REPUBLIC OF ZAMBIA

MINISTRY OF HEALTH

PROVINCIAL HEALTH OFFICE, EASTERN PROVINCE
Office of the Provincial Health Director,
P.O. Box 510023, Chipata, Zambia.
Tele: 260-216-221513 Fax: 260-216-221219

REPORT ON LONG LASTING INSECTICIDE NETS MASS DISTRIBUTION CAMPAIGN 2017

(This report discusses the LLINs 2017 Mass Distribution Campaign in districts of Eastern Province).

January, 2018

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1.0 INTRODUCTION

Despite significant progress made over the past decade, malaria continues to be a major burden in Zambia.
Malaria remains a major cause of morbidity and mortality especially among children of under-five age and pregnant women in Zambia. The available data on outpatient visits, inpatients, and deaths due to Malaria confirms that malaria makes substantial demands on Zambia's health system. One of the key vector control interventions being used in Zambia to foster malaria elimination is the deployment of Long Lasting Insecticidal Treated Nets (LLINs).

The entire population Zambians is at risk of Malaria, including the most vulnerable groups, such as pregnant women and children. The country through the National Malaria Elimination Plan (NMSP) 2017 – 2021 aims to reduce not only transmission, but also eliminate Malaria through multiple strategies, including the distribution of Long-lasting Insecticide Treated Mosquito Nets (LLINs), increased Indoor Residual Spaying (IRS), improved case management using Rapid Diagnostic Tests (RDTs), and treatment with Artemisinin-Based Combination Therapy (ACT). Due to these successful interventions and strong political support, Eastern province will continue to scale up malaria interventions in pursuit of a malaria-free province.

The vision guiding this strategy is of eliminating malaria infection and disease in Zambia. In order to achieve this goal, Eastern Province like any other provinces in Zambia through the support from Malaria Foundation procured LLINs for mass distribution campaign.

When used widely in a community, LLINs can significantly reduce malaria morbidity and mortality especially in young children and

pregnant women. LLINs also reduce rates of preterm delivery and improve birth outcomes.

Zambia has made steady progress in improving LLIN coverage, the 2015 Malaria Indicator Survey results show that overall ownership of LLINs has increased since the 2012 MIS. In 2015, 77% of households reported to have a net and 46.9% of households own more than one net. Overall, in households with a net, 63.9% had enough LLINs to cover every sleeping space. Almost every province increased their LLIN-to-sleeping-space ratio between 2012 and 2015. This progress is attributed to consistent implementation of LLIN distributions.

Long Lasting Insecticide Treated Nets (LLINs) still remain one of the primary malaria prevention strategies in Zambia. The Distribution Campaign was supported by CHAZ in all the districts.

LLINs mass distribution was coordinated through the National Malaria Elimination Centre (NMEC) and operationally administered through the Province, District, Health Centre and Community levels. At the province, district and health centre levels, ensuring that LLINs data was correct, consistent and complete as well as understanding the scope of areas targeted for spraying is critical for all subsequent spray activities.

Eastern Provincial Health Office conducted LLINs Mass distribution campaign from to between 4th December, 2017 and 9th January, 2018. The Churches Health Association of Zambia (CHAZ) is a partner to the Ministry of Health (MoH) in the delivery of health services. Currently CHAZ is a co-implementer of the Global Fund Grant for malaria elimination in Zambia with specific oversight and activity implementation in three (3) Provinces, namely; Eastern, Southern and North-Western Provinces.

It is against this background that during the current GF grants (2015-2017) through Malaria Foundation, CHAZ was given responsibility to coordinate the distribution of LLINs in the three named provinces.

Eastern Province received 1,061, 373 LLINs to distribute to all the 9 districts with support from the Global Fund (GF). The 2017 total population that was targeted to receive nets after household registration was 2,328, 036.

2.0 MAIN OBJECTIVE AND MASS CAMPAIGN STRATEGY

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

- To register **100%** of households in each district of Eastern province
- To distribute LLINs to **100%** of all registered households in the province.
- To sensitize **100%** of beneficiaries on how to hang and use the LLINs throughout the year.

