management tools).

3.2. District Level

The District Health Management Team in each district will coordinate district level activities in partnership with World Vision Incorporated (WV Inc.), which will have an established structure and staff in each district. An LLIN district task force (DTF) will be established in each district and will include the District Health Management Team (DHMT), other key line ministry representatives (agriculture, information, community services, etc.) and NGOs. The DTFs will be co-chaired by the District Health Officers (DHO) and the World Vision District Project Officer (WVDPO). Coordination meetings will be conducted on a bi-weekly basis during micro planning, orientation, household registration, data verification, transport of LLINs, physical distribution of nets and data and LLIN reconciliation at the end of the distribution. Ad hoc meetings will be called to address any issues arising and resolve bottlenecks. Prior to the LLIN distributions in each district, the LLIN DTF will brief the District Executive Committee (DEC) and full council (Includes traditional authorities (TA) and ward councillors (WC)) to sensitize them and advocate for their support during the whole process. The LLIN DTF will also meet after distribution to reflect on lessons learnt and make recommendations for the improvement of future campaigns. Each district task force will share with all district partners and at national level updates on progress, outcomes and action points, as well as any issues of concern. The district task force (DTF) will be reporting their planning and implementation progress to the NFT through the secretariat (NMCP). The reports will then be shared with WVI.

4. Planning Process

During the 2018 mass LLINs distribution campaign, Lilongwe city, Blantyre city, Zomba City and Mzuzu city will be considered as urban areas.

4.1. Quantification of LLINs

The LLIN distribution campaign aims to achieve universal coverage of the total population at risk. Based on the population projections, there will be 17,931,638 people in Malawi in 2018. Using the WHO recommended quantification of population divided by 1.8, the LLIN need is 9,962,023. Due to the long time since the last census, June 2008, a 10% buffer stock has been added to the total need, making 10,958,223 LLINs required for the campaign. Global fund (GF) will finance procurement of 2,000,000 PBO LLINS and 4,635,173 standard LLINs and Against Malaria Foundation (AMF) will finance procurement of 4,323,050 standard LLINs. Refer to Annex 4 which presents allocation of nets per district.

4.2. LLINs procurement

WVI will undertake the procurement of the LLINs through the Pooled Procurement Mechanism (PPM). The LLINs will be procured based on Net Specifications presented in Annex …. The order will be processed through Wambo, an online platform that enables the in-country procurement team to search, compare, purchase and track the delivery of LLINs. The agreed specifications as decided by the National Task Force in accordance with the National Malaria Control Guidelines

will be sent to the supplier through the same platform. The supplier shall ensure that the LLINs are quality assured before shipping. The LLINs shall be shipped within 6-9 months of making the order, the first shipment should arrive in country in July 2018.

4.3. Micro-planning at district level (Regional Meetings)

Microplanning is a critical activity for implementation of the LLIN distribution campaign and one of the critical parts of microplanning is ensuring that the right people are involved. The microplanning is necessary to translate the macroplanning and macro-budget into a detailed operational plan and budget that reflects the reality and context of each district in the country. The microplanning must take place early – 6 months before the campaign distribution dates – to allow the final budgets to be communicated to The Global Fund and other partners and stakeholders and to ensure no delays in disbursement of operational costs. The microplanning is currently scheduled for the fourth week of February.

The central technical, logistics and communication teams, under the NTF, will work together to develop the microplanning templates (based on existing tools), questionnaires and instructions for the health facility in-charges and district health teams. The tools will need to be validated by the NTF before being printed.

The microplanning process will take place as follows:

1. At least one month prior to the microplanning in the regions, a package of materials will be printed for each district containing detailed instructions regarding the information that must be collected prior to attending the microplanning sessions. Each package will include NMCP and World Vision contact information in case the district has questions or requires clarification as to the process or what needs to be collected. The package of information to collect will be handed over to the district teams during the briefing of district stakeholders meeting.
2. In order to support the microplanning process, a central level team of 9 people will be needed. Each team of 3 persons (representing M&E, logistics and communication) will support microplanning in one region. The teams will be composed of individuals from the National Task Force.
3. The teams that will support the microplanning process will be orientated.
4. Once the central level team has been oriented, 3 teams of 3 people each will travel to each region, where they will meet with district teams for 5 days workshop.
5. Once all of the central level microplanning facilitation team is back to Lilongwe, a central level workshop will take place to clean and consolidate all of the data collected and establish final operational plans and budgets for each of the 29 health districts in the country. The central workshop will take 3 days and will include all people who have facilitated the microplanning sessions at the regional level.
6. The final operational plans and budgets will be submitted to the NTF for review and validation. Once the validation has taken place, the plans and budgets will be submitted to The Global Fund for review and approval.

7. After review and approval from The Global Fund, the final operational plans and budgets will be sent to districts to ensure that all campaign actors are working from the same base plan.

The deliverables of the microplanning workshops are:

- Implementation maps of each district.
- Contact details of the district health team and health facility officers in charge.
- Completed warehouse assessment form(s) for district storage locations
- Completed microplanning templates showing:
  - List of communities and their population in each health facility catchment area to update population information from the projections. It will be emphasized in the early communication to the districts and health facility officers-in-charge that sufficient work on collecting population data will help to avoid negative effects on distribution of LLINs available and campaign delays and bottlenecks.
  - Location of distribution sites (fixed and outreach) for clustering of the communities to divide them into catchment areas to allow for detailed planning for household registration to ensure coverage of all households.
- Identified hard-to-reach communities (in the microplanning template and on the maps) and a detailed plan for how they will be reached during the household registration and the LLIN distribution
- A list of communication opportunities in each district, including churches, mosques, markets, community radio, etc.
- A micro-positioning plan indicating access information (e.g. type of road infrastructure and the transport type needed to reach distribution points), as well as LLIN quantities to be transported to ensure that the operational budget reflects the context
- A resources template that calculates all of the support material and personnel necessary at the district level for campaign implementation.
- An operational budget that reflects the context and ensures that all populations will be reached during the household assessment and that populations have access to distribution points identified.

5. Briefing, Orientation and Training

A number of briefing, orientation and training sessions will be conducted targeting LLIN NTF, DTF and other implementers of the campaign. Table 1 below gives details of the sessions that will be conducted. The aim of these sessions is to make all implementers aware of the overall campaign process and orient them to the tools for the campaign.

Table 1: Summary of briefing, orientation and training sessions

BRIEFING-ORIENTATION/TRAINING	# DAYS
NTF orientation on overview of the campaign	1
National level briefing	2
Briefing of District Stakeholders	1
Orientation of NTF members on Microplanning	3
Orientation of DTF Members on Micro planning	5
Orientation of NTF members on Logistics	2
Orientation of Districts logistics team and warehouse personnel on mass campaign Logistics	2
Orientation for National supervisors on HHR	1
Orientation for district and Health Facility supervisors on HHR	1
Orientation of Health Surveillance Assistants and volunteers on HHR	1
Orientation for National supervisors on Distribution	1
Orientation supervisors on distribution	1
Orientation of Health Surveillance Assistants, WV distribution Assistants and volunteers on distribution	1

Orientation of NTF members

The orientation will take 3 days, and this will happen in Lilongwe. Two days, the NTF will be orientated on the overall campaign process. The orientation will focus on technical parts of the campaign, logistics, BCC and finance side. And an extra day (3rd) will focus on data supervision and monitoring strategies.

