



GOVERNMENT OF UGANDA
Ministry of Health

**WAVE FOUR REPORT ON MASS DISTRIBUTION OF LONG LASTING
INSECTICIDE TREATED NETS**



“Aryemo Malaria, Sleep Under a Mosquito Net”

2017

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ACRONYMS

ACSMSC	Advocacy, Communication and Social Mobilization Committee
AMF	Against Malaria Foundation
CAO	Chief Administrative Officer
CDO	Community Development Officer
CHC	Communication for Health Communities
DFID	Department for International Development
DHE	District Health Educator
DHO	District Health Office
DHT	District Health Team
DISO	District Health Officer
DPC	District Police Commander
DTF	District Task Force
FAQs	Frequently Asked Questions
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GISO	Gombolola Internal Security Officer
GoU	Government of Uganda
HA	Health Assistant
HHR	Household registration
HUI	Health Unit In-charge
IPC	Interpersonal communication
IRS	Indoor Residual Spray
LC V	Local council chairperson V
LC	Local council
LLIN	Long-lasting Insecticide treated nets
MAPD	Malaria Action Plan for Districts
MC	Malaria Consortium
MFP	Malaria focal person
MHSDMU	Medicines and Health Services Delivery Monitoring Unit
MoFPED	Ministry of Finance, Planning, and Economic Development
MoH	Ministry of Health
NMCP	National Malaria Control Program
OC	Officer In-charge

PACE	Program for Accessible health, Communication and Education
PBO	Piperonyl butoxide
PMI	President’s Malaria Initiative
RDC	Resident District Commissioner
RHU	Reproductive Health Uganda
SBCC	Social Behavior Change Communication
SCC	Sub county chief
SCTF	Sub county task force
SCTT	Sub county technical team
TB	Tuberculosis
TC	Town Council
UBTS	Uganda Blood Transfusion Services
UCC	Universal Coverage Campaign
UHMG	Uganda Health Marketing Group
UMRSP	Uganda Malaria Reduction Strategic Plan
UNICEF	United National Children’s Fund
URA	Uganda Revenue Authority
USAID	United States Agency for International Development
VHT	Village Health Team
WHO	World Health Organization

EXECUTIVE SUMMARY

The Uganda Ministry of Health (MoH) through the National Malaria Control Program (NMCP) is committed to elimination of malaria, a disease which disproportionately affects poor, rural populations, with pregnant women and young children at highest risk of severe illness and death. Addressing inequities with actionable strategies, NMCP is implementing the 2016/2017 Universal Coverage Campaign (UCC) for long-lasting insecticide-treated nets (LLIN) as the cornerstone for malaria control efforts. The UCC seeks to achieve a minimum of 85% LLIN coverage through distribution of 24.4 million LLINs to all Ugandan households with one LLIN between two persons. The 116 Ugandan districts have been clustered into 6 regions (waves) based on their geographical closeness to enhance accessibility during implementation of the UCC. The 25 districts of Wave 4 were selected to be part of a PBO net study and were assigned to receive one of four types of mosquito nets. However, due to a net gup the distribution of LLINs for wave 4 was split into wave 4A and 4B with wave 4B receiving LLINs on a later date pending the procurement of LLINs that confirm with the study. Wave 4A has 20 districts and 4B has 5 districts all in western Uganda. This report therefore details pre-distribution activities for all the 25 districts of wave 4 and distribution activities in only the 20 districts of Wave 4A.

Introductory meetings were held with the political and technical leadership teams of the 25 targeted districts to seek their support, partnership and ownership on the UCC activities. Consequently, capacity building in operations, logistics and social behavior change communication (SBCC) for district, Sub County, parish task forces including village health teams (VHTs) were conducted. Targeted mass media, print media and inter-personal communication initiatives were conducted to disseminate appropriate information on malaria to communities. VHTs conducted 100% household registration (HHR) within their catchments and Parish Chiefs validated VHTs' data by re-registration 5% of the registered households to assure data quality. Data entry for HHR was conducted by a team of 646 data entrants. Accordingly, LLIN allocation data was shared with NMCP to inform the quantification and dispatch of LLINs to targeted districts for distribution. Partnership with security agencies assured safety of LLINs during transit and distribution.

1,663 district trainers including district supervisors, district coordinators and sub county supervisors were in trained operations, logistics and SBCC modules to cascade the trainings to 25 district and 402 sub-county-level task forces as appropriate. 29,923 VHTs under the supervision of 1,803 Parish Chiefs conducted household registration for 11,034,064 persons in all the 25 districts of wave 4. 4,447,530 LLINs were distributed to 8,196,887 persons in 1,603,144 households in 11,528 villages in the 20 districts of Wave 4A achieving an overall coverage of 98.99%. This exceeds the targeted LLINs coverage by 23.74%.

1.0 INTRODUCTION

Uganda has made significant gains in the fight against malaria over the last two decades. Despite this, malaria is still a disease of major concern and globally primed for elimination i.e.

- 30-50% of outpatient visits at health facilities
- 15-20% of all hospital admissions
- Up to 20% of all hospital deaths
- Workforce lost time and high cost of treatment year/family.

Malaria is a key economic sabotage to national development agenda, therefore the Universal Coverage Campaign (UCC) of distributing long lasting Insecticide Nets (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 if appropriately combined and deployed with other malaria control strategies such as in-door residual spraying, treatment, among others. LLINs have also been shown to reduce childhood mortality by up to a quarter (25%). Furthermore, LLINs do not require re-treatment. For this reason, the Ministry of Health (MoH) has adopted the international decision that all public distributions should involve LLINs rather than conventional nets as its policy. The access and utilization of LLINs is part of Ministry of Health's malaria control plans with the vision of having the whole population protected by this intervention.

1.1 CAMPAIGN GOAL

The overall goal of the mass LLIN distribution campaign is to reduce malaria morbidity and mortality through achieving universal coverage with LLINs to prevent malaria.

1.2 CAMPAIGN OBJECTIVES

Specifically, the campaign aims at achieving the following objectives:

- 85% of the targeted population has access to a LLIN.
- Attain and sustain 85% utilization of the LLINs distributed.

1.3 BACKGROUND

Malaria remains one of the most important diseases in Uganda, causing significant morbidity, mortality and negative socio-economic impact. LLINs are 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%), most cost-effective and have an even bigger impact in areas of medium or lower transmission if appropriately combined and deployed with other malaria control strategies such as in-door residual spraying, treatment, among others. LLINs have also been shown to reduce childhood mortality by up to a quarter (25%). LLINs do not require re-treatment. For this reason, the Ministry of Health (MoH) has

adopted the global initiative by the Roll back malaria partnership that all public distributions should involve LLINs as its policy. The MoH includes LLINs as a major part of its malaria control plans with the vision of having the whole population protected by this intervention.

The government of Uganda received a donation of 24.4 million nets to attain the universal coverage¹ through a partnership with international donor partners. The procurement and distribution of the LLINs are funded by the Government of Uganda, the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), Against Malaria Foundation (AMF), and Presidents Malaria Initiative (PMI).

1.4 KEY LESSONS LEARNED FROM PREVIOUS THE WAVE

1.4.1 OPERATIONS

- The high level of involvement of district and sub-county leadership during waves three distribution and pre-distribution contributed to the successful implementation of planned activities

1.4.2 SBCC

- The timely arrival of the community mobilization team and utilization of mass media eased mobilization for all activities especially household registration.
- Involvement of political team during the mass media contributed to a successful registration and distribution of LLINs.

2.0 WAVE COORDINATION & OVERSIGHT

NMCP led the oversight process and coordination of all stakeholders involved in the different aspects of the campaign. Through coordination and oversight, it ensured that all actors worked synergistically to further strengthen attainment of universal coverage. This was made possible through the National Coordination Committee (NCC), the Strategic Committee meetings as well as the respective sub-committee meetings that included the Logistics Committee, Operations Committee, and the SBCC Committee.

2.1 NATIONAL COORDINATION COMMITTEE

The NCC is the overall coordinating and oversight committee for the universal coverage campaign. The NCC, headed by the Director General of Health Services and supported by the NMCP Program Manager as secretariat was responsible for providing leadership, direction, and to oversee and communicate on all aspects of the campaign. In reference to the implementation guidelines, the NCC's role is to resolve bottlenecks throughout planning and implementation of the campaign and ensure advocacy at all levels to ensure engagement and support for the mass campaign.

¹ Where a net for every two people was to be distributed country wide.

In the planning and implementation of wave four, the NCC conducted 1 meeting to review and validate campaign implementation documents, deliberate on the campaign strategy, budget monitoring and coordination, targeted advocacy, among others. Summarized here below are the NCC’s key highlights and action points.

Date	Key highlights
July 18, 2017	<ul style="list-style-type: none"> ▪ Malaria Refugee response committee was constituted to develop a detailed malaria refugee response plan ▪ NMCP to finalize the Kampala/Wakiso strategy with more focus on the urban poor. ▪ The Budget committee was called upon to be more active with periodic meetings including review of budget under item E-allocation. ▪ The process evaluation study was scheduled to commence during the last week of July. ▪ NMCP was asked to document extensively on net use and retention including repurposing of nets ▪ SBCC team was tasked to follow-up on the media briefing supplements in the July 19, 2017 newspapers including following up with Ipsos to provide media monitoring data. ▪ NMCP to fast-track addendum to the Malaria Consortium MoU before expiry of current contract

Table 1: Showing key highlights from the NCC

2.2 STRATEGIC COMMITTEE MEETING

The NCC strategy committee was constituted from members of the NCC to conduct oversight functions and reviews to the implementation of the MoU by the lead agency Malaria Consortium. The committee reviewed the performance of the lead agency and major sub-contractors, received and reviewed management accounting reports by the lead agency, among others. Summarized below therefore, are the key highlights of the Strategic Committee meeting held during the wave four;

Date	Key highlights
June 15, 2017	<ul style="list-style-type: none"> ▪ A net gap of 3.5 million due to distribution of more LLINs than initially projected was reported. This would affect distribution to wave 5 & 6. ▪ To address the net gap, Global Fund committed to procuring 2million LLINs. The quantity to be procured by AMF was yet to be established. ▪ Post-distribution data and form 105% (verification data) for waves 1, 2 & 3 entry to be by the end of July 02, 2017. ▪ Wave 4 distribution to be conducted before end of June to avoid meeting additional warehousing costs.

	<ul style="list-style-type: none"> ▪ With the eminent net gap, the PBO study team proposed that wave 4 distribution to be split in two arms, 4A and 4B. Available nets were proposed to be distributed to wave 4A and 4B to receive later. ▪ A saving of approximately \$600,000 was communicated. The finance committee was tasked to meet on June 21, 2017 to come up with an expenditure plan for the \$600,000 ▪ LLINs distribution targeting refugees was reported as a key intervention to achieving LLINs UCC. NMCP was tasked to work with UNHCR on how to conduct LLINs distribution in refugee camps. ▪ Next NCC was planned to be conducted on June 22, 2017
June08, 2017	<ul style="list-style-type: none"> ▪ Projected population for waves 1, 2, 3 & 4 was 29,788,565 Vs actual registered population 36,124,697. The average household size is 5.4 Vs UBOS average of 5.0 ▪ With a higher population realized at registration, approximately 20,682,640 LLINs were projected to be distributed by the end of wave 4 Vs the planned 16,669,203. This reflected an additional 4,013,437 LLINs (19.7%) than initially projected ▪ This pointed to a potential LLINs gap as the balance of LLINs was not adequate to cover waves 5 & 6. ▪ Confirmation of the actual LLINs gap to enable key stakeholders to make informed decisions on mobilization for additional LLINs was recommended ▪ Draft budget performance report on amount received Vs spent was shared ▪ Draft implementation strategy for Kampala and Wakiso was shared ▪ A call was made to improve partnership to have fairness, trust and confidence in all areas of service delivery. ▪ Revitalization of the finance subcommittee was identified as a key action point. ▪ Malaria Consortium asked to share a detailed financial report by June 14, 2017 ▪ Post-distribution data for waves 1,2 &3 to be entered by end of June ▪ Wave 4 distribution to be conducted by end of June to minimize additional warehousing costs since DFID funding for storage was ending in June

Table 2: Showing key highlights from the Strategic Committee meeting

2.3 SUB-COMMITTEE MEETINGS

Implementation of the LLINs UCC activities was anchored on three core sub-committees; M&E/operations, Logistics and advocacy, communication and social mobilization (ACSMSC).