3.0 STAGES OF THE CAMPAIGN

The campaign was conducted in three (3) stages, namely:

3.1 Planning and Preparations
3.2 Household Registration
3.3 Distribution

Figure 1: Summary of Campaign Process

3.1 PLANNING AND PREPARATORY STAGE

The whole process of the LLINs mass distribution started with planning and preparations. Eastern province last distributed Mass LLINs in 2014. Therefore, the following activities were undertaken during planning and preparations:

- Training of Health Workers as supervisors and trainers held at Crystal Springs in Chipata district.
- Cascade trainings of Health Workers to train CBVs conducted in districts.
- Training of Household Registration Teams (CBV & Village Leaders) conducted at health facility level
- Social Mobilization for Registration within communities

3.2 HOUSEHOLD REGISTRATION, DATA ENTRY AND DATA VALIDATION

Data Collection

Data collection was done by trained Community Based Volunteers who captured household information on form A -standard register designed by the National Malaria Elimination Centre (NMEC).
After data collection from households, registers were submitted to the Health Facilities where data was aggregated on form B. All form Bs from various Health Facilities were aggregated at the district into form C which was later submitted to Provincial Health Office. The Province was supposed to have aggregated the data using form D, but was advised by NMEC to aggregate using form C because it captured a lot of details. Some of the details captured were:

(a) Catchment population

(b) Number of Zones

(c) Number of household members disaggregated by sex

(d) Number of sleeping spaces in the household; and

(e) Nets Required

The process of data entry was completed and this was followed by the 5% data verification of the households that were registered. This was important in order to ascertain the level of accuracy concerning the registration of households.

In this process, districts randomly sampled households in selected facilities to meet up the required re-registration numbers. However, where numbers were met from one facility the district went ahead and conducted the re-registration from that one particular facility. The data from the re-registration exercise was entered again in the excel or online platform and submitted to NMEC.

3.2.1 MOBILIZATION AND SENSITIZATION

Prior to the distribution, social mobilization meetings with health workers and volunteers were conducted at all levels involving various stakeholders in various communities. The purposes of the meetings

were to not only sensitise, but also plan for the distribution process and raise awareness to the community members on the upcoming campaign.

It was during these meetings that the distribution process was explained to the beneficiaries and other key stakeholders such as Civic leaders, traditional leaders and the general population. We also conducted drama performances, radio and television programmes in some districts to sensitise the people. These sensitisations meetings and health talks focused also on the importance of sleeping under a net throughout the year in order to promote positive health behaviour if we are to eliminate Malaria.

3.3 DISTRIBUTION METHODS

The distribution of nets was implemented using two methods that is:- from the **supplier** -transported by an International transporter to the **province** and from the **province** -transported by the local transporter engaged by **World Food Programme (WFP)** direct to health facilities in respective districts.

At provincial level, two warehouses were used for storage, one at **Chizongwe Secondary School** and the other at **Modern Bazaar** in Chipata City. These were offered at no cost because of good partnership.

At the final stage of delivery to the beneficiaries, nets were moved from the health facilities to selected distribution points in the communities. Community Health Volunteers, who had collected the data, spearheaded the distribution to community members at designated distribution points in various communities.

During this phase, officers from CHAZ, District Health Office (DHO) and Provincial Health Office (PHO) facilitated the movement of nets from Provincial Warehouses and health facilities to the distribution

points. This process involved community members coming through at designated points in the respective zones to pick their nets.

4.0 SUCCESSES

- All the 1,061,373 LLINs received were distributed to districts from Provincial Hub from 4th December, 2017 to 9th January, 2018.
- Processes of household registration, 5% re-registration, data entry and submission to the NMEC were done.
- Monitoring and Supervision was done during household registration, verification and actual distribution by the Provincial Health Team.
- LLINs were delivered up to the health facility by World Food Programme, relieving the district of storage pressures.
- All the LLINs were distributed to all zones in the catchment area, and to communities either by the community or with the help of the DHO vehicles.
- In some areas, communities had mobilized their own transport to transfer LLINs from the health facility to the distribution points
- All the targeted volunteers were oriented in LLIN distribution processes.
- There was good collaboration and partnership with stakeholders and district staff.
- No fatal accidents were experienced during the exercise.
- Well coordinated support from World Food Program.
- CHAZ successfully supported the province technically and financially.
- Team work was exhibited by all staff involved (MoH, Transporter, Storage owners)
- Proper and effective communication was put in place.

- PHO Daily meetings to review processes of distribution helped to sort out problems in good times.