National level briefing

The National Task Force will conduct an inception meeting for national partners and other key district partners before the micro-planning process at district level. The national briefing will involve at least five officers from each district. The objective of this meeting is to agree on a common vision and implementation framework for the entire campaign based on the past experience.

Briefing of District Stakeholders

The NTF and the District Health Management Teams will brief District Executive Committee on the overall campaign process. The District Executive Committee will brief the district full council and other key stakeholders. The briefing will cover the key elements of the campaign process and the need for their involvement in the DTF. The briefing exercise will take one day.

Orientation of NTF members on Microplanning

The central level orientation will take 2 days, with the objective of ensuring that the teams supporting the microplanning at the regional level have a clear understanding of the templates and tools. The orientation will be implemented in such a way that all members of each team have a crosscutting understanding (e.g. communication understands logistics and vice versa) of the microplanning to ensure adequate support to districts during the microplanning sessions. The orientation will begin with a simulation exercise for mapping, followed by a simulation exercise for inputting the needed data into the microplanning templates. The orientation will include sessions on linking the microplanning data to the budget and on cleaning the microplans and verifying the information they contain.

Orientation of Health Surveillance Assistants on HHR

With support from LLIN NTF, district supervisors who participated in briefing sessions will conduct subsequent orientation of Health Surveillance Assistants (HSAs) selected to assist with the campaign. This orientation will be a 2-day session conducted during the week prior to the household registration. This session will equip HSAs with the appropriate knowledge and skills to carry out the door-to-door registration exercise, as well as in community social mobilization and interpersonal communication before and during the HHR. All data collection tools will be reviewed during the orientation sessions and HSAs will have the opportunity to practice using the tools to ensure competence.

Orientation of Health Surveillance Assistants/Volunteers on distribution and communication

With support from LLIN NTF, district supervisors who participated in briefing sessions will conduct subsequent orientation of Health Surveillance Assistants (HSAs) and volunteers selected to assist with the campaign. This orientation on distribution & communication should be organized the week before LLINs distribution. The first day with distribution point team members and then the second day with the DP supervisor to really focus on the data management, the stock management, the reconciliation and the reverse logistics. This session will equip HSAs with the appropriate knowledge and skills to carry out the LLINs distribution exercise and community social mobilization related to the LLINs distribution. All data collection tools will be reviewed during the orientation sessions and HSAs will have the opportunity to practice using the tools to ensure competence.

6. Registration of Beneficiaries (Household registration)

A household will be defined as a group of people living together on a permanent or long-term basis in the same house and eating from same pot. In the case of a polygamous household, each wife will be defined as a head of household to ensure high intra-household access is achieved. The husband will be associated with only one of the wives and counted once. In cases where there is more than one household in a structure, each household should be treated separately

The household registration will use a door to door approach and done by teams of two people (HSA and volunteer). An estimation (quantification) of human resources need will be done during macro planning (macro quantification), reviewed based on microplan data and finalised based on HHR data prior to distribution.

6.1. LLIN allocation

LLINs will be allocated to each household based on 1 net for every 2 persons, rounding up in the case of an uneven number of people in the household. The maximum number of LLINs that any household can receive is 4. Therefore:

- 1-2 people: 1 LLIN
- 3-4 people: 2 LLINs
- 5-6 people: 3 LLINs
- 7-8 people: 4 LLINs
- 8+ people: 4 LLINs

6.2. Household registration

Household registration is critical for a number of reasons:

1. It provides the information about how many LLINS are needed at each distribution site based on the actual population of each household in the surrounding catchment area as defined during microplanning.
2. It provides an opportunity to explain the LLINs campaign, discuss malaria and its prevention, answer questions from household members and address any misinformation from the household during the visit.

The household registration exercise will take place over a period of 7 days in rural areas and 10 day in urban areas. This allows for one weekend in rural areas and two weekends in urban areas to be included to find people at home, in an effort to avoid any non-registered beneficiaries. Each registration team is expected to register 45 household per day in rural areas and 60 households per day in urban areas. A job aid with key messages will be used by registration team members to ensure consistency in implementation of the registration.

Each household will be marked with chalk at the door post during the household registration depending on whether they were successfully registered, not registered or refused registration to trigger appropriate follow up. Prior to registration, the community will be sensitized on registration schedule so that one adult is available at the household on the day of registration.
It is intended that missed households will be revisited during the registration period one or two times as is feasible. In both rural and urban areas, a “contact card” (essentially, a piece of paper, not a pre-printed tool) will be left at non-registered households to allow the household head to contact a team supervisor to arrange to be registered. In rural areas, neighbours will be asked to convey to household heads not home during the household registration to get in contact with the appropriate person.

Steps For Household Registration

During the household registration, team members (HSAs and volunteers) will go door-to-door in an effort to register every household in their area of responsibility. The steps for the household registration are as follows:

1. The HHR team member will reach a household and request to speak with the head of household or any adult over 18 years living in the household.
2. The HHR team member will explain the purpose of their visit and why they are collecting specific data about the household.
3. The HHR team member will record the name of the head of household, the number of people who regularly sleep in the household and the number of LLINs the household will receive during the distribution. The team member needs to be aware of the household context and ask probing questions where answers provided appear to be dishonest.
4. The HHR team member will record the household unique Identifier which will comprise district code, TA code, village code and household number (see Annex X).
5. The HHR team member will refer to their job aid and ensure that the key messages about malaria, the LLIN campaign, and the importance of hanging and using nets are disseminated.
6. The HHR team member will communicate the location of the distribution site that the household should visit to receive their nets.
7. The HHR team member will ask if the respondent has any questions related to their visit or malaria.
8. The HHR team member will mark the household. The mark will consist of the HH unique identifier and status of registration as described below: :
    - NET R – household registered
    - NET NR – household not registered and revisit needed
    - NET RR – household reject registration
9. When complete, the HHR team member will thank the respondent for their time and will explain that the community will be informed as to when the distribution point will be open.

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At the end of the household registration, all households should have been registered, and informed about malaria and LLINS campaign. Microplanning data will be used as the baseline for the household registration to measure progress against targets. Household registration data will be used for refining the logistics plan for LLINs transport from cluster warehouses (14) to distribution sites, and as the baseline for the LLIN distribution to assess progress against targets.

6.3. Daily Data Validation

At the end of each day of the household registration, the HHR team members will summarize their progress and the information they have collected, i.e.

- Number of households registered
- Total number of people in the households
- Total number of LLINs required for universal coverage

The HSAs will meet with their supervisor, every morning, to randomly check the data quality and ensure that there are no errors or other suspicious signs (e.g. in a household the number of people is tallying with LLINS allocated)

- If the team supervisor is satisfied with the work of the HHR team members, s/he will send the summary of the previous day's work to the district supervisors.

- If there are errors or areas of concern during the daily data quality check – for example, every household requires the same number of nets – the HSA supervisor will flag the work of the HSA for validation. The district supervisor will be informed of the data quality problem and the work of that HSA will not be included in the daily summary sent to the district data clerk (e.g. entering and then removing data will be confusing).