3.0 MICRO-PLANNING

Micro-planning was a district-led activity which sought to collect vital data and statistics for planning of the next level campaign activities. The NMCP team worked with wave four district teams to constitute 25 district task forces (DTFs). The key deliverables for the DTFs included production of information on suitable storage facilities for LLINs, updated the list of administrative units (villages, parishes & sub counties) and information on transport and road network in the district. Media for community mobilization, communications and advocacy were appraised.

4.0 OPERATIONS OF THE CAMPAIGN

The general operationalization of the campaign was built on the involvement of District personnel at all levels. This involved training and sensitizing of the District, Sub County as well as village leadership both technical and political on the campaign goals, objectives and how their involvement will lead to the district's ownership of the campaign hence its success.

4.1 DISTRICT TASK FORCE

The District Task Force (DFT) is a district level government to coordinate the LLIN distribution process at sub county, parish, village and household levels. Per the MoH implementation guideline, the DTF is constituted of 17 members per district and headed by the Resident District Commissioner (RDC) and plays an active role in the supervision of the subsequent trainings and household registration exercises. The DFTs were constituted and operationalized following a training conducted by MoH. The DFT is composed of the RDC, District Internal Security Officer (DISO), DHT (DHO, Biostatistician, DHE etc.), LC V Chairperson, Chief Administrative Officer (CAO), District Police Commander (DPC), Religious Leaders, and Opinion Leaders.

Sensitization of District leadership and training of DTF:

One of the key initial activities was to introduce the campaign to the district leadership and solicit for their support, partnership and ownership to coordinate and supervise the LLIN campaign in the wave four districts. The DTF, headed by the RDCs were formed and played an active role in the supervision of the subsequent trainings and household registration exercise.



Sensitisation of Hoima District leaders (left) and Kabale District leaders (right)

The content of the training included; introduction of the role of LLINs in malaria prevention and elimination; overview of NMCP policy and strategy around LLINs, partnerships involved in the campaign e.g. GFATM and DFID grant for LLINs, and the AMF and PMI LLIN donations, an overview of the LLIN campaign and the implementation process and net allocation, expected challenges and FAQs, finalized list of Administrative units such as the sub-counties, parishes and villages, and also shared the LLIN campaign budget for the respective districts. A total of 373 district leaders attended the sensitization sessions with 78.3% (292) being male and 21.7% (81) being female.

The following are the frequently asked questions or issues brought up by the DFTs;

Highlight/Issues	Resolution
“666” cult in Kyangware and Kigorobya Sub County in Hoima district are against household registration In Kibaale district, a section of community members are followers of a spiritual leader called <i>Owobushobozi</i> who even influences their health behaviour	The DTF engaged the <i>Owobushobozi</i> to advise his followers to embrace the LLINs UCC activities. This initiative contributed to cult members accepting to be registered and receiving LLINs.
LLINs campaign messages on banners in Kibaale district were incorrectly translated.	Kibaale district teams were engaged to translate LLINs campaign messages in a more acceptable dialect.
Tisai Island in Kyenjojo district has a population of 140,200 persons	The island was mapped and relevant staff trained to facilitate successful distribution of LLINs.
Mobilization of communities for LLINs activities	In addition to the existing media including radio and community social mobilization

	sessions, religious leaders promoted UCC activities at places of worship.
Bottom-up approach is recommended to plan for LLINs UCC activities.	This was noted and shared with the NMCP
Sharing of LLINs UCC data with districts	De-briefs with DTF were conducted to give feedback to district teams

Table 3: Showing resolutions to issues raised by DFTs

District entry and introduction of LLIN campaign to district health team and mobilize for district sensitization and training:

Field teams travelled to the 25 districts of wave four on July 2017 to carry out pre-distribution activities. The team comprised a total of 25 district supervisors, 25 district coordinators and 402 sub county supervisors. Before travel, allocation of Sub-counties, review of chronogram and budget, team-bonding and sharing of contacts, organizing and loading the required logistics for district, vehicle allocation for team members, communication of departure time was done. The field teams made courtesy calls to respective district leaders to meet and introduce themselves and kick-start the planning of sensitization and training of district taskforce and technical team members and the others subsequent district activities. Other issues discussed included the campaign overview, campaign chronology of events, finalized list of administrative units such as the sub-counties, parishes and villages, discussed and shared the LLIN campaign budget for the district.

Training of district trainers on operations, logistics and BCC of the LLIN campaign:

The district trainers included the four members of the district technical team (DHO, DHE, Biostatistician, and Malaria Focal person and the four sub county technical team members (Sub county chief (SCC), Health assistant (HA), Health unit in-charge (HUI), and the community development officer (CDO). The objectives of the activity was to introduce the role of LLINs in malaria prevention and elimination to the district trainers, provide an overview of NMCP policy and strategy around LLINs ,briefly explain the partnerships involved in the campaign e.g. GFATM grant for LLINs, and the AMF, DFID, and PMI LLIN donations, give an overview of the LLIN campaign and the implementation process and net allocation, discuss expected challenges and Frequently Asked Questions (FAQs), to solicit leadership’s support, partnership and ownership of the campaign. The training was organized and conducted for one (1) day and took place at the respective District headquarters.



Training of District trainers in Kabale District headquarters (left) and Kabarole District headquarters (right)

A total of 1,663 district trainers (62% male and 38% female) attended the training in the 25 wave four districts. The facilitators who included the district supervisors, district coordinator and the sub county supervisors adopted different training methods, materials and techniques to conduct sensitization and training of District and Sub-county technical team members to transfer new knowledge, skills, and attitudes to the participants on the universal coverage campaign. The facilitators used participatory training methodology and materials such as flip charts, training manuals, posters and role-play. The trainers used several tools such as the household registration form, 105% Parish verification form, monitoring checklist and warehouse stock card to make the training active and participatory. However, there were many people who delegated to their colleagues to attend this meeting because of the meningitis immunization campaign which was running co-currently with the LLIN campaign.

Key content areas covered included overview of the campaign, campaign goal and objectives; donors and implementing partners, key campaign stakeholders at the district, sub-county and community levels, household mapping and registration, advocacy and Community Social mobilization, 105% verification by parish chiefs, Institutions to be included and excluded in the household registration, supervision during household registration, data collection, verification and compilation.

4.2 SUB COUNTY TASK FORCE

The Sub County Task Force (SCTF) liaised with the DFT and local government authorities to ensure that there was timely and effective communication. In wave four the SCTF and the Sub County Technical teams (the members of which are part of the SCTF) were operationalized following sensitization and training.

Sensitization and training of sub county task force:

On day five the sub county task force, comprising 15 members in each of the respective sub counties were engaged through sensitization on the LLINs distribution campaign in order to solicit their support and secure cooperation in the subsequent trainings and registration exercises as well as in the on-going promotion of LLIN use. The sub county taskforce included the SCTT members, LC III chairperson, and Officer In-charge Police (OC) station, Gombolola Internal Security Officer (GISO), opinion leaders, and religious leaders, secretary for health.



Training of STF in MKOMA Sub County, Kamwenge District (left) and STF training in Butanda sc, Kabale District (right)

The sensitizations were conducted by the SCTT members together with the respective sub-county supervisors. The sensitization meetings were organized and implemented with more focus on community mobilization, actual household mapping and registration and distribution mechanisms.

Key content areas covered included; overview of the campaign, campaign goal and objectives, donors and implementing partners, key campaign stakeholders at the district, sub-county and community levels, household mapping and registration, advocacy and Community Social mobilization, 105% verification by parish chiefs, Institutions to be included and excluded in the household registration, supervision during household registration, data collection, verification and compilation. A total of 5,031 sub county leaders were sensitized in the 25 districts of wave four. Of the 5,031 Sub County leader, 3,586 (71.3%) are male and 1,445 (28.7%) were female.

The following are the key highlight and or issues from the SCTF meetings;

Highlight/Issues	Resolution
Kisoro district sub county technical team felt the allowances given to them were inadequate.	Approved budget lines were shared with the sub county teams to promote transparency
Limited space for LLINs storage at Nyakishenyi sub county Rukungiri district	Two additional rooms were identified and utilised to store the LLINs

Conducting household registration of single household occupants who leave early in the morning for work and return in the evening was challenging.	The neighbors provided the necessary information to VHTs to facilitate complete registration of single occupant household members.
Quality of household registration data captured by VHTs	Sub county task forces to review and verify household registration data before submission
Community mobilization and inclusive participation of targeted groups in LLINs UCC activities	In addition to the mass media mobilization channels, STFs committed to reaching out religious leaders to ask them mobilize communities for LLINs UCC activities at places of worship.

Table 4: Showing resolutions to issues raised by SCTFs

Training of parish chiefs on 105% and update of list:

The role of the parish chiefs during this registration was to randomly select households in a village and undertake a separate registration using a similar tool as used by the VHTs. The VHTs were informed in advance about the verification process in an effort to motivate them to improve the quality of their work. During the training role-play and practical exercises on filling the 105% verification forms were used to attract the attention of the participants. These methods of training were used because most trainees were able to remember what they did or practiced rather than what they are taught. During the training, the roles of the parish chief were clearly defined as coordination, supervision, and monitoring all Village Health Team activities including mobilization of communities’ registration and actual distribution. In addition, the parish chief was capacitated to conduct 5% of the Households within the parish and the results were used to verify the VHTs’ 100% Household registration. They were cautioned not to associate with the VHTs during their HHR exercise.

During the training the key content areas covered included; training for household registration, including advocacy, communication and social mobilization aspects, training for LLIN distribution. A total of 1,803 (1,435 male and 368 female) parish chiefs were trained and participated in the exercise.

Training and sensitization of LC Is:

The rationale for involvement of the LC1 chairpersons in the campaign activities was to supervise the VHTs as they carry out the household mapping and registration. They were also expected to verify household registration lists compiled by the VHTs as well as carry out advocacy and community social mobilization for household registration and net use after distribution. Hence training covered an overview of the campaign, campaign goal and objectives, donors and implementing partners, key campaign stakeholders at the district, sub-county and community levels, household mapping and registration, advocacy and

community Social mobilization for household registration, verification of household registration lists, institutions to be included and excluded in the house hold registration, supervision during household registration.



LCIs sensitization in Katuna TC in Kabale District (left) and sensitization of LCIs in Mkoma Sub County in Kamwenge District (right)

Before the household registration, mobilization was done to inform the communities about the household registration and its importance. Messages about malaria and its prevention with LLINs were disseminated. Key messages prior to the household registration were disseminated to the LCIs who eventually passed them on to the communities about the household visits. These messages greatly encouraged active participation in the campaign. Both mass communication and interpersonal communication was used to provide information about the universal coverage campaign of LLIN distribution. The use of radio talk shows as a channel of communication also helped to address myths and misconceptions and other potential barriers that could impede the uptake of nets. A total of 14,552 LC 1's were trained and sensitized in the 25 districts of wave four and of these 12,800 (88%) were male and 1,752 (12%) were female.

