



GOVERNMENT OF UGANDA
Ministry of Health

WAVE TWO REPORT ON MASS DISTRIBUTION OF LONG LASTING
INSECTICIDE TREATED NETS



"Aryemo Malaria, Sleep Under a Mosquito Net"

2017

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ACRONYMS

AMF	Against Malaria Foundation
CAO	Chief Administrative Officer
CDO	Community Development Officer
CoU	Church of Uganda
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
GISO	Gombolola Internal Security Officer
GoU	Government of Uganda
HA	Health Assistant
HHR	Household registration
HUI	Health Unit In-charge
IPC	Interpersonal communication
LC V	Local council chairperson V
LC	Local council
LLIN	Long-lasting Insecticide treated nets
MC	Malaria Consortium
MFP	Malaria focal person
MHSDMU	Medicines and Health Services Delivery Monitoring Unit
MoH	Ministry of Health
NMCP	National Malaria Control Program
OC	Officer In-charge
PACE	Program for Accessible health Communication and Education
PMI	President's Malaria Initiative
RDC	Resident District Commissioner
SBCC	Social Behavior Change Communication
SCC	Sub county chief
SCTF	Sub county task force
SCTT	Sub county technical team
TC	Town Council
UCC	Universal Coverage Campaign
UMRSP	Uganda Malaria Reduction Strategic Plan
UNICEF	United National Children's Fund
VHT	Village Health Team

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. This report details activities that were conducted to facilitate distribution of LLINs to the 23 districts of Wave two.

Introductory meetings were held with the political and technical leadership teams of the 22 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.

1,105 district trainers including district supervisors, district coordinators and sub county supervisors were in trained operations, logistics and SBCC modules to cascade the trainings to 22 district and 262 sub-county-level task forces as appropriate. 22,275 VHTs under the supervision of 1,463 Parish Chiefs conducted household registration for 6,635,377 persons. 3,599,014 LLINs were distributed to 6,621,339 persons in 1,176,183 households in 10,804 villages in the 22 districts achieving an overall coverage of 99.2%. This exceeds the targeted LLINs coverage by 14.20%.

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 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

According to the World Malaria Report (2015), Uganda has the third highest number of annual deaths from malaria in Africa, as well as some of the highest reported malaria transmission rates in the world, with approximately 16 million cases reported in 2013 and over 10,500 deaths annually. In addition, malaria has an indirect impact on the economy and development in general. The socioeconomic impact of malaria includes out-of-pocket expenditure for consultation fees, drugs, transport and subsistence at health facilities. These costs are estimated to be between USD 0.41 and USD 3.88 per person per month.

Household expenditure for malaria treatment is also a high burden to the Ugandan population, consuming a larger proportion of the incomes in the poorest households. Further, malaria has a significant negative impact on the economy of Uganda due to loss of workdays because of sickness, decreased productivity, and decreased school attendance. A single episode of malaria costs a family on average 9 US dollars, or 3% of their annual income. Workers suffering from malaria may be unable to work for an estimated 5-20 days per episode. Given that many people are infected multiple times a year, this has substantial financial consequences to families, as well as the economy of the country. Moreover, a poor family in a malaria endemic area may spend up to 25% of household income on malaria prevention and treatment.

Industries and agriculture also suffer due to loss of person-hours and decreased worker productivity. Investors are generally wary of investing in countries where malaria rates are high, leading to a loss in investment opportunities. Further, severe malaria impairs children's learning and cognitive ability by as much as 60%, consequently affecting the performance of Uganda's students enrolled in universal primary and secondary education programs.

In response to this heavy burden of disease due to malaria, the Government of Uganda's (GoU) National Malaria Control Program (NMCP) has adopted a multi-faceted approach to malaria control and prevention that is embodied in the Uganda Malaria Reduction Strategic Plan (UMRSP). The purpose of the UMRSP 2014 – 2020 is to provide a common framework for all stakeholders to accelerate nationwide scale up of evidence-led malaria reduction interventions by the government, its development partners, the private sector and all stakeholders. It stipulates the priority interventions, the strategic orientations and the investments required for achieving the goals and targets.

1.4 KEY LESSONS LEARNED FROM THE PREVIOUS WAVE

Operations and Coordination

- Parallel MoH activities that engage district teams have a direct bearing on successful implementation of LLINs activities. Most of the DTFs were pre-occupied with the Meningitis campaign hence affecting mobilization and supervision of LLINs UCC activities.
- Utilization of incorrect baseline data resulted into allocation of inadequate LLINs
- Time allocated for pre-distribution and distribution activities was inadequate resulting into implementation of activities in a haste.
- Streamlining communication where the information from the command centre is shared with both the district coordinators and district supervisors enhances communication
- Orientation of field teams on the budget lines before departure to the field is key to successful campaign implementation.