The Data Validation process will be as follows:

1. The HSA supervisor will go to the area that was registered the previous day that has data quality problems.
2. The HSA supervisor will use the household registration sheet used by the HHR team member the previous day and will select a minimum of 5 (in rural areas) or 8 (in urban areas) households to visit.
3. The HSA supervisor will fill in the information on the household registration sheet for each of the selected households.
4. The HSA supervisor will compare the information that s/he collected with the information collected by the HSA.
5. If the data collected by the HSA is correct, the supervisor will then submit that data to the district supervisor for onward transmission to the data clerk to be added to the previous day's daily summary.
6. If the data collected by the HSA is incorrect, the supervisor will need to address the issue with the HSA and provide hands-on orientation with the HSA, covering at least 2 households so as to improve the quality of the remaining work.

6.4. Daily HH Registration Summary

Every morning the HSA supervisors will fill in a daily household registration summary form for previous day's work. The HSA supervisor daily HHR summary form will provide the following information:

- Number/ list of villages registered
- Number of households registered.
- Total number of people in the households
- Total number of LLINs required for universal coverage

The HSAs, HSA supervisors and district supervisors must work together to ensure that the district coordinating officer (DEHO) receives as much data as possible on a daily basis for validation and onward transmission to the district data clerk. The district supervisors will fill in a daily summary of the data received from each of the HSAs supervisors under their responsibility. The district supervisor's daily summary will include:

- Number of HSAs under their responsibility
- Number of HSAs whose data has been validated
- Number of households reached by HSAs
- Number of LLINs required

While ideally all of the paper forms from HSAs and their supervisors would be collected by district supervisors and delivered to the district data clerk each day, in reality, this will not be possible in some parts of the country. Therefore, a number of scenarios for transmitting data can be envisaged:

1. Ideal scenario: District supervisors are able to meet with all HSA supervisors under their responsibility on a daily basis and collect the data for validation, as well as the data forms. The district supervisors then deliver all of the daily data forms, and their summary form to the district data clerk for entry into the database.
2. Second possibility: District supervisors are able to meet with a percentage of the HSAs supervisors under their responsibility on a daily basis and for these supervisors, the same process as for the "ideal scenario" is followed. For the HSA supervisors that the district supervisors are unable to visit, phone contact is made (either SMS or call) to receive the daily summary data to fill in on the district supervisor daily summary form. The paper forms from the HSAs and their supervisors that were not physically met should be collected as soon as possible and delivered to the district data clerk.
3. Third possibility: District data supervisors are unable to meet with any HSA supervisors (for whatever reason) on a day of registration. In this case, the district supervisor should try to contact the HSA supervisors by phone (SMS or call) to get the daily summary data and fill in their summary form for onward transmission to the district data clerk. The paper forms from the HSAs and their supervisors that were not physically met should be collected as soon as possible and delivered to the district data clerk.

In each of the scenarios above, it must be noted that the district supervisor will be supported in supervision and monitoring by the central team (NTF team). Where a strong supervision plan is in place, it will be possible to ensure that the majority of areas are reached on a daily basis by one or another cadre of campaign supervision staff to maximize the amount of data received each day. The orientation sessions will include planning for the progression of the HSAs and the required supervision and should consider the data collection aspect in this planning. All means available will be used to transmit daily data from HSA supervisors to district supervisors and the district data manager. Therefore, data may be called in, sent by SMS or transported physically by district supervisors and central supervisors.

The district data manager will summarize the daily data in a standard format provided by the NMCP (preferably electronic, but paper if not possible). S/he will be responsible for transmitting the data collected from all HSA supervisors in the district to the national data manager (by SMS, phone call or any other means possible).

At the end of the household registration, the district data manager will send the total numbers (households registered, people registered, LLINs needed) to the central data manager. The district data clerk, will be responsible to organize the HSA data collection forms.

6.5. National Household Registration Summary

At both the district and central level, the data will be organized by distribution sites to provide the number of LLINS to be. The district will be responsible, in collaboration with the central monitoring team, for completion of the household registration data summary to move to the LLIN distribution phase. It is expected that the data summary will be available within 21 days of the end of the household registration. It will be available earlier for districts that are able to get a high percentage of HSAs supervisors reporting each day.

Household registration summary data will be used to make adjustments to the distribution plan for movement of LLINs to the distribution sites (DSs) from the cluster storage.

After registration, two copies of the triplicate registration forms, registers will be kept at the health center for safekeeping until the actual LLIN distribution process. One copy will be collected by the World Vision district level staff for electronic data entry to be conducted in each district. The objective of this exercise is to ensure accountability and reconciliation of data from the community. Once distribution has been completed, the two registration forms will be fully completed and filed for record keeping. One copy will be kept at health facility and the second copy will be collected by World Vision to complete the electronic data entry with distribution results for complete reconciliation. The electronic data will be available at NMCP and World Vision for any post campaign verification and follow-ups.

6.6. Supervision during Registration

It will be critical to supervise and monitor the HSAs. The HSA supervisors must ensure that the registration information is being collected and recorded correctly; that the key messages and campaign information are being consistently passed; and that all households have been reached.

Supervision during the household registration is crucial for the success of the activity. While households may give inaccurate information about the number of people living in the structure to receive more nets, there is also the possibility that HHR team members will give inaccurate information to ensure the maximum number of LLINs is distributed to some or all households under their responsibility.

HSA supervisors (1 for every 10 HSAs in urban areas and 1 for every 6 HSAs in rural areas) will be responsible for following the HSAs on a daily basis to monitor the household visit, the collection of data and the communication of messages. The HSA supervisors will provide supportive supervision and on-the-job training where HSAs have not fully understood their tasks.
District supervisors (1 for every 10 HSA supervisors) will be responsible for supervising the work of the HSA supervisors. They will accompany the HSA supervisors when they are following the HSAs and will ensure that supportive supervision and on-the-job training are taking place as

planned. The district supervisors will participate in the morning meeting to discuss their observations and will meet separately with the community supervisors to discuss issues arising and solutions for the next day's work.

All supervisors at the community, district and central levels will be registered on a list/phone tree (name and contact number) and the list will be given to each supervisor/monitor to ensure no communication problems.

6.7. Household Registration Verification

Data verification will be conducted soon after the registration process to verify that information collected by HHR is correct. The Verification process will be as follows:

1. The national and/or district supervisors will go to the areas that were registered.
2. The national and/or district supervisors will use the household registration forms used by the HHR teams the previous days and will randomly select a minimum of 5% of the households to visit.
3. The national and/or district supervisors will fill in the information on the household registration form for each of the selected households.
4. The national and/or district supervisors will compare the information that s/he collected with the information collected by the HSA.
5. If the data collected by the HSA is incorrect, the national and/or district supervisors will need to address the issue with the HSA. The HSA responsible for that catchment area will be required to go back and collect correct household data from that area.

6.8. Selection of Distribution Sites

While the micro-planning process will generate a list of planned distribution sites, the actual number of distribution sites to be served will be established by the LLIN DTF based on results of the household registration and verification process. The final list of confirmed distribution sites will be shared with the transportation agent and district stakeholders at least four weeks prior to the commencement of distribution.