4.3 VILLAGE HEALTH TEAMS

Village Health Teams (VHTs) are community-based health volunteers with training in malaria, and integrated community case management. VHTs were brought on board because communities and households must recognize the necessity of correctly hanging and sleeping under the LLINs, as well as ensuring appropriate care for them to achieve reduction in the burden of malaria.

Training of VHTs on mapping and household registration:

The training of VHTs was a core component in the success of the universal coverage campaign. A total of 29,923 (13,512 male and 16,411 female) VHTs were trained with the aim of ensuring that VHTs have a thorough understanding of the registration process. Specifically, the trainings aimed to: explain the importance of the registration.

The training of the VHTs for household registration took one day and covered the following, Malaria – cause, prevention and treatment, goals and objectives of the universal coverage campaign, overview of household registration process, interpersonal and behaviour change communication skills and key messages, introducing the registration to the household respondent, filling in the household registration form, tallying daily registration data, common bottlenecks and potential solutions, overview of supervision and monitoring to assess quality of the process.



VHTs of Kyegegwa Town Council, Kyegegwa District in the training (left) and VHTS attending training at Nyakyera Sub County in Ntungamo District (right)

The training was intended to: explain the process of setting up and organizing a distribution exercise; practice the management of a Distribution Point (roles and activities); discuss the management of crisis situations (net shortages and balances); practice filling the data collection tools (distribution form, tally sheets); set up of a Distribution points (DP).

The key content areas covered during the training included;

- Recap of Malaria; the cause, prevention and treatment
- Goals and objectives of the universal LLIN coverage campaign
- Overview of household LLIN distribution process
- Interpersonal and behavior change communication skills and key messages
- Filling of the household registration form especially the distribution and signature column
- Tallying of LLINs using Tally Sheets
- Common bottlenecks and potential solutions during the distribution exercise
- Overview of supervision and monitoring to assess quality of the process
- Reconciliation of LLINs after the distribution exercise

5.0 HOUSEHOLD REGISTRATION

Household registration during wave four was implemented by VHTs who were supervised and monitored by the campaign technical staff who ensured total coverage of households. Prior to the household registration exercise, the VHTs were trained by the Sub County Technical Teams who provided support supervision during the registration exercise.

5.1 MAPPING AND REGISTRATION

Household mapping and registration took three (3) days after the VHTs were trained. VHTs visited each household in their area of responsibility. Supervision during the household registration was crucial for the success of the activity. During household registration, various levels of supervision by the cluster teams, Medicines and Health Services Delivery Monitoring Unit (MHSDMU), AMF, district leaders, and sub county leaders was done. The supervisors sampled and visited households within villages. In addition, they also reviewed the data collected by the VHTs and determined whether there were errors and provided feedback for improvement. Their supervision helped to identify problems early and this helped to avoid the need to go back to an area to do a second registration.

Operationally, the VHTs reached a household and requested to speak with the head of household or any adult over 18 years living in the household and carried out the following;

- The VHTs explained the purpose of their visit and why they were collecting specific data about the household.
- They recorded the name of the household head, the number of people who regularly slept in the household and the telephone number of the household head or someone else in the household with a phone.
- In rural areas, the VHTs included children who were away at boarding schools in the full count of people who lived in the household.
- They informed households that they would be notified at the time of the LLIN distribution to be able to go and collect their LLINs at the distribution points of their respective villages.
- They also used job aids during the interaction with household members and ensured that the key messages about malaria, the LLIN campaign and the importance of hanging and using nets were disseminated.
- Finally they marked all the households registered for the LLIN distribution with chalk id. The marking was consistent across all teams of VHTs and included the number of people registered in the household to facilitate monitoring.



A VHT marking a household in Itojo Sub County Ntungamo District (left) and monitoring of House hold registration exercise in Kyangwali Sub County Hoima District (right)

5.2 105% REGISTRATION

Activity objectives were to review and compare the data collected by the VHTs with that of Parish chiefs to determine whether there were errors and to ensure that any problems or bottlenecks arising during the household registration could be resolved quickly. Accordingly, two days were gazette for the collection and verification of data by Parish chiefs.

The importance of the household registration data for 105% cannot be underestimated. A total of 1,803 Parish chiefs were trained to supervise and monitor the data collection to ensure that the information was being collected and recorded correctly. In addition, the Parish chiefs also ensured that all households had been reached and registered. Data and subsequent information was considered a critical component of the management and coordination of the entire mass campaign. The flow and control of data constitutes a central component of the campaign as it guides every aspect of planning, decision and process flow. Therefore, the role of Parish chiefs was very vital in verification of VHT household registration. There was 105% data collection strategy, where results in a full set of data collected and delivered by the VHTs was compared with a second registration of the 5% of the full set data collected and delivered by parish chiefs. Two (2) days were gazette for the 105% data validation.

Validation of the collected data for accuracy and consistency:

The activity objectives were to receive and validate VHT household registers by the Sub-County Technical Campaign Coordinators, to review the data collected by the VHTs in order to determine whether there were errors. The validation of the collected data for accuracy and consistency was done by the sub-county supervisors with support from the Sub-county technical team members. Upon completion, the data was compiled, filed and transported to the data center in Munyonyo, Kampala. Key content areas covered

included; data review and validation, data compilation and filing, transportation of data to the center for sorting, entry and de-bulking.

Validation of registered household population by Parish Chiefs:

According to the UCC implementation guide, VHTs are mandated to register populations in 100% households within their catchment area. Accordingly, Parish Chiefs validate VHTs’ data by re-registering 5% of the registered households hence achieving 105% registration. Figure3 shows data for the 25 Wave four districts.

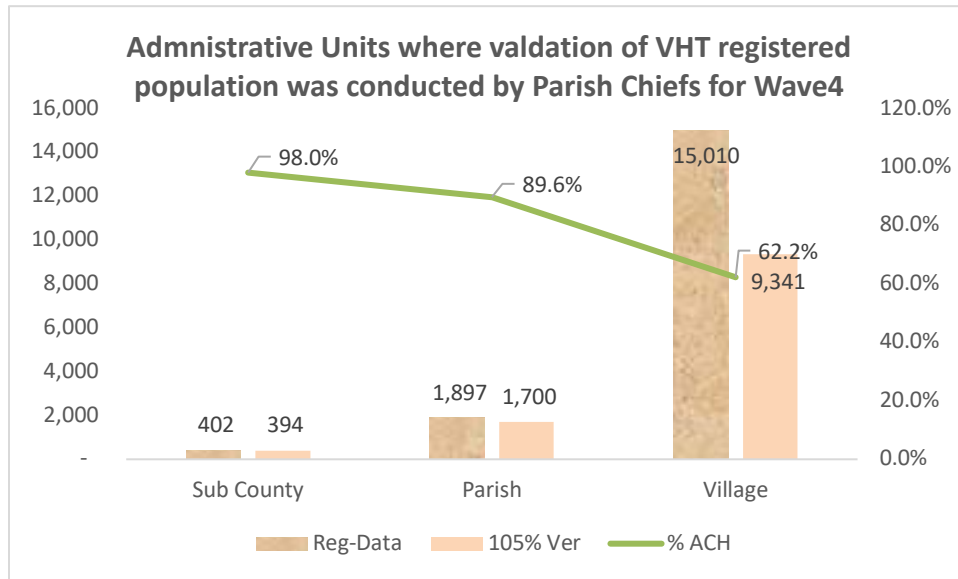


Figure 1: Graph showing administrative units where 105% was done

Parish Chiefs’ validation was conducted in 98.0% of 402 sub counties, 89.6% of 1,897 parishes and 62.2% of 15,010 villages. Since the sample size of administrative units greatly increases from sub-county level to parish and village level, it’s probable that Parish Chiefs sampled villages within their reach hence not reaching far distant villages. This vindicates the drop in the proportion of administrative units at village level Vs Sub County and parish levels.

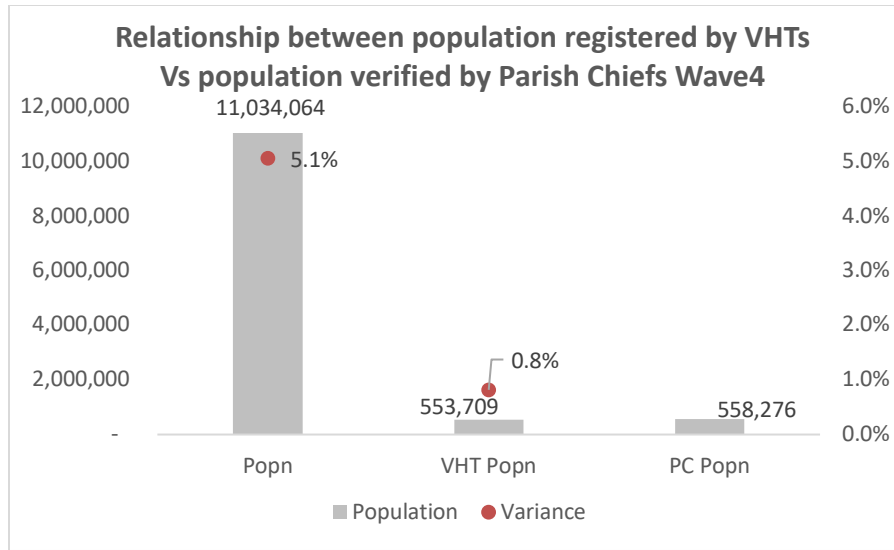


Figure 2: Graph showing relationship between registered population by VHTs and population verified by Parish Chiefs

Figure above shows that 5.1% (558,276 individuals) of the registered 11,034,064 was verified by the Parish Chiefs. Consequently, it was realized Parish Chiefs captured an additional 0.8% (4,567 individuals) compared to VHTs', a pointer of under-reporting by VHTs.

5.3 DATA MANAGEMENT – HOUSEHOLD REGISTRATION

Household registration was conducted by VHTs using household registration (HHR) forms. Key information captured included; name of HH head, telephone contact of HH head or any HH member, HH head National Identification Number (NIN), number of people in the HH and the HH chalk identification number. With each village assigned averagely two VHTs, each VHT registered HHs within their defined geographical catchment and accordingly wrote a continuous chalk ID on the door of every registered HH as an indication that HH registration was completed. Because VHTs registered HHs within their area of residence, they mostly knew the expected composition of the HHs which minimized the risk of respondent HH heads reporting incorrectly on the number of HH members.

To ensure data quality, parish chiefs sampled 5% of registered households within the parish and validated their findings with the VHTs' HHR data. Additionally, Cluster Supervisors from the Ministry of Health conducted spot checks to verify the data as captured by the VHTs to ascertain its validity. After HHR data, the HHR forms were handed over to the parish chief for submission to the field sub county supervisor.

Data Centre management received 186,938 HHR forms from 402 field Sub-county supervisors by conducting a physical count of total number of forms including verification of administrative units such as villages and parishes as captured on the HHR form. A total of 2,117,895 records were entered by 646 data entrants.

6.0 LOGISTICS

Logistical operations included warehousing at the central level in Kampala and the transportation of LLINs to the warehouses at sub county levels. The logistical operations followed the Logistics Plan of Action that required Logistics Macro-Planning as well as Micro-Planning.

Logistics macro planning was done to ensure that the exact number of LLINs are delivered to the sub counties on time, and with a maximum of security and accountability while logistics micro-planning included all aspects of the campaign: Social mobilization, BCC, M&E, logistics, and distribution.

6.0.1 TRAINING OF LOGISTICS PERSONNEL

Given the challenges of the logistics operation for the UCC, it was critical that the logistics personnel were identified and received specific training on logistics at all levels. The logistics personnel were trained on the logistics tracking tools to ensure transparency and accountability in terms of LLIN management through the supply chain. The logistics personnel included store manager, the sub county officer in charge (OC) and Gombolola Internal Security Officer (GISO) and a total 1,206 were trained.