5.0 CHALLENGES

5.1 MoH asking for lists of villages in provinces before household registration.

5.2 Household data entry:

5.2.1 Mode not clearly explained in good time led to delays.

5.2.2 Web based systems had challenges of being slow and some passwords were not working. Few selected passwords worked, however more data bundles which was not budgeted for at district was needed.

5.2.3 Due to pressure and limited time, districts used a number of people to enter data. These people went for camping which was not budgeted for straining district financial resources.

5.2.4 Excel sheet for data entry was provided late.

5.3 Instructed to distribute LLINs to communities after all processes of data entry, verification and validation were done meanwhile the rainy season had started and people needed LLINs. There was massive pressure from community members as they needed these commodities.

5.4 Transport challenges to distribute LLINs to far distribution point from Health Facilities to communities.

5.5 Limited storage facilities for LLINs at Provincial level

5.6 Some families and individuals were not present during the registration process and their names and data could not be captured at the time of registration. These were missed out completely although they showed up during the distribution day.

5.7 In certain circumstances, some people who had registered had relocated hence their nets were transferred to people who did not register but showed up during distribution

5.8 Poor road networks were a hindrance to timely net distribution. Distributing to valley areas posed a big challenge as some facilities could not be reached by transporter due to bad roads in the rainy season (Mambwe district in Malama and Nyamaluma, Petauke in Ukwimi and Sandwe area, Lundazi in Mwanya, Chasela, Kazembe and Chitumgulu as well as some parts of Chipata and Nyimba districts.

5.9 Transport for facility supervisors for monitoring and supervision of the registration and distribution excise at facility level was a challenge.

5.10 Late commencement of LLINs distribution from facility to community members since registration and validation process took long to complete.

5.11 There was a shortfall of 232,144 LLINs to reach all households as per household registration.

5.12 Under Chipata district, 164 LLINs discrepancy of nets was observed.

5.13 Some districts were reluctant to release funds to support the data entry and verification process.

6.0 LESSONS LEARNT

6.1 Formal effective communication should be adhered to at all levels to ensure that all stakeholders involved are at the same level.

6.2 Distributing LLINs during rainy season was a big challenge as some areas became impassable.

6.3 Community partnership and proper coordination at all levels plays a big role in the success of the programme.

6.4 All processes leading to mass LLINs distribution (trainings, house hold data collection, data entry, data verification, data validation) should be done well in advance.

6.5 Creation of ITN "Whatsapp" group helped to disseminate information at shortest possible time.

6.6 The Involvement of CHWs and local leaders led to wide program implementation acceptance and helped to minimize problems at distribution sites.

6.7 The use of registers and signing was a better approach for accountability and transparency.

6.8 The checking of data prior to the distribution of nets assisted to minimize errors and helped make corrections where necessary.

6.9 Involvement of a lot of staff used to enter data helped greatly to speed up the work.

6.10 Provincial and district leadership and support helped to speed up all processes of household registration, 5% household re registration, data entry, documentation mobilisations, sensitisations and actual distribution.

6.11 Provincial Health Office Daily meetings to review processes of distribution helped to sort out problems in good times.

7.0 RECOMMENDATIONS

7.1 MoH through NMEC to provide the province with the balance of 232, 144 LLINs.

7.2 MoH to initiate the process and direct provinces to start the following activities to enhance early distribution to communities (preferably, July to September)

a. training
b. Household registration
c. Household data entry
d. Data Verification and validation.
e. Distribution to beneficiaries by October

7.3 MoH to support financially and provide clear information on household data entry and verification.

7.4 World Food Program or any organisations engaged, to handle transportation, storage and distribution of LLINs to health facilities as well as carter for transportation to community final distribution points.

7.5 Enough time for sensitisation and registration should be given to allow families and individuals to be present during the registration process.

7.6 Health facilities especially those that admit should be given a separate allocation of LLINs as patients cannot bring nets from homes.

7.7 Districts to put up measures in place to trace people who had registered, but relocated to some place.

7.8 Due to poor road networks especially as a result of rainy season, LLINs should be distributed early enough –preferably by October.

7.9 Districts to plan and support facility staff for monitoring and supervisors of sensitisations, registration and distribution excise at facility level.

7.10 LLINs to be provided as per verified and validated household registration needs.

8.0 CONCLUSION

The 2017 Mass ITN Distribution Campaign was successfully conducted in all 9 districts of Eastern Province.

As a Province, we managed to do all processes involved in LLINs mass distribution campaign due to strong leadership and coordination exhibited at all levels.