7. Logistics

7.1. Selection of the transport agent(s)

World Vision will identify transport agents to deliver LLINs to the designated distribution sites based on their procurement guidelines. The process of identifying the transport agents will be carried out using a restricted tendering process. This process will involve members of the Logistics sub-committee of National Task Force. The Services Contract will be tendered out in lots according to the fourteen clusters.

The bid evaluation report will be sent to The Global Fund for endorsement and approval. A bid negotiation meeting will be held during post-qualification to make sure the bidders can provide the capacities they have promised to provide. After that the draft contracts will be awarded and sent to Global Fund for review.

It will be World Vision's responsibility to identify warehouses and transport agents to transport the nets from cluster warehouses to all distribution sites. World Vision will also be responsible for hiring security services at the storage facilities, providing adequate vehicles for transport, verifying receipt and inventorying the goods and stocks, etc. World Vision will work closely with the districts (DHMTs) on developing detailed distribution plans

7.2. Identification of storage facilities

The selected contractor(s) will have warehouses with sufficient capacity to store the total volume of required LLINs. The LLIN NTF, with representatives from the DTF, will inspect all warehouses in the presence of the contractors to address any gaps noted or improvements needed. Inspection of the warehouses/storage facilities will be done using the standard monitoring form (Annex 3). World Vision, in collaboration with the LLIN DTF, will arrange for secure transfer of LLINs from cluster warehouses to the actual distribution site as per the approved distribution plan. The final delivery of the consignment to the distribution point will be based on the precise number of LLINs as listed in the approved distribution plan.

7.3. Transfer of LLINs to Distribution Sites

Transportation

The Global Fund, through the procurement agent, will be responsible for transporting LLINs from supplier to the 14 cluster warehouses across the country. World Vision will be responsible for transporting LLINs to the actual distribution sites as per the approved distribution schedule. World Vision will identify contractors to provide vehicles within the limits of the distribution contract budget.

Warehousing

World Vision will identify the cluster warehouses. Warehouses will be identified based on: a) overall capacity of warehouses to store quantities of LLINs required in the district , b) location of the warehouses, c) accessibility to the warehouse, d) condition of the warehouse (dry and protected from weather elements and infestation) and e) security (lockable doors, windows, exterior lighting and access control). The standard warehouse review checklist, referenced in annex 3 above, will be used for consistent inspections of all warehouses. NTF will verify, before arrival of nets, selected warehouses to ensure that all recommended practices are followed. Only warehouse facilities found to meet the required standards will be approved for use.

Security

Planning for the security of the LLINs is essential. Based on the past experience, the NTF will plan well established measures to guard against theft or leakage during transportation storage and distribution and storage:

- Implementing a well-designed and sound LLIN tracking system: At each step of the supply chain where LLINs change hands, the names and signatures of people involved will be required on serialized, carbon copy delivery notes. This system will act as a deterrent to LLIN leakage since it allows for rapid identification of leakage responsible parties.
- Secured storage facilities and staging locations: All storage facilities must have locking doors or gates (chains and padlocks) and must be guarded day and night. World Vision will be required to provide a minimum of two security personnel for each storage location at district/cluster level. In the event that LLINs must be stored at distribution points, the HSA and village headman will responsible for arranging security and this situation will be considered for a maximum of one day. In areas with a higher security risk (for example, peri-urban areas), more security personnel will be employed. Security personnel will be responsible for guarding loading areas at all times.
- World Vision will be required to provide constant supervision in overseeing loading and off-loading, as well as monitoring of delivery vehicles in transit, while distribution site teams will ensure that delivery notes are properly signed to confirm loading and receiving.

Urban distribution of LLINs may be subject to security problems due to the large number of recipients per distribution site. Provision of security will be done in all sites in the cities of Lilongwe, Blantyre, Mzuzu and Zomba. Police will be hired in conjunction with the DHMTs to control crowds and ensure a peaceful process. All LLIN distribution sites in the city will be allocated a number of police personnel. Police will be at each distribution site before the arrival of LLINs, during the actual distribution and up to the closure of the site. The NTF will provide necessary transport in good time to ensure timely availability of the Police Officers in all distribution sites. Where necessary, the NTF will engage the Malawi Defence Force to provide additional LLIN security and crowd control. Representatives from both the National Police Services and the Malawi Defence Forces are incorporated as members of the NTF.

8. LLINs Distribution

The LLIN distribution is the activity that the micro-planning and household registration have been leading to. Following the household registration exercise, there will be a 21-day period during which the summary data will be compiled, analysed and used to update the logistics (or delivery) plan. The logistics personnel, using the results of the household registration and the transport plans, will oversee the update of logistics (or delivery) plan to ensure timely LLINs at distribution sites. The LLINs transport contractor will be given 14 days' notice prior to the expected date of LLINs distribution. The Contractor will be notified of the exact date of LLINs distribution for each site.

LLINs distribution will be conducted in phases:

- Phase one: Southern Region
- Phase two: Central Region
- Phase tree: Northern Region

Within each region, all districts will start distribution on the same day. Therefore, communication between the district logistics officer and the distribution site supervisors will be essential to ensure that s/he is aware of the time when the LLINs will arrive at the distribution site. The confirmation of the LLIN arrival will trigger the commencement of community mobilization activities to inform the population of the days and locations for the LLINs distribution.

8.1. Number of Distribution Sites

The quantity of LLINs to be transported from the cluster warehouse will be delivered daily at distribution sites (based on the expected number of people to serve / LLINs to distribute). All procedures for accountability of the LLINs at this last level of the supply chain will be covered in the logistics plan of action and include the correct use of proper tracking tools.

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For the purposes of macro quantification, it is assumed that a rural distribution site will serve 200 HH (people) per day for 4 days (approximately 600 nets per day), while an urban distribution site will serve 250 HH (people) per day for 6 days (approximately 750 nets per day). The number of people per day in urban areas is kept at a low number to reduce the crowd control problems that arise when a lot of people are to be served in one day from a single location. Therefore, urban area planning is to have more DSs with a manageable number of households to be served. The number of days of distribution is less in rural areas because the population is sparse and it is considered that more distribution points will be needed for fewer days to ensure that beneficiaries can reach the DS. In both rural and urban areas, the distribution days will include a weekend.

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Each member of the distribution site team has specific roles and responsibilities (Annex 6), that are meant to ensure:

- Safety of the beneficiaries, commodities and distribution team members
- Accountability for the LLINs received, distributed and remaining
- High population knowledge about hanging, use and care of LLINs
- Appropriate waste management

Commented [U2]: The title doesn't suit the content
-This section needs to be reviewed in the context of number of days for distribution per site.

8.2. Pre-LLINs Distribution Logistics

Flow of LLINs from Warehouses to distribution Site

On a day of distribution, the LLINs will flow from cluster warehouse to distribution site. At the distribution site, the DS supervisor will oversee the distribution of LLINs. HSAs will be responsible to distribute LLINs to registered beneficiaries.