6.0.2 ALLOCATION OF LLINs

Because of the net gap of 3.5 million due to the distribution of more LLINs than projected, the NCC proposed that wave four distribution to be split in two arms, 4A² having 20 districts and 4B³ having the remaining 5 districts. Available nets were proposed to be distributed to wave 4A with 4B receiving later. A total of 4,693,589 LLINs were allocated to 8,565,031 individuals in 20 districts of wave 4A.

6.1 CENTRAL WAREHOUSE

6.2 SUB COUNTY WAREHOUSE

LLINs at the 304 sub county stores were received by either the store manager, sub county chief or LC III chairperson upon physical verification that the quantity delivered was as captured on the waybill. In case of inconsistencies in quantity of LLINs delivered Vs expected, the sub county team sought clearance from the central team (DS/DC or sub county supervisor) on next steps. Averagely, LLINs were stored at the sub county store for 5 days before distribution. During this time, 2 security personnel (police) were deployed to assure security for the LLINs. A copy of the waybill was left at the sub county store and the other returned to central warehouse by the transporter.

² Buhweju, Bushenyi, Hoima, Ibanda, Isingiro, Kabale, Kabarole, Kakumiro, Kamwenge, Kanungu, Kibaale, Kiruhura, Kisoro, Kyegegwa, Kyenjojo, Mitooma, Ntungamo, Rubanda, Rubirizi and Rukungiri

³ Bundibujjo, Kagadi, Kasese, Mbarara and Sheema

6.3 DISTRIBUTION POINTS

A security personnel was assigned to each truck during transportation of LLINs from the sub county store to the distribution point (DP). LLINs were taken to the DPs a day before the actual distribution to ensure timely delivery of LLINs for timely distribution. At each of the **xxxx** DPs, a community representative as seconded by the VHTs such as the Local Council I chairperson, parish chief or VHTs received the LLINs delivered from the sub county store upon physical verification of quantity delivered Vs quantity expected. Three copies of waybills were documented; one for the receiver of the LLINs at the distribution point, another for the sub county store and the third for the transporter. During inter-sub county transfer of LLINs, waybills are written to track movement of LLINs from one Sub County to another. There was documentation for movement of LLINs within sub counties (intra-sub county transfers). Only one security personnel was deployed at every DP to assure LLINs security save for populous DPs especially in municipalities that had more than one security personnel.

At the distribution points, VHTs gave health education talks on LLINs use including general information on malaria prevention and management. Each beneficiary signed or thumb printed against their name to confirm receipt of a LLIN and the VHT would go ahead to tally the number of LLINs each of the beneficiary received on a tally sheet. More than 95% of the distribution points had demonstration LLINs for beneficiaries to see how to hang LLINs.



A Police man getting on truck to escort the LLINs to respective distribution points in Bushenyi district

6.4 REVERSE LOGISTICS

After LLINs distribution, all LLINs balances from the DPs were returned to the respective sub county stores and waybills were issued accordingly upon receipt. The sub county technical team including the store manager conducted stock taking and accordingly wrote waybills to the central team (DS/DC) for LLINs to

be transported to the central warehouse. During wave 4A, 44,676 LLINs balances were actually transported back to the Data Centre and of the net balances a total of 4,835 LLINs were rejected in the districts of Kabarole, Kamwenge and Ntungamo as summarized in the table below. The LLINs were mainly rejected due to the texture and the color (off-white).

District	Sub County	Parish	Number rejected
Kabarole	Kicheche	Bwera	3,360
Kamwenge	Kibito Town Council	Central Ward	661
	Kibito	Kasunganyanja	100
	East Division	Njara	153
Ntungamo	Ntungamo Municipality	Central Division	288
		Western Division	273
Total			4,835

Table 5: Showing the number of rejected nets per district

6.5 WASTE MANAGEMENT

During the distribution of LLINs adherence to MoH recommended waste management guidelines was emphasized so as not to produce impact on the environment.

The key main sources of waste are the packaging materials for the LLINs that consist of a combination of polythene wrappers, bales wrapping and left-over ropes. The wrapping materials contain chemicals that are potentially toxic to the general environment.

Comprehensive waste management during wave two distribution was ensured as follows:

- Prior to the LLIN distribution, the distribution teams were oriented for 1 day by Sub-County technical teams to ensure among other things they understand how waste is to be managed and disposed of. This was in line with the recommended waste management guidelines.
- The distribution point teams collected all the waste generated during the day of distribution and put them into bale wrappings to keep them in manageable packages. The waste was then put in the sub county stores for proper disposal.
- Per the MoH recommended waste management guidelines, Sub County teams were to transport the collected waste to the nearest HF with a functional incinerator for incineration. Such facilities are

from HC IIIs upwards. However, the health facilities visited don't have incinerators.



Waste management at Mparo Health centre in Mparo Division Hoima District

- Because the Health Facilities did not have functioning incinerators, the generated waste was incinerated in open pits and on open grounds. The incineration was done under supervision of the sub-county team led by the health assistant.

7.0 LLINs DISTRIBUTION

After transportation of LLINs to the district sub county stores, the LLIN teams travelled to the 20 districts of wave 4A for LLINs distribution activities. The LLIN teams conducted district debrief meetings to plan for the distribution activities. In the meetings, several issues were discussed including the chronology of events for distribution of LLINs, the importance and management of accountabilities.

Additionally, VHTs were re-oriented for one (1) day at their respective sub-county headquarters prior to the distribution. The distribution training covered a recap of Malaria – cause, prevention and treatment, goals and objectives of the universal coverage campaign, overview of household LLIN distribution process, BCC, key messages, filling in the household registration form especially the distribution and signature column, tallying daily LLIN distribution data, handling the distribution exercise common bottlenecks, overview of supervision and monitoring to assess quality of the process.

Beneficiaries for the LLINs distribution exercise were also mobilized and informed about the distribution dates of the distribution exercise by the MOH, Malaria Consortium, district and sub county technical teams who later ensured that the VHTs carried out the distribution exercise as per the UCC implementation guideline and Logistics Plan of Action.

WAVE FOUR-A UNIVERSAL COVERAGE CAMPAIGN COVERAGE 2016/17

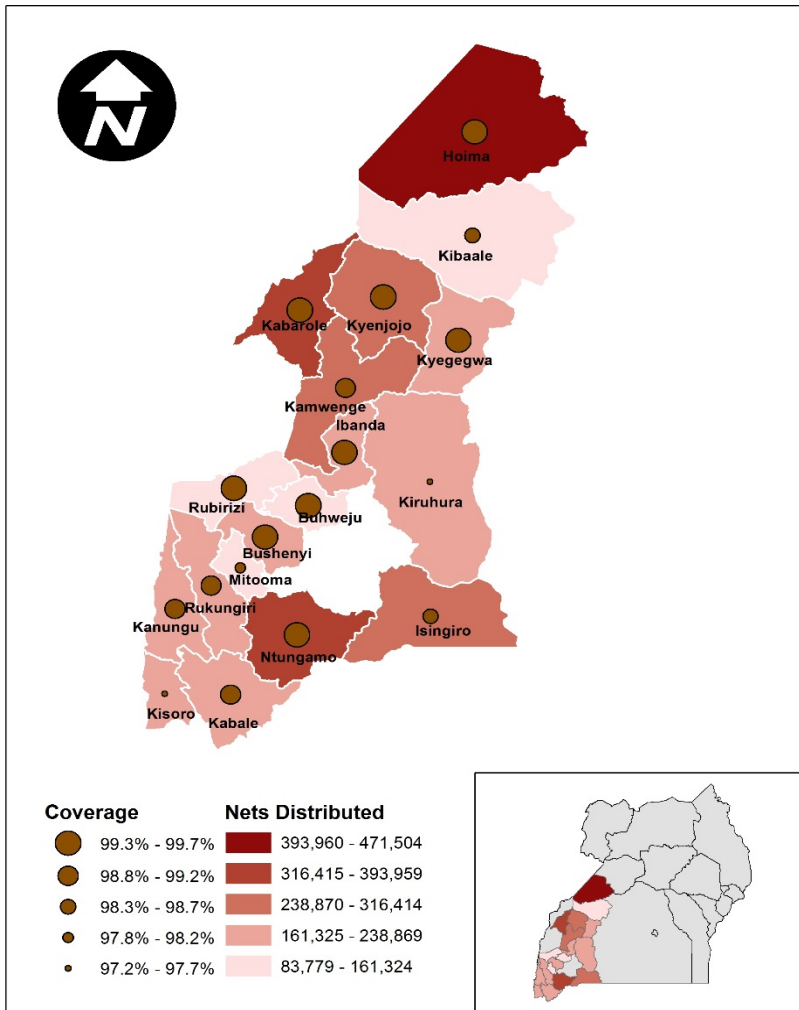


Figure 3: Map showing the coverage and distribution of LLINs in Wave 4A

Coverage in the LLIN campaign was measured as a ratio of total nets distributed and net need. The overall average coverage for wave 4A is 98.99% which is way above the targeted national coverage of 85%. Kabarole, and Ntungamo districts had the highest coverage at 99% with Kisoro and Kiruhura having the lowest coverage.

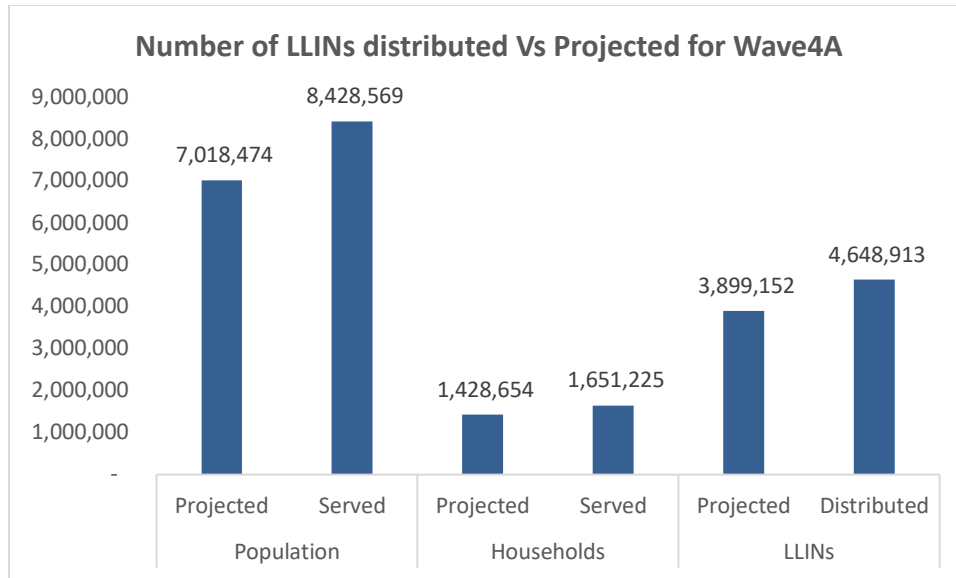


Figure 4: Graph showing the number of LLINs distributed vs projected

The initially projected population according to the UBOS 2014 census data for the 20 wave 4A districts was 7,018,474. However, at distribution a population of 8,428,569 was served. This is a positive variance of 1,410,095 is approximately 20.1% higher than the projected population. Consequently, 1,651,225 households were served vis-à-vis the planned 1,428,654, representing 15.6% positive variance than planned. A total of 4,648,913 LLINs were distributed to the 20 wave 4A districts against the planned 3,899,152, representing 19.2% positive variance than planned.