We commend all partners:- Malaria Foundation, CHAZ, WFP, Modern Bazaar, Chizongwe Secondary School Management, Community members, individuals and all other partners for helping us succeed in this campaign. Special thanks go to Ministry of Health and National Malaria Elimininination Centre for their continuous technical and financial support towards the Malaria Elimination Agenda.

Compiled by: Stephen L. Banda
Provincial Environmental Health Officer

Verified by: Mr. Bernard Khoza
Chief Environmental Health Officer

Authenticated by: Dr. Kennedy Kabuswe
Provincial Health Director

APPENDIX 1: FINAL LLINS 2017 MASS CAMPAIGN SUMMARY DATA

Click twice on the excel sheet below to view LLINs summary data.

Summary LLINS Campaign 2017

APPENDIX 2: SOME PICTURES DURING DISTRIBUTION OF LLINS

Figure 2: Community members transporting Nets to Communities. Figure 3: Partner transporting nets to distribution point

Figure 2 and 3 shows Community members and a lone partner using personal vehicles to transport LLINs to community distribution points

Figure 4: Health Education session

Figure 5: LLIN hanging demonstration

Figure 4 and 5 shows Health Education and LLIN Hanging demonstration at the community distribution point before distribution ins process

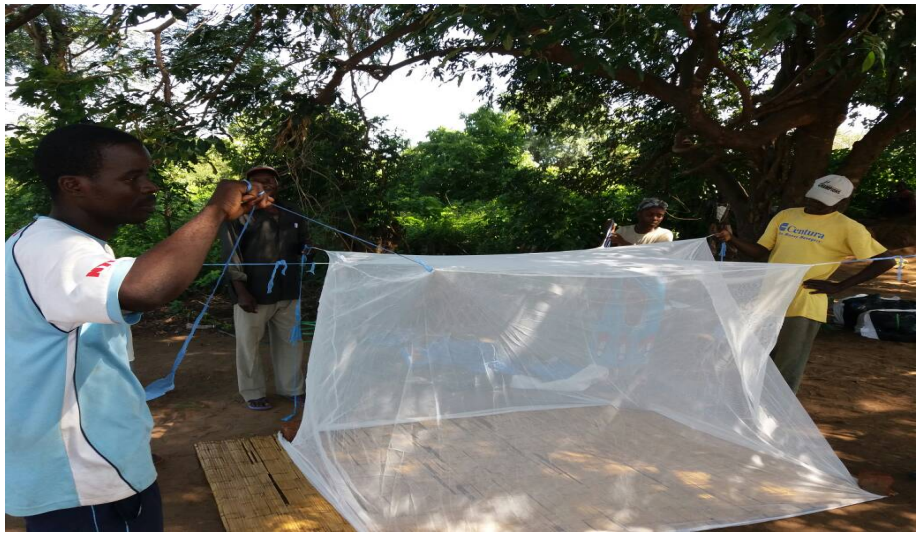

Figure 6: Hanging demonstration

Figure 7: Beneficiaries Collecting Nets at a Distribution Point

Figure 6 and 7 shows LLIN Hanging demonstration and actual distribution at community distribution point in process

Figure 8: Loading LLINS into the Warehouse

Figure 9: Loading LLINS into the Warehouse

Figure 9 and 9 shows workers Loading LLINS into the Warehouse

Figure 10: Shows workers loading
Ns into the truck

APPENDIX 3: NAMES OF PROVINCIAL STAFF INVOLVED

S/n	Name	Position	Organisation	Phone Number
1	Dr. Abel N. Kabalo	Provincial Health Director	EPHO	09793700118
2	Dr. Jairos Mulambya	Public Health Specialist	EPHO	0977159169
3	Mr. Bernard Khoza	Chief Environmental Health Officer	EPHO	0971121611
4	Mr. Stephen L. Banda	Provincial Environmental Health Officer	EPHO	0977603739
5	Mr. Jordan Banda	Surveillance Officer	EPHO	0977271790
6	Mr. Polite Zulu	Health Education Officer	EPHO	0977667068
7	Mr. Peter Muleya	Principal Planner	EPHO	0977882014
8	Mr. Nicholus Muyaba	Senior Environmental Health Technologist	EPHO	0977448999
9	Crispin Banda	Driver	EPHO	0977358427
10	Thomas Banda	Driver	EPHO	0965151113