As the LLINs distribution cannot start until all of the necessary materials have been received, a smooth logistics operation is paramount. The logistics personnel, in collaboration with the M&E and communication personnel, will be responsible to ensure that all of the materials required for the LLIN distribution are in place at the DS in advance, including:

- Visual materials to identify the site (e.g. banners) and promote hanging and use of nets (for example, posters, etc.)
- Household register for net distribution (beneficiary) register
- Tally sheets for LLINs) and daily summary forms
- Stock sheets for LLIN tracking and waybills for movement of leftover nets at the end of the day of distribution
- Supervision checklists for the distribution point supervisor to verify the planning for each day of the LLIN distribution
- Matts, LLINs and strings or other materials for the demonstration of correct net hanging
- Refuse collection containers/ bags for net packaging

These materials will be sent to all health facilities in advance. Teams responsible for the site will collect the material in the morning when going to the distribution site and place/position them before distribution starts. For distribution sites that are far away from Health facilities, materials will be collected a day before the distribution day.

In all rural areas, the local village headman and his assistant will be responsible for verification of the beneficiaries from his/her village, security of the area and ensuring order. In urban and peri-urban areas, this will be complemented with police personnel. One member of the distribution team will be responsible for tallying the number of LLINs distributed using tally sheets (Annex 7). Distribution figures will be totaled and reported in detail using the site distribution summary report (Annex 8) and district distribution summary report (Annex 9). The distribution and supervision form (Annex 10) will also be used to assist in supportive supervision.

8.3. Pre-LLIN Distribution Communication

A distribution campaign launch will be conducted to mark the beginning of LLINs distribution and for extensive publicity. The launch will take place in form of a press conference at national level involving MoH, its partners and the press. In addition to the launch, radio spots will be aired to provide information about the LLIN distribution and to promote hanging and use of LLINs. Radio shows, featuring spokespersons from national, district and community levels will be used to disseminate correct information about the campaign and to reinforce that the LLINs will be distributed for free.

In each district, communities will be informed of the dates and locations for the LLINs distribution in advance. During distribution SBCC teams will engage the media, move around with them to show them highlights of the campaign.

8.4. Elements for the LLINs distribution

There are seven key elements of the LLINs distribution:

1. Daily distribution site set-up
2. Security, crowd control and leakage prevention (accountability for LLINs)
3. Daily and final data collection, synthesis and transmission
4. Health education and hang-up demonstration
5. Temporarily storage and reverse logistics of left over nets
6. Waste management
7. Supervision and monitoring

8.4.1. Daily Distribution Site Set-Up

Once the DS supervisor receives communication that the LLINs will be delivered to the distribution site, s/he should communicate to the DS team to come to the distribution site to assist with setting it up. Setting up will be done early in the morning of the distribution day. During the distribution site set up, the DS supervisor will remind the team of their roles and responsibilities, the organization of the distribution site, the use of the tracking tools, crowd control and security, health education and communication, and waste management.

There are a number of aspects of DS set-up that will be considered:

- Ensuring that all required supplies, including pens and tally sheets, are available at the distribution point each day.
- Identifying a safe LLINs storage area at the distribution site, away from the actual LLINs distribution point.
- Clearly indicating the separate entry and exit points (one way flow) into and out of the LLINs DS itself.
- Differentiating the distribution point from the demonstration area (note that it may be possible to set up the demonstration area in the place where beneficiaries are waiting to access the DP – “captive audience”)
- Ensuring that the DS has adequate shade and shelter from rain and sun at the waiting, distribution and demonstration areas (as possible).
- Ensuring that there is an area for personal hygiene i.e. latrines and hand washing facility.
- Ensuring that crowd control and security personnel are well briefed and have discussed appropriate positioning for control of the crowd and security of the LLINs, as well as personnel and beneficiaries.
- Ensuring that the DS team arrives in advance of the scheduled distribution start-time in order to prevent beneficiaries waiting for too long.
- Ensuring that the LLINs arrive well in advance of the scheduled distribution start-time.

8.4.2. Security, Crowd Control and Leakage Prevention

Security and Crowd Control: The security of the LLINs, the DS personnel and the beneficiaries is paramount. The following will be done or put in place at each distribution site to ensure security and crowd control:

- Appropriate site selection (done during micro-planning).
- Orientation of DS personnel responsible for security and crowd control.
- Method to control flow of beneficiaries in and out of distribution site.
- Method to manage influx of beneficiaries and control of the crowd at the LLIN storage and distribution areas (particularly for urban sites).
- Supervision of the distribution process.

Leakage Prevention: Additional methods will be used at each distribution site to minimize the possibility of leakage and ensure transparent tracking of LLINs delivered to distribution points and LLINs handed out to beneficiaries:

- Naked LLINs will be procured, which will diminish the resale value of the LLINs distributed.
- Delivery Note will be used for the daily delivery of LLINs to the distribution site and the reverse logistics to the cluster warehouse with quantities remaining.
- Stock sheets will be used to track each time a bale or individual LLINs are removed from the distribution site storage for use at the distribution table and for any LLINs returned at the end of the day.
- Tally sheets will be marked to indicate the number of LLINs distributed over the course of a day.
- It will be important to be very careful about the management of individual LLINS, particularly as we are getting naked nets. SOPs for the management of individual LLINs and leftover LLINs will be ensured to damage limitation.
- Daily reconciliation of LLINs using tally sheets and stock sheets will be done to ensure that no LLINs have gone missing / are unaccounted for prior to the reverse logistics from DS to cluster warehouse.

8.4.3. LLINs Distribution

There are a number of steps of LLINs distribution process that will be followed:

1. Beneficiaries arrive at the distribution point and are directed by crowd controllers to enter the site and where to go. Crowd controllers will manage the flow of beneficiaries into the site to avoid overcrowding or risks to personnel or commodities. Crowd controllers will ensure that only people registered in that particular site are admitted into the distribution point.
2. Given that this campaign will include both rural as well as highly populated urban areas, Malawi will use different approaches for beneficiary verification and accountability.
    - In rural areas, Malawi will continue to use traditional leaders (specifically, village headmen) to review the household listings and verify the identity of their subjects as they come forward to receive LLINs during the actual distribution. This has proven very effective during previous campaigns and no changes are proposed for the approach in the 2018 campaign. However, people in possession of National

Identity cards (or voter registration cards) will be allowed to identify themselves with the IDs.

- For urban and peri-urban locations, the verification strategy will depend on the particular area. In peri-urban areas where village units are still used, traditional leaders, such as village headmen, will verify beneficiary identity. In more densely populated or urban areas, ward councillors and block leaders will be responsible for identifying LLIN beneficiaries. Similarly, people in possession of National Identity cards (or voter registration cards) will be allowed to identify themselves with the IDs.

3. The LLINs distributor will then provide the beneficiary with the number of LLINs they are entitled to and will mark the tally sheet to track the number of LLINs distributed over the course of the day. The beneficiary will receive the number of LLINs required for the household and one circle on the tally sheet will be marked for each LLIN distributed. All beneficiary will sign in the register once a LLIN is received.
4. The LLINs distribution team will direct the beneficiary to the health education area (if this has not been placed in the waiting area), where a LLINs demonstration will show how the LLINs should be hung after airing. Key messages about LLIN hanging, use, care and repair will be communicated and beneficiaries will have the chance to ask questions or discuss any concerns they may have about the LLINs.
5. The security personnel will assist in ensuring that beneficiaries attend the health education area and then leave the site to make sure that the distribution point does not become overcrowded.