8.0 SOCIAL BEHAVIOUR CHANGE COMMUNICATION

Social Behavior change communication was an interactive process with individuals/beneficiaries, communities and/or societies that used communication strategies to improve acquisition and consistent use of the LLINs. The communication was therefore designed to promote access to and regular and consistent use of the LLINs by the users to reap the benefits associated with their use.

The overall goal of SBCC was to increase ownership and correct use of LLINs hence contribute to the overall reduction of morbidity and mortality due to malaria in Uganda.

8.1 OBJECTIVE OF SBCC

- To mobilize the communities to register for LLIN distribution, Pick the nets from the distribution points and sensitize the public on how to use the nets and where to pick the nets from (distribution points).
- To sensitize the public on the correct, regular, and consistent use of nets.
- To work with the district leaders to support them in mobilizing the target audience in the pre-distribution, distribution and the post distribution period.

- To use different social mobilization avenues to sensitize communities on the appropriate use of nets increase awareness on the benefits that come along with LLIN use.

8.2 CHANNELS OF SBCC

The behavior change messages were delivered through the multi-facets of social interaction prescribed in the National Communication Plan and the National Malaria Reduction Strategic Plan 2014 - 2020 that include:

- Advocacy
- **Community mobilization:** These were series of entertaining, fun, interactive and informative road drives by the rig truck. The rig trucks were mounted with Public address systems. A crew of mobilisers hyped mobilization creating excitement while linking people to the identified venues for distribution. Messages pertaining venue, date and time of distribution were communicated connecting people to the campaign and the distribution points.
- IEC, edutainment, and mass media tools to influence knowledge, attitudes and practices of specific audiences at the individual and household levels with the objective of increasing demand and use of LLINs in malaria control.
- **House to house:** With the support and presence of local leaders and VHTs, LLIN teams, reached out to people in their household settings to inform, educate, invite and prepare them for distribution. The local council and VHT members took responsibility to maintain order during the visits. Our teams were equipped with mega phones during the house to house mobilization mechanic to leverage a wider coverage.

8.3 KEY SBCC ACTIVITIES CONDUCTED DURING THE WAVE

SBCC activities were carried out in all the 25 districts of wave four and these included radio talk shows, community mobilizations, and meetings including advocacy meetings, as well as a mini launch in Ibanda District. All these activities were done to meet/achieve the core objectives of SBCC in an effort to achieve Universal coverages of LLINs in the country.

Radio talk shows for 4A & B:

Radio talk shows were scheduled in all Wave 4A districts on different local based FM radio stations having the highest coverage and listenership. At the talk show, at least two members of the district task force (DTF) attended and discussed issues pertaining LLIN use and the campaign at large. Of the two DTF members who attended the talk shows one was technical and the other political (opinion leader).



Deputy RDC and MFP during a Radio talk show at Bushenyi FM

Community mobilizations:

During this reporting period, BCC companies leveraged community mobilization, Advocacy and high visibility in the community for the distribution of nets in the wave 4 districts. Through IPCs in schools, churches, and road shows communities were mobilized to turn up and pick LLINs where to pick them and also, sensitized on the long lasting mosquito nets usage (maintenance, repair, aeration).

Through using a rig truck, IPCs in schools, churches and house-to-house mobilization approaches, the distribution of mosquito nets at the mini launch was popularized in and around the launch venue catchment areas. This created an opportunity to highlight and emphasize the importance of sleeping under the mosquito nets and utilization also address issues to do with myth and misconceptions surrounding usage of the LLINs.

Wave 4A mini launch in Ibanda district:

A mini launch was conducted for wave four universal mosquito nets distribution campaign in Ibanda district – Rukiri sub county –Bwenda Parish at Bwenda playground on the 22nd July 2017. The mini launch was organized in collaboration with the District Health Team, the district campaign taskforce, MOH supervisor, Malaria Consortium, Bwenda community and the BCC team (Sajeki Agency) and was officiated by the Resident District Commissioner (RDC) who chairs the district task force. Miss Uganda and a local artist presented a malaria song and two schools from the community and the entertainment team performed dances drawing the attention of the audience to the mini launch event.

Community mobilization and sensitization was conducted by Sajeki Agency two days prior to the mini launch activities and it continued for more three days post mini launch activities. A participatory approach was employed through identifying and working with community leaders and VHTs to support mobilization, sensitization and Behavior Change Communication (BCC) activities for and during the Mini launch event

for effective community mobilization, awareness and referrals for people to pick their nets as well as reach them with accurate and correct messages on usage of the mosquito nets while dispelling myths and misconceptions regarding sleeping under an LLIN through dialogues, demonstrations and drama/edutainment.



The RDC Ibanda officiates distribution of the mosquito net as participants receive messages on net hanging demonstration

LLINs Universal Campaign Hotline:

During the month of July 2017, the Hotline registered 149 LLINs Universal Campaign calls from different parts of the country. Most of the callers called asking about the distribution exercise, revised dates for each wave, distribution criteria and complaints from those who registered but never received their nets as well as those who participated in the distribution exercise but have been underpaid while some were paid after reporting the payment officers.

Majority of the callers were males married (in a monogamous relationship) within the age group of 25-29 years. The Western region registered the highest number of callers while Lunyankole/Lukiga were the most commonly used languages. The calls mostly focused on malaria prevention since the distribution exercise aims at preventing malaria through use of the treated mosquito net, other callers called seeking information about the distribution exercise; while others required counselling and referrals.

The number of incoming calls always increases if the Hotline number is promoted during the on-going campaign activities. The graph below shows the caller trend of calls per week for the entire month

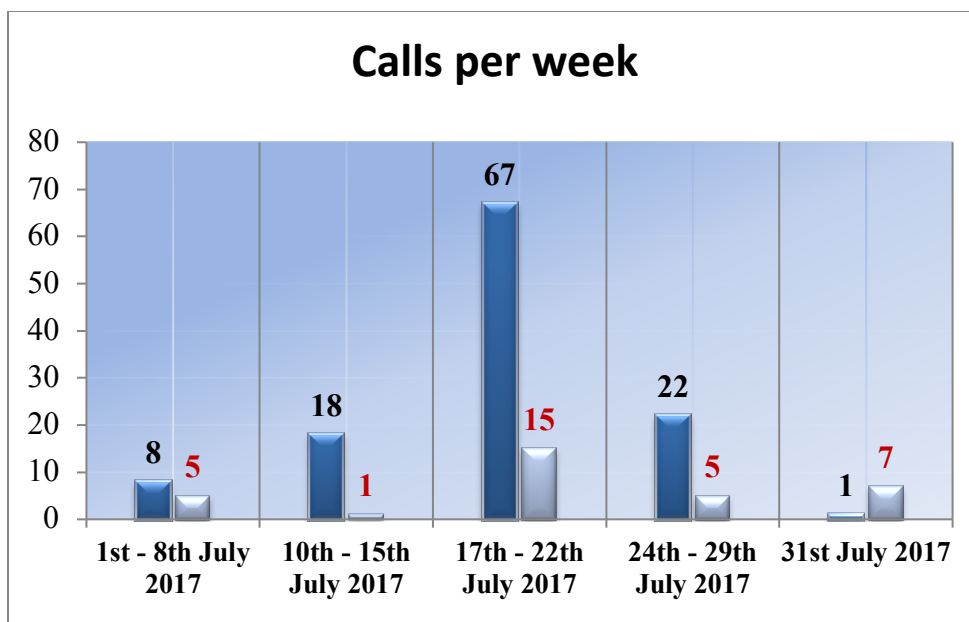


Figure 5: Graph showing calls received per week for the month of July 2017

Most of the callers were from the age groups of 25-29 and 20 – 24years with 34 and 26 callers each respectively. The Western region dominated with 73%and other regions followed by central region with 25%, Eastern region 1.5% and Northern region 0.5%. The callers reported that they got information about the toll - free number from different sources including radio programs, television, Village Health Teams (VHTs) and print.

Feedback from the callers centered on appreciation, complaints and questions on when and why they did not receive nets with a few people asking if they will receive nets even if they did not register.

Key meetings held:

LLIN Revitalization planning meeting on 10th July 2017

This meeting was held to revitalize the implementation team and discuss mechanisms of putting back the campaign on course after calculation of the net gap and discussions held with the donors on mechanisms of addressing the gap.

LLIN Stakeholders meeting

Since Wave 4 distribution had been completed two days earlier on 22 July 2017, a follow-on review meeting was held on 24th July 2017 to provide feedback on what went well and areas for improvement during the subsequent waves. Issues of net rejection, overloading of some trucks during net delivery and readiness for wave 5 distribution were also discussed.

Press Briefing in Mbarara

A press briefing was held on the 17th July 2017 in Mbarara. During the briefing, the State Minister of Health In charge of Primary Health Care Honourable Sarah Opendi gave an update on the LLIN campaign activities regarding districts covered and plans for the remaining districts i.e. those in wave 4B, central plus Wakiso and Kampala.

Mini Advocacy meeting in Mbarara on 17th July 2017 for wave 4B

Ministry of Health and the Lead Agency (Malaria Consortium) organized and held an advocacy meeting for selected members of the DTFs for five districts in Wave 4B. During this meeting, respective districts were informed of the decision to delay LLIN distribution and also told of the tentative dates when distribution will be carried out. Members of respective wave 4B districts were told to communicate accordingly.

9.0 CHALLENGES, LESSONS LEARNED & RECOMMENDATIONS

9.1 CHALLENGES AND SOLUTIONS

- A higher number of individuals registered by VHTs than projected resulted into over consumption of LLINs during waves 1, 2, 3 & 4 hence leading to a LLINs gap. **Solution:** NMCP shared with NCC members about the LLINs gap backed with a validation report on actual number of LLINs distributed during waves 1, 2 & 3. Consequently, both AMF and GF committed to each procuring an additional 2million LLINs to address the 4million LLINs gap.
- Due to inadequate LLINs, PBO study was not fully rolled out in all the targeted wave4 districts. **Solution:** Wave 4 was split into two waves; wave 4A (20 districts) and wave 4B (5 districts) and re-randomization was accordingly done to accommodate the study protocol.
- There was resistance from local security guards on allowances given to them not being commensurate to work load assigned. **Solution:** Approved budget were shared with the security guards to assure transparency on allowance rates. However, the issue was taken up to NMCP for further considerations.
- The onset of the rainy season in Kabarole, Kyenjonjo and Kyegegwa resulted into impassable roads hence affecting the transportation and distribution of LLINs. **Solution:** Distribution was extended to late hours and mop-up period to compensate for the lost time in delayed LLINs delivery.
- Refusal of LLINs by some beneficiaries in Kabarole, Kamwenge and Ntungamo due to hard texture and off-white colour. **Solution:** Teams clarified to targeted beneficiaries that all LLINs were of quality despite their color and texture. Accordingly, some members accepted to take the LLINs whereas others rejected. The rejected LLINs were returned to the central warehouse.
- In some district, there was a mismatch of number of expected administrative units (villages) Vs actual number realized. **Solution:** Positive adjustments in expected number of administrative units were

shared with Malaria Consortium and additional budget facilitations were provided upon approval of additional administrative units.

- In Sheema district, some VHTs are semi-literate and were unable to adequately conduct household registration. **Solution:** LC1s supported the registration processes as appropriate.
- Inability by some sub county supervisors to ably communicate in the local language with targeted communities affected activity implementation. **Solution:** Sub county field supervisors worked with the STF and DTF for translations were appropriate.

9.2 LESSONS LEARNED

OPERATIONS

- Active participation of district, sub county and village-level stakeholders through sharing relevant information and experience constitutes a key pillar to successful implementation of LLINs UCC activities.
- Sharing activity budgets and chronogram with district task forces promotes transparency and increases stakeholders' commitment to successful implementation of assigned activities.
- Increasing the rigor in collection of micro-planning data is critical in collection of comprehensive and reliable data to inform successful implementation of LLINs UCC activities.