- Strengthening supervision including utilization of cluster supervisors enhances LLINs activity monitoring for improved implementation

Logistics

- LLINs packaging errors where some bales had less and/or more LLINs resulted into inadequate number of LLINs for distribution
- Inadequate transport for field teams and LLINs from the sub county to the distribution points delayed the distribution exercise.

Social Behavior Change

- Engaging VIPs like the Prime Minister in campaign promotions enhances visibility
- The community mobilization team should be oriented by the district operations team to harmonize the BCC messages to be passed to the community.

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.

During wave two, the NCC conducted 5 meetings 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
Feb13, 2017	<ul style="list-style-type: none"> ▪ LLINs UCC 2016/17 was flagged off by the Minister of Health on Jan16, 2017 ▪ Launch of the UCC scheduled for Feb17, 2017 and to be graced by the Prime Minister ▪ Wave 2 pre-distribution activities ended on Jan30, 2017 and Feb 18, 2017 respectively. Distribution for wave2 planned for March16, 2017

	<ul style="list-style-type: none"> ▪ 19,774,600 LLINs were already in-country with approximately 4,222,00 to be distributed in wave1 districts. ▪ 86% of the LLINs were tested of which 41% were certified by NDA ▪ Director General Health Services to write to the Ministry of Local Government requesting for nomination of representative from the local government to be a member of the NCC. ▪ It was noted that as much as possible, NMCP/MC deploys district teams who understand the local language and culture to minimize potential backlash from districts that wish to recruit from their own communities ▪ UNICEF contracted PACE to conduct interpersonal communication (IPC) campaign to promote LLINs use in 27 districts ▪ AMF to carry out post-distribution check-ups. ▪ Operationalizing BCC technical working groups on a monthly basis to continuously deliberate on campaign BCC strategy was recommended.
Dec22, 2016	<ul style="list-style-type: none"> ▪ The national launch was scheduled for Feb15, 2017 in Apac district ▪ Malaria Consortium received \$18.4 million from The Global Fund and is on account in Uganda. The other amount was with Ministry of Finance to cover earlier activities ▪ 9.7 million LLINs were already in the country with an additional 10 million LLINs expected by end of Dec. ▪ Delivery of the last batch of LLINs was expected on May15, 2017, with completion of implementation of campaign activities expected in September. ▪ NMCP and PBO study team to meet on Jan5, 2017 to further discuss study modalities. ▪ MC tasked to conduct a search for appropriate place where LLINs data entry will be conducted.
Nov22, 2016	<ul style="list-style-type: none"> ▪ MoU with the lead agency signed on Nov21, 2016. After extensive consultations with key stakeholders, date for national launch was shifted to Dec15, 2016 ▪ 700,000 of the planned 1,000,000 PMI nets were at JMS. PMI was asked to provide an update on the mobilization of additional LLINs. ▪ Micro-planning for wave1 scheduled to be completed by Nov25, 2016 ▪ NMCP to provide status report on the readiness of the Data Centre to support data management for the LLINs campaign ▪ A total of 7.6m LLINs were confirmed to already be in the country principally from sources of Global Fund/TASO, PMI, AMF/DFID, and Global Fund/MoFPED. ▪ The next NCC was scheduled for Nov29, 2017 to discuss among other the PBO study.
Nov08, 2016	<ul style="list-style-type: none"> ▪ ToT for campaign personnel was scheduled to take place during Nov9-11, 2016. Recruitment of sub county coordinators was scheduled for Nov16, 2016 at Namboole sports complex. ▪ NMCP to provide detailed plan on ensuring environmental compliance during implementation of LLINs UCC and IRS ▪ BCC team delegated to provide detailed plan and status of events and/or key milestones towards preparation for the LLINs UCC national launch ▪ The logistics sub-committee was tasked to liaise with PMI to plan immediate visit to JMS to inspect the nets and confirm the total quantity. In addition, the logistics sub-committee was to provide an updated shipping/delivery schedule of LLINs by type and source to NDA ▪ The PMI team to provide update on the status of mobilization of funds for in-country processes. ▪ The NMCP secretariat was tasked to resume sharing of weekly updates reports to update stakeholders on progress of activities.