8.4.4. Hang Up Demonstration and Health Education

At each distribution point, there will be an area set aside for demonstrating how to correctly hang the LLIN and to disseminate key messages about malaria, use of LLINs and the importance of caring for the LLINs correctly. The demonstration area will be set up within the site where beneficiaries will be waiting for access, or it will be inside the site but at reasonable distance from the LLINs distribution points.

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The LLINs hang up demonstration will reflect the typical sleeping patterns in the area; for example, demonstrating how to hang net with a mat or mattress. The health educator will explain to beneficiaries how the LLINs should be hung, emphasizing the importance of ensuring that the net is hanging low enough to be tucked under the mat or mattress to prevent mosquitoes from entering. In addition, the health educator will explain to the beneficiary all crucial LLINs messages e.g. sleeping under a LLIN all year round. In areas with specific beliefs that affect the utilization of LLINs, barriers will be addressed through a better understanding of the local context and disseminating messages that counter negative attitudes towards LLINs use. An important element of the behaviour change communication and health education sessions will be correct care and

maintenance of LLINs. Topics to be addressed include washing behaviour, repair of small holes and tears, avoidance of sun when airing or drying for protecting the insecticide quality, etc.

8.4.5. Temporally Storage and Reverse Logistics of LLINS

No members of the DS team will depart the site prior to the LLINs reconciliation taking place and left over LLINs being collected for safe keeping. The final distribution site report will include a summary of LLINs distributed and LLINs remaining to facilitate planning for reverse logistics. The site supervisor will be responsible for organising temporary safe storage of leftover LLINs until the time World Vision comes to collect the LLINs back to the cluster warehouses. Site supervisors will be informed in advance to work with local/community leaders to make arrangements for temporally storage of the LLINs.

8.4.6. Waste Management at Distribution Sites

Waste generated during the LLIN distribution will be minimized through the procurement of LLINs without plastic packaging. During the distribution process, waste is also generated from bale wrapping and other sources. In order to manage this waste properly, the site supervisor will identify a member of the distribution site team at each distribution point will have the additional task of assisting with the management of the garbage produced during the LLIN campaign. The bales and strings holding the LLINs will be burnt at the distribution site.

Commented [H3]: Shadreck volunteered to consult EAD on how best waste should be handled.
Most members were of the view that incineration is the appropriate way of disposing of LLINs bales. However, this will involve having a reverse logistics plan for all the bales to the cluster warehouses.

C. ADVOCACY, BCC & SOCIAL MOBILISATION

Advocacy and community mobilization are crucial for ensuring maximum protective effect of the LLINs. Beneficiaries must understand the importance of correct and nightly LLINs use all year round. This entails having a systematic approach in delivering messages that are coined specifically to promote a stage in the LLINs mass campaign. The communication activities will be implemented to promote registration, access and utilization following distribution of the LLINs. Available BCC materials including posters, radio jingles and radio spots will be reviewed, revised as appropriate and reproduced to support the mass campaign. As much as possible, broader health BCC activities, radio programs, community mobilizations, sensitization to key community structures (ADC, VDC, VHCs, CHAGs) will align messages around LLINs use with the mass campaign. Following past LLIN distributions, it has been observed that households take up to a week to hang their LLINs over their sleeping places. Such a practice, although based on anecdotal evidence, discourages regular and nightly utilization. Therefore, the BCC materials will help encourage households to hang and use their LLINs immediately after receiving.

1. Systematic Implementation Of Communication Activities

The registration of beneficiaries will provide an opportunity for advocacy, community mobilization and behavior change communication through the door-to-door visits of the HSA and volunteers. The registration of beneficiaries will be preceded with a launch in form of national press conference to mark the beginning of registration and for publicity of the activity. During the registration, households will be taught the dangers of malaria and the importance of nightly use of LLINs for malaria prevention. Communication activities promoting residences to take part

in the registration exercise will start at least two weeks prior to the registration activities with the advocacy meetings coming before the communication activities. The activities will be targeted and will involve a media mix (combined interventions of communication). Posters, radio spots and radio programs will be utilized. At the same time, religious groupings, town criers and market announcements, chiefs and block leaders will be targeted to announce the registration exercise and encourage people to take part in the exercise by going to distribution sites to receive LLINs. Learning from the previous campaign where urban dwellers, especially working class and those in businesses or farming activities, have been missed during the registration phase; the campaign plan this time around will make sure all possible channels highlighted above are utilized. Figure 2 below summarises the focus of communication activities during the campaign.

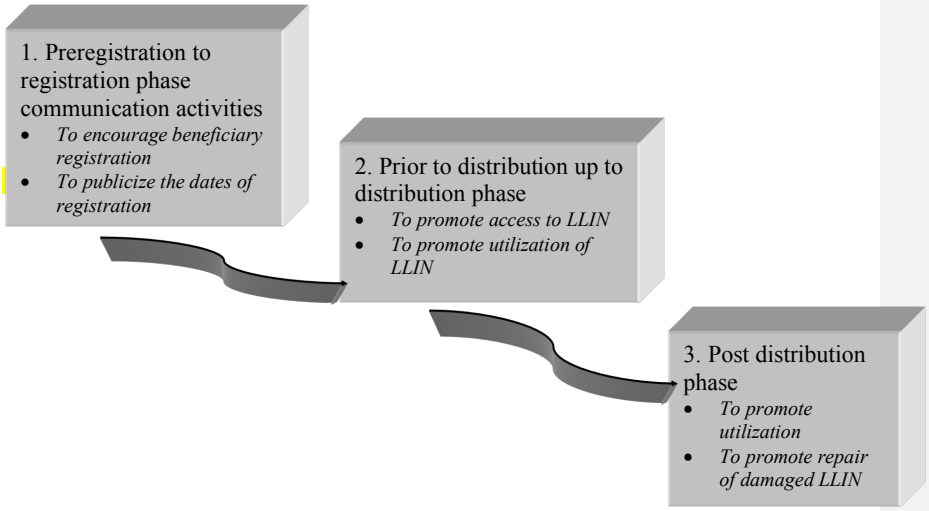

Figure 2: Summary of the focus of communication activities at each stage

After the registration exercise, communication activities will focus on promoting access and utilization of the LLINs prior to and during the distribution phase. It will be important for communities and households to be mobilized just prior to the distribution so that they are aware of the date, time and location of the DS. This mobilization will be done through community meetings, door-to-door visits and other channels such as churches, mosques, markets and public places. During the HSA orientation, key messages for the mobilization, distribution and hang up activities will be provided. This will ensure consistency and clarity in the information being provided to households and communities.