SBCC

- Implementation of SBCC activities on schedule increases community preparedness about UCC activities
- Being clad in T-shirts with LLINs UCC messages identified VHTs as service providers which made communities responsive to household registration activities.
- The Batwa (little people) in Rubanda district who asserted that they have not previously benefited from government activities were pleased with being beneficiaries of the LLINs UCC activities.

LOGISTICS

- The ideal season for implementation of the LLINs UCC activities is during the dry season when the roads are passable.
- The continued sensitization, monitoring and supervision are key to a successful LLINs distribution and the entire LLINs campaign as a whole
- Prepositioning is key in having a timely distribution of LLINs to the beneficiaries and time management is very vital for a smooth LLINs distribution exercise.

9.3 RECOMMENDATIONS

- U-report needs to be integrated into community health programs to enhance feedback from targeted groups on service perception.
- Post-distribution checks in malaria endemic communities re-assures programmers on impact of LLINs UCC activities including LLINs use.
- Follow-up SBCC activities targeting LLINs use are critical in promoting sleeping under LLINs for targeted communities.
- Involvement of interreligious council as an umbrella of all religions at the district level eases monitoring of the LLINs exercise and even enforcing the chase malaria slogan.

10.0 ANNEXES

10.1 WAVE 4A ALLOCATION AND DISTRIBUTION DATA

District	Sub County	Parish	Village	Households	Population	Nets Allocated	Nets Distributed
Buhweju	Bihanga	3	27	3,518	18,407	10,087	10,019
Buhweju	Bitsya	4	34	3,599	19,352	10,569	10,707
Buhweju	Burere	6	33	4,663	25,243	13,601	13,404
Buhweju	Engaju	5	22	4,667	24,998	13,615	13,495
Buhweju	Karungu	4	34	3,428	18,146	9,734	9,618
Buhweju	Nsiika Town Council	3	12	891	4,081	2,271	2,265
Buhweju	Nyakishana	6	27	4,213	23,438	12,729	12,688
Buhweju	Rwengwe	6	38	4,146	21,032	11,558	11,583
Buhweju Sub-Total	8	37	227	29,125	154,697	84,164	83,779
Bushenyi	Bitooma	6	35	3,284	17,484	9,519	9,430
Bushenyi	Bumbaire	4	51	3,705	19,850	10,781	10,745
Bushenyi	Central Division	6	31	4,667	21,241	11,798	11,695
Bushenyi	Ibaare	4	32	2,766	15,975	8,588	8,604
Bushenyi	Ishaka Division	5	20	3,496	19,066	10,321	10,185

Bushenyi	Kakanju	5	49	5,484	29,945	16,175	16,260
Bushenyi	Kyabugimbi	5	53	4,776	26,357	14,226	14,224
Bushenyi	Kyamuhunga	7	52	5,830	31,218	16,973	16,797
Bushenyi	Kyamuhunga Town council	3	22	3,627	17,063	9,311	8,794
Bushenyi	Kyeizooba	8	85	6,791	35,712	19,513	19,608
Bushenyi	Nyabubare	6	78	9,181	52,769	28,512	28,436
Bushenyi	Nyakabirizi	4	23	2,227	11,260	6,132	6,134
Bushenyi	Ruhumuro	4	32	3,214	16,772	9,171	9,172
Bushenyi Sub-Total		13	67	563	59,048	314,712	171,020
Hoima	Bugambe	4	46	9,538	45,443	25,486	25,532
Hoima	Buhanika	6	31	4,711	23,251	12,822	12,811
Hoima	Buhimba	4	32	6,959	39,145	21,367	21,413
Hoima	Buhimba Town Council	4	15	4,170	19,795	11,041	10,983
Hoima	Bujumbura Division	4	49	7,705	37,005	20,474	20,311
Hoima	Buseruka	3	30	11,208	64,606	34,806	34,235
Hoima	Busiisi	4	33	6,507	31,851	17,350	17,273
Hoima	Kabwoya	5	54	19,607	113,402	61,178	60,805

Hoima	Kahooro	5	32	11,699	62,828	33,988	34,124
Hoima	Kigoroby	7	48	15,526	94,285	50,502	49,866
Hoima	Kigoroby Town Council	4	8	1,711	9,810	5,350	5,173
Hoima	Kitoba	6	33	9,255	50,527	27,556	27,495
Hoima	Kizirafumbi	3	43	11,367	54,374	30,261	30,541
Hoima	Kyabigambire	4	57	11,589	60,615	33,471	33,422
Hoima	Kyangwali	4	95	21,358	131,223	69,070	68,392
Hoima	Mparo Division	4	43	7,029	34,575	19,187	19,128
Hoima Sub-Total		16	71	649	159,939	872,735	473,909
Ibanda	Bisheshe Division	6	79	7,929	39,361	21,626	21,622
Ibanda	Bufunda Division	8	79	9,071	45,775	25,155	24,806
Ibanda	Igorora T/C	2	12	1,837	9,125	5,011	4,931
Ibanda	Ishongororo S/C	3	34	3,361	17,336	9,446	9,349
Ibanda	Ishongororo T/C	3	51	5,372	27,464	15,044	14,936
Ibanda	Kagongo Division A	7	80	9,870	50,524	27,440	27,492
Ibanda	Keihangara	3	34	2,799	15,217	8,311	8,284
Ibanda	Kicuzi	3	38	4,037	20,778	11,387	11,321

Ibanda	Kijongo	4	31	2,713	14,908	8,115	8,117
Ibanda	Kikyenkye	3	29	3,124	15,246	8,418	8,391
Ibanda	Nyabuhikye	1	7	747	4,419	2,388	2,395
Ibanda	Nyamarebe	6	56	5,922	26,551	14,772	14,807
Ibanda	Rukiri	6	51	5,907	31,757	17,061	16,943
Ibanda	Rushango T/C	2	10	973	4,864	2,702	2,670
Ibanda Sub-Total		14	57	591	63,662	323,325	176,876
Isingiro	Birere	5	34	5,365	28,071	15,303	15,096
Isingiro	Bugango	1	8	1,973	9,481	5,264	5,257
Isingiro	Endiinzi TC	3	20	2,855	16,031	8,710	8,643
Isingiro	Endinzi	4	27	3,626	21,233	11,402	11,395
Isingiro	Isingiro Town Council	4	44	8,670	47,385	25,645	25,213
Isingiro	Kaberebere T/C	3	9	2,136	9,994	5,547	5,572
Isingiro	Kabingo	6	49	5,231	28,571	15,624	15,601
Isingiro	Kabuyanda	4	35	5,055	25,249	13,877	13,605
Isingiro	Kabuyanda TC	4	25	3,939	19,688	10,765	10,664
Isingiro	Kakamba	5	25	1,910	11,763	6,289	5,988

Isingiro	Kashumba	6	46	5,865	33,304	17,980	17,793
Isingiro	Kikagati	8	67	12,248	68,389	37,039	36,290
Isingiro	Masha	6	44	6,171	35,007	18,797	18,750
Isingiro	Mbaare	5	43	5,977	32,801	17,906	17,733
Isingiro	Ngarama	4	45	5,952	33,537	18,149	18,131
Isingiro	Nyakitunda	7	109	10,648	53,711	29,446	28,712
Isingiro	Nyamuyanja	4	25	3,589	19,738	10,706	10,645
Isingiro	Ruborogota	5	30	4,349	24,233	13,127	12,817
Isingiro	Rugaaga	7	62	7,624	43,633	23,494	23,362
Isingiro	Rushasha	4	26	3,269	19,109	10,294	9,714
Isingiro Sub-Total		20	95	773	106,452	580,928	310,981
Kabale	Buhara	7	73	6,087	30,914	16,966	16,343
Kabale	Bukinda	4	38	2,688	12,252	6,847	6,847
Kabale	Butanda	4	50	4,565	22,972	12,641	12,625
Kabale	Central Division	4	22	5,459	25,790	14,020	13,986
Kabale	Kaharo	6	102	5,134	24,072	13,439	13,499
Kabale	Kamuganguzi	7	46	4,998	24,570	13,591	13,467

Kabale	Kamwezi	6	62	7,163	33,751	18,675	18,633
Kabale	Kashambya	6	76	6,888	32,635	18,063	16,409
Kabale	Katuna Tc	5	22	2,556	12,279	6,807	6,801
Kabale	Kitumba	5	59	5,372	24,006	13,483	13,463
Kabale	Kyanamira	7	115	5,735	27,588	15,218	15,160
Kabale	Maziba	6	65	5,351	25,681	14,253	14,220
Kabale	Muhanga Town council	5	31	3,360	14,799	8,262	8,202
Kabale	Northern Division	4	22	4,207	18,729	10,455	10,374
Kabale	Rubaya	5	58	4,866	23,448	12,955	12,935
Kabale	Rwamucucu	7	86	7,160	40,932	20,499	20,325
Kabale	Ryakarimira	3	21	2,166	10,479	5,862	5,928
Kabale	Southern Division	4	30	6,753	28,479	16,216	15,960
Kabale Sub-Total		18	95	978	90,508	433,376	238,252
Kabarole	Buheesi	4	33	5,949	30,442	16,668	16,422
Kabarole	BUKUKU	3	17	2,761	14,067	7,797	7,101
Kabarole	Busoro	4	50	8,081	33,814	19,193	19,079
Kabarole	East Division	4	37	7,185	31,938	17,916	17,951

Kabarole	Hakibale	4	34	7,037	32,544	18,103	17,874
Kabarole	HARUGONGO	3	27	4,831	22,529	12,590	12,568
Kabarole	Kabende	4	20	3,129	14,827	8,228	8,145
Kabarole	Kabonero	3	31	5,091	24,806	13,609	13,542
Kabarole	Karago T/C	3	18	2,900	14,321	7,836	7,769
Kabarole	Karambi	4	42	7,530	35,948	19,473	19,568
Kabarole	Karangura	3	30	3,408	17,468	9,581	9,518
Kabarole	Kasenda	3	32	5,770	29,552	16,347	16,245
Kabarole	Kateebwa	2	15	1,953	12,755	6,710	6,497
Kabarole	Kibiito	3	20	4,676	23,297	12,847	12,998
Kabarole	Kibiito T/C	5	17	3,396	17,293	9,565	9,540
Kabarole	Kicwamba	2	29	5,428	28,137	14,368	14,322
Kabarole	Kijura Town Council	4	13	3,238	13,400	7,591	7,563
Kabarole	Kiko Towncouncil	4	10	3,492	15,051	8,521	8,486
Kabarole	Kisomoro	4	37	5,904	29,369	16,241	16,108
Kabarole	Kiyombya	5	30	3,361	18,840	10,319	10,265
Kabarole	KYAMUKUBE T/C	4	31	3,501	19,393	10,437	10,356

Kabarole	Mugusu	3	19	3,380	17,916	9,774	9,688
Kabarole	Mugusu T/C	5	20	2,627	14,243	7,700	7,675
Kabarole	RUBONA T/C	3	10	1,552	7,702	4,227	4,255
Kabarole	Ruteete	3	22	4,950	22,327	12,523	12,455
Kabarole	Rwimi	3	20	4,204	21,748	12,069	11,890
Kabarole	Rwimi Town Coucil	4	18	4,268	21,643	11,831	11,909
Kabarole	South Division	3	33	6,081	22,903	13,042	12,596
Kabarole	West Division	4	23	7,272	32,354	17,836	17,834
Kabarole Sub-Total		29	103	738	132,955	640,627	352,942
Kakumiro	Birembo	4	31	7,175	34,892	19,319	19,250
Kakumiro	Bwanswa	5	50	4,670	21,802	12,285	12,035
Kakumiro	Kakindo	5	44	12,163	60,934	33,669	33,668
Kakumiro	Kakumiro Town Council	5	21	3,262	14,792	8,322	8,345
Kakumiro	kasambya	4	32	9,310	45,294	25,105	25,055
Kakumiro	Katikara	4	31	6,252	33,489	18,462	18,299
Kakumiro	Kijangi	4	24	4,044	18,590	10,408	10,314
Kakumiro	Kikwaya	4	18	3,650	19,297	10,635	10,561