D. MONITORING & EVALUATION

1. Monitoring

The main goal of 2017-2022 Malaria Strategic Plan (MSP) is to reduce malaria incidence by at least 50% from a 2015 baseline of 386 per 1000 population to 193 per 1000 and malaria deaths by at

least 50% from 23 per 100,000 population to 12 per 100,000 population by 2022. The vision, goals, objectives, strategies and cost-effective interventions to maintain universal coverage and equitable distribution of these key malaria interventions have been set. The campaign will support the achievement of several relevant targets for the vector control thematic area of the strategy:

Indicator	Target (2022)
% households owning at least one LLIN	95%
% under-5 children who slept under an ITN last night	90%
% pregnant women who slept under an ITN last night	90%

The campaign intends to achieve universal coverage in all the 29 districts, defined as one LLIN for every two individuals. The expected results associated with the mass campaign include:

- 100% of households in the 29 districts registered as beneficiaries for LLIN distribution
- 100% of registered beneficiaries receive LLINs
- 90% LLINs use by beneficiaries

The primary output indicator for the 2018 campaign is the number of LLINs distributed.

In order to monitor the various activities and processes required for a successful campaign, a variety of reporting forms will be used. Micro planning workshops will be organized to establish the base planning figures based on updated population information from the decentralized levels. The micro-planning will provide an estimate of the number of people and households in each district. As also described, a comprehensive household registration will be conducted prior to the campaign to provide accurate estimates of LLINs required per district. In order to do this, a household registration form will be used. The data from the household registration form will be aggregated at village, district and national level and compared with micro-planning baseline data to assess progress against targets (Annex 11). The copy of the household registration form/register will be used during the actual day of the distribution to verify the beneficiaries. As indicated, all recipients will sign for receipt of LLINs. A tally sheet will be used to summarize the number of LLINs distributed each day per site. At the end of the distribution, a distribution site report will be prepared and submitted to the district, where a district distribution report will be prepared and submitted to the national level. From the district summaries, a national report will be prepared for the number of LLINS distributed (Annexes E through G). The information from all the districts will be used to calculate the administrative coverage of the campaign.

2. Evaluation

The Malaria Indicator Survey (MIS) will provide valuable information for outcome level indicators for the 2018 campaign. The 2017 MIS and the 2015/2016 DHS will provide the baseline for assessing the coverage of the mass campaign.

After completion of mass distribution, the MIS planned for 2019 will be used to assess the results at the outcome level. The MIS will be used to assess LLINs coverage at household level and use of LLINs by individual household members, as per the following indicators:

- Percentage of households with at least one LLIN
- Percentage of households with at least one LLIN for every two persons who stayed in the household last night
- Percentage population who slept under a LLIN last night

All indicators outlined above will be included in the overall MIS report for the 29 districts.

3. Accountability and Transparency

All personnel involved in mass distribution campaign, specifically those managing the LLIN supply chain, will ensure that logistics operations (transport and storage) are carried out in the most controlled, accountable and transparent manner. WVI and the National Task Force will oversee the selection of warehousing and transportation agent responsible for carrying out the storage and transport of the LLINs from cluster level to distribution sites, as well as reverse logistics back to the identified storage location. World Vision will put in place proper LLINs tracking tools to record every movement of the LLINs at each step of the supply chain, and ensure that responsibility is transferred accordingly, with names and signatures of those responsible on the tracking documents. Two essential tracking tools will be used throughout the operation:

- The warehouse stock-card (Annex) will be used at every storage facility in the supply chain to record stock coming and going out of the warehouses to the distribution sites.
- The delivery note (Annex) will accompany the LLINs as they move from point A to point B along the supply chain. All distribution agent staff will be required to use them. They will be serialized and in carbon copy to avoid duplication.

A World Vision staff will raise a requisition to order LLINs from the warehouse to distribution sites based on registered beneficiaries in that location. The warehouse supervisor will issue the requested LLINs and update the stock cards with the issued quantities. Upon issuing the LLINs the warehouse supervisor will also issue a delivery note to the transporter who will sign on his part and will be given three copies. Upon delivery at the DS the DS supervisor will also sign the delivery note signifying receipt of the LLINs. A book containing four copies of delivery notes will be printed. The original copy will be used by the transporter as a basis for claiming payment from Finance, the blue copy will be retained by the transporter, green will remain at the distribution site and the yellow copy will remain in the book at the warehouse.

In the event that there are remaining LLINs after distribution, the LLINs will be returned to the cluster warehouse with goods returned note (Annex). The transporter will sign on his part and will be given three copies. Upon delivery at the warehouse the warehouse supervisor will also sign the goods return note signifying receipt of the LLINs. A book containing four copies of delivery notes will be printed. The warehouse supervisor will raise a goods received note to be signed by the driver and will be given a copy.

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The distribution site supervisor in collaboration with her/his team will ensure safe keeping and security of the leftover LLINs until they are taken back to the warehouse. WVI will be responsible for reverse logistics of all left over LLINS.

4. Incidence Reporting

A DS supervisor will responsible for reporting all incidences occurring at his/her site. In an event that any person notices an anomaly of number of LLINs (including one LLIN missing), the person will notify the DS supervisor. The DS will report the incident to the Health Facility or District Supervisor within 24 hours, using a phone call or a short message service (SMS). The DS will the complete the incidence reporting form (annex) that will be submitted to the district through the health facility supervisor. Incident reporting will follow the supervisory reporting lines.

Commented [H4]: What are these incidences? Is it missing nets only or there are others??
-Does the incidence reporting form capture other incidences apart from missing of nets??

5. Supportive Supervision

Supervision will be routinely conducted and integrated within the campaign implementation process such as logistics, operations, advocacy and social mobilization. Supervisors in the 29 districts will be responsible for data collection, compilation and transfer to central level where analysis will be done. A team of the National Taskforce will be deployed in the field to support briefing and orientation sessions, household registration and verification, and the actual distribution and reporting. Throughout the distribution process, feedback will be on-going at all levels to ensure that any issues are addressed and best practices are quickly adopted.

5.1. Supervision Levels

Supervision will be conducted using supervisors at four levels during the campaign (HHR and distribution) as follows: National level; District level; Health facility level; Distribution site level

5.1.1. National Level Supervision

This level will comprise all NTF members and MoH senior management that will be responsible for providing support to the district level supervisory team. In collaboration with district level supervisors, the NTF will from time to time conduct spot checks at selected clusters and distribution sites during registration of beneficiaries as well as distribution of LLINs.

5.1.2. District Level

The DTF members will comprise the district level supervision. They will provide supportive supervision to health centers/clusters. The DTF which will be composed of the extended DHMT members, district implementing partners, district education sector and other government sectors, will conduct supervision of health facilities during registration of beneficiaries and spot checks/support at distribution sites. The DEHO will be the focal/contact person at the district level. WVI District project officers will provide oversight on all budget and logistical issues in liaison with the focal person including writing and disseminating supervision reports to the central level.

5.1.3. Health Facility Level

A health facility will have a number of distribution sites. Each health facility will have one supervisor. The health facility supervisor (AEHO/MA/CDA/implementing partners/extension

Deleted: HSA supervisor/

workers) will be drawn from the health facilities and other government sectors, and will supervise all distribution sites within the health facility catchment area.

5.1.4. Distribution site

The distribution site supervisor will be the HSA or the world vision distribution assistant. This supervisor will oversee overall operations of the distribution site including support to the volunteers on the site.

5.2. District Supervision Human Resource:

The District Task force will consist of 13 ideal members (DHO, DMO, DNO, Accountant, Administrator, HR, HPO, DEHO, 2 Malaria coordinators, World Vision district Personnel, DPD, Social welfare officer), district education sector and all other implementing partners that may be present in the district. Members of the DTF will also conduct the 5% spot checks during the household registration.

6. Hang-up Campaign

After the actual LLINs distribution exercise, the national SBCC sub-committee will support the districts to conduct a hang-up campaign, which will involve door-to-door visits by HSAs in households that received LLINs. This exercise will be useful in order to increase the hanging or utilization rates of the LLINs distributed.

7. Report writing

After distribution, WVI will be responsible for producing a consolidated logistics report. The report will include the total number of LLINs received in the initial consignment and number of LLINs distributed by district and distribution site. In the event of any variance in the figures, WVI will be required to provide a detailed written account. The distribution supervisor will summarize the number of nets distributed per site using the daily tally sheet into the distribution summary report form. The distribution site report form will be submitted to the District Environmental Health Officer, who will then aggregate the data from all the district distribution sites into a district summary distribution report form. The district malaria coordinator will write a comprehensive district report within one month of the end of each campaign distribution phase and after the campaign review meetings that has been planned for all stakeholders at national level review. These reports shall be compiled into the national report by the secretariat of the NTF (NMCP). The national supervisory teams in each of the 29 districts shall ensure that each activity report is compiled in order to facilitate the timely final report.

Commented [H5]: Include a campaign review meeting -it will be done prior to final report writing.

The NTF will write and disseminate the final report to be submitted to key stakeholders including the Global Fund.

ANNEX A: QUANTIFICATION and allocation of nets

District	Region	Population 2018 projection	LLINs needed 1.8	Buffer stock (10%)	LLINs required	Sources/Type
Dedza-DHO	Central	788,195	437,886	43,789	481,675	AMF/ Standard
Dowa-DHO	Central	866,218	481,232	48,123	529,355	AMF/Standard
Kasungu-DHO	Central	927,543	515,302	51,530	566,832	AMF/Standard
Lilongwe-DHO	Central	2,791,581	1,550,878	155,088	1,705,966	GF/ Standard
Mchinji-DHO	Central	655,430	364,128	36,413	400,541	GF/PBO
Nkhotakota-DHO	Central	417,073	231,707	23,171	254,878	AMF/Standard
Ntcheu-DHO	Central	620,070	344,483	34,448	378,932	AMF/Standard
Ntchisi-DHO	Central	315,892	175,496	17,550	193,045	GF/PBO
Salima-DHO	Central	458,357	254,643	25,464	280,107	GF/PBO
Chitipa-DHO	North	234,797	130,443	13,044	143,487	GF/ Standard
Karonga-DHO	North	370,370	205,761	20,576	226,337	GF/PBO
Likoma-DHO	North	10,493	5,829	583	6,412	GF/PBO
Mzimba-North-DHO	North	1,251,767	695,426	69,543	764,969	GF/ Standard
Mzimba-South-DHO	North		-	-	-	
Nkhata-Bay-DHO	North	296,351	164,639	16,464	181,103	GF/ Standard
Rumphi-DHO	North	225,922	125,512	12,551	138,063	GF/PBO
Balaka-DHO	South	436,937	242,743	24,274	267,017	AMF/Standard
Blantyre-DHO	South	1,421,648	789,804	78,980	868,785	GF/ Standard
Chikwawa-DHO	South	583,461	324,145	32,415	356,560	GF/ Standard
Chiradzulu-DHO	South	331,497	184,165	18,417	202,582	GF/ Standard

Machinga-DHO	South	668,233	371,241	37,124	408,365	GF/PBO
Mangochi-DHO	South	1,131,378	628,543	62,854	691,398	AMF/Standard
Mulanje-DHO	South	595,520	330,844	33,084	363,929	AMF/Standard
Mwanza-DHO	South	108,941	60,523	6,052	66,575	GF/PBO
Neno-DHO	South	173,450	96,361	9,636	105,997	GF/PBO
Nsanje-DHO	South	303,514	168,619	16,862	185,481	GF/PBO
Phalombe-DHO	South	403,953	224,418	22,442	246,860	AMF/Standard
Thyolo-DHO	South	679,163	377,313	37,731	415,044	AMF/Standard
Zomba-DHO	South	863,884	479,936	47,994	527,929	GF/ Standard
Total		**17,931,638**	9,962,021	996,202	**10,958,223**	

ANNEX B: LLINS SPECIFICATIONS

#	Product information	Specification
1	Net material	polythyrine
2	Net shape	Rectangular
3	Standard LLINs color	Light Green Color
	PBO LLINs colour	Light Blue
4	Impregnation	Long Lasting Insecticidal Net (LLIN)
5	Impregnation Insecticide	Any WHOPES recommended impregnation insecticide
6	Rectangular Dimension	180 (L) x 190 (W) x 150 (H) cm
7	Denier	100
8	Mesh size	156 holes/square inch
9	Fibre Analysis	100% Polyester
10	Dimensional Stability	Shrinkage less than 5%
11	Weight (gr/m2)	100 denier: 40 g
12	Bursting strength (KPa)	100 denier: minimum 405
	Hooks	4
	Strings	4 (100 cm)
	Packaging & Labelling Requirements	
	Care label	Customized : MOH logo (English and Chichewa text)
13	Bale Packaging	50 LLINs per bale
14	Bale marking	Bale (tertiary packaging), mark on two adjacent sides with Malawi Government logo
15	Bag packaging	Bulk packaging (No individual bags)
16	Tag/label marking	English and Chichewa

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ROLES OF DISTRIBUTION SITE PERSONNEL

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Role	Pre/distribution
Site supervisor	-ensuring that health facilities operations continue during LLIN distribution -receiving deliveries at the site -site point of contact -facilitate site layout/organisation -overseeing distribution at the site -ensuring that distribution points have adequate number of LLINs -ensuring that distribution points are adequately manned -ensuring that all distribution points have adequate materials -Compiling distributing site reports -Incidence reporting at the site -working with security (police) to maintain order -ensuring reverse logistics are well managed -coordinating waste management -work with local leaders to ensure overnight security of LLINs -ensure that the site has a demonstration hanged net -attend to other issues/duties as required
HSAs/volunteers	-Prior to distribution, give a health talk on malaria and LLINs -Conduct the actual distribution of LLINs at site level -match beneficiary register with actual distribution -ensuring that beneficiaries sign for the number of LLINs they receive -ensuring that LLINs get to the right beneficiaries -completing the tally sheets -accountable for all LLINs at their distribution points -producing distribution reports -identifying beneficiaries
Security	-working with local leaders to ensure LLINs are safe before, during and after distribution -maintaining order during distribution
WV staff (as available)	-in liaison with site supervisor ensure that distribution points have all materials -working with site supervisor in ensuring that mass campaign standard operating procedures are adhered to during distribution -collecting a copy of distribution records for entry into WV distribution database -In liaison with site supervisor, report incidences to WV Managers

Local/community leader(s)	-ln liaison with site supervisors, local leaders and security ensure security of LLINs -Conduct spot checks to verify that beneficiaries are signing for the correct number of LLINs they receive -working with volunteers to identify beneficiaries -working with site supervisors in the event that LLINs cannot be distributed and need to be stored -identifying beneficiaries -maintaining order (security) during distribution