Kakumiro	Kisiita	4	43	9,154	49,303	26,960	26,795
Kakumiro	Kitaihuka	3	15	3,507	17,336	9,635	9,527
Kakumiro	Mpasaana	4	24	6,210	32,314	17,745	17,739
Kakumiro	Nalweyo	5	34	6,928	31,398	17,692	17,669
Kakumiro	Nkooko	4	36	9,368	52,644	28,486	28,200
Kakumiro Sub-Total		13	55	403	85,693	432,085	238,723
Kamwenge	Biguli	4	40	8,370	42,116	23,133	23,050
Kamwenge	Bihanga	3	23	3,191	16,404	9,002	8,936
Kamwenge	Buhanda	5	36	6,049	30,798	17,129	16,936
Kamwenge	Busiriba	7	46	6,699	34,491	18,906	18,965
Kamwenge	Bwizi	3	38	7,005	35,370	19,464	19,144
Kamwenge	Kabambiro	4	31	3,946	19,102	10,555	10,184
Kamwenge	Kahunge subcounty	4	49	6,581	32,176	17,662	17,579
Kamwenge	Kahunge T/C	2	21	3,083	13,105	7,439	7,428
Kamwenge	Kamwenge subcounty	6	39	5,663	26,774	14,820	14,767
Kamwenge	Kamwenge Town Council	5	26	5,695	25,135	14,121	14,058
Kamwenge	Kanara	4	24	3,313	15,895	8,805	8,730

Kamwenge	Kicheche	5	62	6,790	33,209	18,402	18,255
Kamwenge	Mahyoro	7	41	7,281	34,916	19,493	19,237
Kamwenge	Nkoma	5	49	8,563	44,767	24,393	24,003
Kamwenge	Ntara	6	47	6,779	35,446	19,406	19,322
Kamwenge	Nyabbani	5	38	5,000	25,368	13,958	13,625
Kamwenge Sub-Total		16	75	610	94,008	465,072	256,688
Kanungu	Butogota TC	4	14	2,658	13,813	7,524	7,503
Kanungu	Kambuga SC	4	35	5,308	27,105	14,872	14,859
Kanungu	Kambuga Tc	4	10	1,664	7,593	4,280	4,183
Kanungu	Kanungu Town Council	4	39	4,219	19,759	10,977	10,948
Kanungu	Kanyantorogo	4	23	4,334	22,975	12,644	12,510
Kanungu	Katete	4	13	1,872	8,963	5,000	5,004
Kanungu	Kayonza	6	49	6,764	34,578	19,006	18,613
Kanungu	Kihiihi SC	3	29	4,076	20,511	11,323	11,174
Kanungu	Kihiihi Town Council	4	47	5,317	25,877	14,295	14,177
Kanungu	Kinaaba	5	19	2,141	10,031	5,547	5,573
Kanungu	Kirima	4	44	4,508	22,795	12,542	12,414

Kanungu	Mpungu	4	18	3,079	15,063	8,240	8,177
Kanungu	Nyakinoni	4	24	2,174	10,756	5,901	5,900
Kanungu	Nyamirama	6	32	4,694	22,910	12,661	12,653
Kanungu	Nyanga	4	21	1,901	8,761	4,926	4,868
Kanungu	Rugyeyo	6	62	5,504	27,228	15,050	14,673
Kanungu	Rutenga	3	29	3,568	17,729	9,643	9,748
Kanungu Sub-Total		17	73	508	63,781	316,447	174,431
Kibaale	Bubango	4	24	9,635	24,923	15,359	15,313
Kibaale	Bwamiramira S/C	5	27	2,991	13,355	7,570	7,496
Kibaale	Kabasekende	4	24	3,169	15,071	8,324	8,259
Kibaale	Kasimbi	4	23	3,215	14,556	8,249	8,183
Kibaale	Kibaale T/C	4	11	2,161	9,332	5,256	5,194
Kibaale	Kyebando	5	30	4,342	21,086	11,699	11,657
Kibaale	Matale	4	27	5,557	27,294	15,215	15,070
Kibaale	Mugarama	4	26	3,725	18,878	10,437	9,972
Kibaale	Nyamarunda	4	41	7,669	35,242	19,799	18,976
Kibaale	Nyamarwa	4	27	5,872	30,033	16,623	16,469

Kibaale Sub-Total	10	42	260	48,336	209,770	118,531	116,589
Kiruhura	Buremba	7	47	4,356	24,616	13,313	13,227
Kiruhura	Burunga	4	39	4,634	29,913	15,741	15,707
Kiruhura	Engari	7	52	5,275	30,009	16,223	16,071
Kiruhura	Kanoni	6	40	3,901	23,105	12,464	12,322
Kiruhura	Kanyaryeru	5	13	1,868	11,439	6,122	6,102
Kiruhura	Kashongi	7	66	5,707	33,059	17,896	17,699
Kiruhura	Kazo	6	38	6,508	38,606	20,676	20,548
Kiruhura	Kazo Town Council	6	18	3,140	17,325	9,308	9,218
Kiruhura	Kenshunga	5	38	6,192	38,181	20,330	20,286
Kiruhura	Kikaatsi	4	28	4,538	28,628	15,240	15,111
Kiruhura	Kinoni	4	26	5,704	31,553	17,122	16,926
Kiruhura	Kiruhura T/C	3	9	1,577	8,311	4,545	4,478
Kiruhura	Kitura	6	40	3,576	19,948	10,757	10,637
Kiruhura	Nkungu	6	41	5,785	35,676	19,401	19,364
Kiruhura	Nyakashashara	4	21	3,511	21,672	11,679	11,724
Kiruhura	Rwemikoma	4	40	5,537	36,814	19,422	13,955

Kiruhura	Sanga	3	9	2,030	11,745	6,295	6,239
Kiruhura	Sanga T/C	4	13	2,190	11,921	6,519	6,532
Kiruhura Sub-Total		18	91	578	76,029	452,521	243,053
Kisoro	Bukimbiri	2	18	3,499	17,991	9,875	5,328
Kisoro	Busanza	3	36	4,273	21,302	11,670	11,664
Kisoro	Central Division	2	6	1,513	6,866	3,783	3,721
Kisoro	Chahi	3	26	4,876	22,766	12,682	12,611
Kisoro	Kanaba	2	23	3,581	18,810	10,273	10,231
Kisoro	Kirundo	2	28	4,866	24,244	13,295	13,088
Kisoro	Muramba	4	44	8,682	43,905	23,912	23,897
Kisoro	Murora	2	26	4,435	23,843	12,843	12,852
Kisoro	Northern Division	2	6	1,324	6,282	3,491	3,507
Kisoro	Nyabwishenya	2	17	3,405	19,196	10,392	10,457
Kisoro	Nyakabande	3	35	6,021	30,889	16,834	16,774
Kisoro	Nyakinama	3	36	4,909	24,227	13,287	13,214
Kisoro	Nyarubuye	2	22	4,631	23,150	12,754	12,711
Kisoro	Nyarusiza	4	40	7,137	35,964	19,697	19,626

Kisoro	Nyundo	2	17	2,755	14,971	8,169	8,092
Kisoro	Southern Division	3	10	1,452	7,267	4,022	4,016
Kisoro Sub-Total		16	41	390	67,359	341,673	186,979
Kyegegwa	Hapuuyo	5	100	16,866	82,304	45,370	43,986
Kyegegwa	Kakabara	6	144	27,398	134,786	74,498	73,536
Kyegegwa	Kasule	5	98	12,838	59,576	33,168	33,064
Kyegegwa	Kigambo	3	62	9,670	46,246	25,704	25,792
Kyegegwa	Kyegegwa	5	106	14,364	70,414	39,204	39,182
Kyegegwa	Kyegegwa Town Council	4	98	12,656	56,308	31,416	31,382
Kyegegwa	Mpara	6	110	19,016	104,396	56,308	56,352
Kyegegwa	Ruyonza	5	70	14,354	77,570	42,196	42,022
Kyegegwa	Rwentuha	3	122	20,646	104,688	57,372	57,450
Kyegegwa Sub-Total		9	42	910	147,808	736,288	405,236
Kyenjojo	Bufunjo	4	29	6,229	30,584	17,061	17,022
Kyenjojo	Bugaki	8	57	8,530	36,804	20,731	20,593
Kyenjojo	Butiiti	7	45	4,955	26,314	14,470	14,450
Kyenjojo	Butunduzi	3	26	3,411	15,964	8,924	8,856

Kyenjojo	Butunduzi T/C	5	23	4,896	22,192	12,439	12,367
Kyenjojo	Kanyegaramire	7	41	4,067	21,899	11,976	12,096
Kyenjojo	Katooke	8	57	8,647	45,362	24,753	24,706
Kyenjojo	Katooke Town Council	4	19	4,113	18,563	10,426	10,387
Kyenjojo	Kigaraale	6	43	6,746	31,477	17,368	17,238
Kyenjojo	Kihuura	6	39	7,190	35,210	19,742	19,703
Kyenjojo	Kisojo	6	36	5,236	27,998	15,235	15,142
Kyenjojo	Kyarusizi	5	32	2,755	14,396	7,849	7,834
Kyenjojo	Kyarusizi Town Council	4	18	3,700	17,599	9,570	9,612
Kyenjojo	Kyembogo	5	49	11,890	59,963	32,805	32,772
Kyenjojo	Kyenjojo T/C	7	29	6,809	33,587	18,276	18,183
Kyenjojo	Nyabirongo	7	29	3,386	17,952	9,740	9,704
Kyenjojo	Nyabuharwa	8	35	6,009	29,891	16,499	16,433
Kyenjojo	Nyankwanzi	6	55	7,145	36,262	20,035	19,890
Kyenjojo	Nyantungo	5	38	5,815	31,913	17,350	17,317
Kyenjojo Sub-Total		19	111	700	111,529	553,930	305,249
Mitooma	Bitereko	8	68	7,479	38,346	20,730	19,581

Mitooma	Kabira	4	35	3,083	17,843	9,565	9,569
Mitooma	Kanyabwanga	5	47	4,667	24,319	13,401	13,356
Mitooma	Kashenshero	5	39	3,014	16,359	8,921	8,732
Mitooma	Kashenshero Town Council	4	16	1,830	8,047	4,504	4,489
Mitooma	Katenga	4	54	4,727	25,180	13,768	13,247
Mitooma	Kiyanga	5	47	4,955	26,882	14,669	14,343
Mitooma	Mayanga	4	38	2,864	16,040	8,717	8,596
Mitooma	Mitooma	5	50	4,787	28,274	15,332	15,086
Mitooma	Mitooma Tonwn Council	4	15	1,771	9,506	5,195	5,147
Mitooma	Mutara	10	106	5,918	34,289	18,517	18,391
Mitooma	Rurehe	4	39	3,409	18,789	10,193	10,064
Mitooma Sub-Total		12	62	554	48,504	263,874	143,512
Ntungamo	Bwongyera	9	98	8,182	47,355	25,722	25,662
Ntungamo	Central Division	2	8	2,358	10,920	5,966	5,944
Ntungamo	Eastern Division	2	9	1,637	7,709	4,271	4,266
Ntungamo	Ihunga	3	45	3,730	19,970	10,800	10,813
Ntungamo	Itojo	4	45	5,844	29,099	16,076	15,914

Ntungamo	Kagarama TC	3	33	3,345	14,770	8,281	8,236
Ntungamo	Kayonza	6	67	8,245	35,108	19,808	19,804
Ntungamo	Kibatsi	6	59	5,111	28,598	15,525	15,536
Ntungamo	Kitwe Town Council	6	24	4,774	22,489	12,569	12,551
Ntungamo	Ngoma	7	59	6,899	38,396	20,851	20,888
Ntungamo	Ntungamo	7	51	7,302	38,787	21,263	21,217
Ntungamo	Nyabihoko	6	50	5,394	29,486	16,126	16,089
Ntungamo	Nyakyera	7	65	9,088	48,360	26,385	25,991
Ntungamo	Rubaare	4	41	5,538	25,958	14,509	14,390
Ntungamo	Rubaare Town Council	6	26	4,820	23,631	13,047	12,970
Ntungamo	Rugarama	6	74	7,728	39,415	21,630	21,640
Ntungamo	Ruhaama East	3	37	6,139	29,907	16,556	16,542
Ntungamo	Ruhama west	4	38	4,390	22,504	12,375	12,412
Ntungamo	Rukoni East	5	33	6,306	34,086	18,566	18,520
Ntungamo	Rukoni West	2	25	4,019	20,880	11,438	11,418
Ntungamo	Rwashamaire Town Council	4	14	2,015	9,144	5,054	5,028
Ntungamo	Rweikiniro	5	50	8,471	46,374	25,256	25,243

Ntungamo	Western Parish	2	9	1,711	7,098	4,030	4,016
Ntungamo Sub-Total		23	109	960	123,046	630,044	346,104
Rubanda	Bubare	9	88	8,710	40,524	22,572	22,526
Rubanda	Bufundi	5	77	6,768	32,670	18,026	17,976
Rubanda	Hamurwa	5	64	6,322	30,822	17,053	16,943
Rubanda	Hamurwa Tc	4	8	1,332	6,212	3,444	3,445
Rubanda	Ikumba	5	59	8,128	39,112	21,587	21,495
Rubanda	Muko	7	74	11,032	53,881	29,699	29,574
Rubanda	Nyamweru	6	60	4,013	20,385	11,195	11,240
Rubanda	Ruhija	5	28	2,605	12,459	6,906	6,855
Rubanda Sub-Total		8	46	458	48,910	236,065	130,482
Rubirizi	Katanda	6	42	4,468	24,770	13,494	13,423
Rubirizi	Katerera	4	30	2,672	14,055	7,789	7,832
Rubirizi	Katerera T/C	4	14	3,229	14,364	8,100	8,039
Rubirizi	Katunguru	4	10	1,590	5,376	3,187	3,191
Rubirizi	Kichwamba	5	40	4,372	22,102	12,100	12,016
Rubirizi	Kirugu	4	23	3,055	15,001	8,208	8,129

Rubirizi	Kyabakara	5	39	3,263	17,436	9,520	9,571
Rubirizi	Magambo	5	23	2,885	15,281	8,360	8,317
Rubirizi	Rubirizi T/C	4	14	2,334	12,285	6,649	6,496
Rubirizi	Rutoto	5	23	3,332	17,253	9,499	9,466
Rubirizi	Ryeru	7	34	3,286	17,054	9,393	9,321
Rubirizi Sub-Total		11	53	292	34,486	174,977	96,299
Rukungiri	Bugangari	7	81	8,419	41,264	22,320	22,267
Rukungiri	Buhunga	6	77	5,799	26,603	14,735	14,715
Rukungiri	Buyanja SC	8	71	7,931	42,318	23,018	21,927
Rukungiri	Buyanja Town Council	3	8	1,259	6,475	3,563	3,538
Rukungiri	Bwambara	6	65	9,680	45,982	25,002	25,081
Rukungiri	Eastern Division	4	33	3,532	17,179	9,445	9,496
Rukungiri	Kebisoni SC	7	65	5,515	31,205	16,834	16,884
Rukungiri	Kebisoni Town Council	2	7	957	5,172	2,810	2,852
Rukungiri	Nyakagyeme	8	82	7,833	40,255	21,950	21,881
Rukungiri	Nyakishenyi	9	115	9,195	46,900	25,578	25,465
Rukungiri	Nyarushanje	9	123	11,398	54,351	30,112	29,143

Rukungiri	Ruhinda	6	62	7,144	39,101	21,165	20,933
Rukungiri	Southern Division	4	26	3,344	14,378	8,107	7,981
Rukungiri	Western Division	4	26	3,864	20,702	11,136	11,148
Rukungiri Sub-Total		14	83	85,870	431,885	235,775	233,311
Grand Total		304	1,408	11,983	1,677,048	8,565,031	4,693,589

10.2 105% VERIFICATION DATA

DISTRICT	Sub County			Parish			Village			Population			Variance		
	Reg-Data	105% Ver	% ACH	Reg-Data	105% Ver	% ACH	Reg-Data	105% Ver	% ACH	Reg-Data	VHT Popn	PC Popn	Variance	% Var	% Ver
Budibugyo	20	20	100%	98	97	99%	684	606	88.6%	414,200	44,544	45,721	1,177	2.57%	11.04%
Buhejwu	8	8	100%	37	33	89%	227	120	52.9%	154,585	5,609	5,603	(6)	-0.11%	3.62%
Bushenyi	13	13	100%	67	65	97%	563	371	65.9%	314,586	19,086	19,182	96	0.50%	6.10%
Hoima	16	16	100%	71	61	86%	649	333	51.3%	872,377	33,347	33,532	185	0.55%	3.84%
Ibanda	14	14	100%	57	53	93%	591	381	64.5%	323,149	28,286	28,334	48	0.17%	8.77%
Isingiro	20	19	95%	95	88	93%	773	514	66.5%	580,398	49,861	50,207	346	0.69%	8.65%
Kabale	18	17	94%	95	79	83%	978	457	46.7%	433,257	17,929	18,049	120	0.66%	4.17%
Kabarole	29	29	100%	103	96	93%	738	548	74.3%	640,397	31,329	31,611	282	0.89%	4.94%
Kagadi	18	18	100%	83	78	94%	666	381	57.2%	506,033	15,053	15,345	292	1.90%	3.03%
Kakumiro	13	13	100%	55	53	96%	403	310	76.9%	431,950	28,125	28,515	390	1.37%	6.60%
Kamwenge	16	16	100%	75	68	91%	610	398	65.2%	464,892	31,764	31,897	133	0.42%	6.86%
Kanungu	17	15	88%	73	44	60%	508	184	36.2%	315,993	6,641	6,714	73	1.09%	2.12%
Kasese	30	28	93%	160	139	87%	763	528	69.2%	993,093	19,044	19,138	94	0.49%	1.93%
Kibaale	10	10	100%	42	41	98%	260	156	60.0%	209,650	8,474	8,541	67	0.78%	4.07%
Kiruhura	18	18	100%	91	76	84%	576	268	46.5%	451,496	10,820	10,831	11	0.10%	2.40%
Kisoro	16	16	100%	41	41	100%	390	281	72.1%	341,720	11,691	11,685	(6)	-0.05%	3.42%
Kyegegwa	9	9	100%	42	40	95%	455	387	85.1%	367,993	22,917	23,050	133	0.58%	6.26%
Kyenjojo	19	18	95%	111	84	76%	700	344	49.1%	553,903	16,434	16,654	220	1.32%	3.01%
Mbarara	17	17	100%	83	72	87%	762	348	45.7%	634,597	35,629	35,883	254	0.71%	5.65%
Mitooma	12	12	100%	62	60	97%	554	376	67.9%	263,667	16,239	16,542	303	1.83%	6.27%
Ntungamo	23	23	100%	109	103	94%	960	814	84.8%	630,081	31,905	32,066	161	0.50%	5.09%
Rubanda	8	8	100%	46	46	100%	458	252	55.0%	235,998	11,891	12,170	279	2.29%	5.16%
Rubirizi	11	11	100%	53	52	98%	292	215	73.6%	174,950	8,623	8,661	38	0.44%	4.95%
Rukungiri	14	13	93%	83	67	81%	841	417	49.6%	431,510	25,626	25,569	(57)	-0.22%	5.93%
Sheema	13	13	100%	65	64	98%	609	352	57.8%	293,589	22,842	22,776	(66)	-0.29%	7.76%
Total	402	394	98%	1,897	1,700	90%	15,010	9,341	62.2%	11,034,064	553,709	558,276	4,567	0.8%	5.1%

10.3 TRAINING OF DISTRICT PERSONEL

District	Training of district task force			Training of District ToTs in Operations, Logistics & BCC			Training sub county task force			Training of parish chiefs on 105%			Training of council I local			Training VHTs on household mapping and registration		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Buhejwu	14	3	17	38	11	49	95	23	118	30	7	37	215	12	227	240	214	454
Bundibugyo	13	3	16	59	22	81	246	53	299	72	26	98	671	15	686	1004	368	1372
Bushenyi	15	2	17	31	25	56	138	57	195	50	17	67	520	44	564	266	862	1,128
Hoima	14	3	17	30	38	68	168	72	240	66	5	71	566	85	651	197	1,115	1,312
Ibanda	9	4	13	26	36	62	46	16	62	41	-	41	414	177	591	1,081	721	1,802
Isingiro	13	4	17	52	32	84	212	88	300	47	53	100	629	144	773	997	549	1,546
Kabale	12	9	21	40	32	72	168	102	270	90	5	95	799	188	987	671	1,303	1,974
Kabarole	7	2	9	49	63	112	288	145	433	60	43	103	655	66	721	674	804	1,478
Kagadi	4	-	4	41	35	76	172	98	270	67	9	76	498	169	667	566	788	1,354
Kakumiro	12	5	17	61	14	75	61	14	75	44	11	55	303	103	406	325	487	812
Kamwenge	15	2	17	59	9	68	55	9	64	71	4	75	611	2	613	408	818	1,226
Kanungu	4	-	4	41	27	68	178	77	255	68	4	72	422	76	498	888	148	1,036
Kasese	15	2	17	81	43	124	322	120	442	112	48	160	702	113	815	975	647	1,622
Kibaale	6	3	9	29	11	40	96	54	150	13	25	38	233	24	257	314	209	523
Kiruhura	13	4	17	36	36	72	180	90	270	64	27	91	478	90	568	182	982	1,164
Kisoro	15	2	17	47	21	68	59	21	80	39	2	41	356	44	400	496	304	800
Kyegegwa	13	4	17	27	13	40	108	27	135	33	9	42	431	22	453	512	408	920
Kyenjojo	10	4	14	25	11	36	94	23	117	67	16	83	157	8	165	164	176	340
Mbarara	10	7	17	33	39	72	30	38	68	81	5	86	700	64	764	328	1,200	1,528
Mitooma	16	1	17	30	22	52	103	69	172	58	4	62	519	82	601	869	339	1,208
Ntungamo	12	4	16	76	20	96	269	72	341	59	4	63	900	60	960	717	1,203	1,920
Rubanda	11	4	15	23	13	36	85	35	120	30	16	46	448	10	458	680	236	916
Rubirizi	13	4	17	34	10	44	121	29	150	51	2	53	291	3	294	280	308	588
Rukungiri	12	2	14	34	22	56	153	57	210	76	7	83	734	101	835	404	1,278	1,682
Sheema	14	3	17	33	23	56	139	56	195	46	19	65	548	50	598	274	944	1,218
Total	292	81	373	1,035	628	1,663	3,586	1,445	5,031	1,435	368	1,803	12,800	1,752	14,552	13,512	16,411	29,923