Oct20, 2016	<ul style="list-style-type: none"> ▪ NMCP to fast-track signing of MoUs of UCC 2016/17 with the MoH ▪ Bringing on board representation from the Uganda Police and UPDF as part of the NCC was observed as a key recommendation for successful implementation of the LLINs UCC. ▪ The process of development of the LLINs database was observed to be slow and NMCP was asked to expedite the process. ▪ ToR for the process and impact evaluation developed and accordingly shared with the NCC ▪ The “mass campaign oversight and assurance committee” to be renamed “mass campaign strategy committee”. The committee’s role was to strengthen donor coherence and alignment to the mass campaign. ▪ Mass M&E plan for the campaign was presented to the NCC for review and input. ▪ DFID committed \$50,000 towards implementation of the process and impact evaluation of the mass LLINs campaign ▪ It was recommended that the waving plan take care of proximity and possible synergy efforts as well not mix up different donors/implementers. ▪ The NCC adopted all the final drafts of the mass campaign documents and signed them off as UCC implementation guides.
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Table 1: Key highlights from the NCC

2.2 STRATEGIC COMMITTEE MEETINGS

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. 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.

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). Summarized here below are key highlights and action points from targeted meetings conducted by the respective sub-committees.

Type of meeting: M&E/Operations Sub committee

Date	Key highlights
Jan04, 2017	<ul style="list-style-type: none"> ▪ NMCP committed to writing a re-allocation note detailing adjustments of funds from areas of savings to those under-funded especially BCC ▪ MC legal advisor was to be contacted to review new VAT act section 24 subsection 26 and advise accordingly. Sequentially, MoH committed to calling a meeting with MoFPED and URA for dialogue. ▪ Damien, Anthony and Allen were seconded to coordinate micro-planning for improved effectiveness. ▪ Training of District Coordinators and sub county supervisors was scheduled for Jan6-7, 2017 ▪ Travel data for field teams was scheduled for Jan9, 2017 with loading of LLINs to start on Jan8, 2017 ▪ Conducting dry runs for the database to test it performance was recommended. ▪ Training of supervisors on data entry was scheduled for the second week of Jan 2017. Data entry space was planned to be rented for 8 months.

	<ul style="list-style-type: none"> ▪ Finalization of bid evaluations and signing of contracts was planned for Jan6, 2017
Jan29, 2016	<ul style="list-style-type: none"> ▪ It was resolved that by Dec1, 2016, a joint planning meeting for the different sub-committees to get a general idea on expected outputs to inform development of a workplan is accomplished. ▪ LLINs UCC 2016/17 implementation teams at NMCP, MC and PACE were constituted. ▪ Circulation of the LLINs operations handbook to stakeholders for review was scheduled to be completed by Nov30, 2016. Final copy of the handbook was to be ready by Dec02, 2016. ▪ Heads of Units were to consolidate their different specifications and have the samples signed off so that NMCP submits to MC electronically by Dec02, 2016. ▪ NMCP resolved to engage high-level decision makers on how to launch the LLINs campaign. ▪ LMIS database was ready to be rolled out including training system users

Table 2: Key highlights from the Operations Sub Committee

Type of meeting: Logistics Sub committee

Date	Key highlights
Dec15, 2016	<ul style="list-style-type: none"> ▪ LLINs UCC activities were scheduled to start Jan08, 2017 ▪ With all the UCC funds available, revised waving plans were due to be presented during the next NCC for review and endorsement ▪ NMCP committed to confirming whether the 6 months of warehousing by Global Fund are bulk storage time or 6 months per net ▪ 30.7% of the required LLINs were already available with more deliveries expected by the end of the year ▪ By Jan 2017, all districts were projected to have received funds for micro-planning activities. ▪ LLINs UCC launch was scheduled for Feb14, 2017 ▪ 33 containers for AMF/DFID nets had been cleared at the border and were in transit to the DAMCO warehouse. Global Fund nets were equally in transit. ▪ Quality control tests for 9 batches of AMF/DFID for Parma Net 2.0 and Olyset were successfully conducted. Quality tests for 2 batches for TASO/GF nets were also confirmed to have been successful. ▪ The last batch of 30 containers (886,880 Olyset Plus nets) was expected to be in transit from Mombasa by the third week of Dec

Table 3: Key highlights from the Logistics Sub committee

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 2 district teams to constitute 22 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.

Key highlights from the micro-planning activities included but not limited to the following:

- Important that information of subsequent UCC activities is shared with districts in timely manner

- Hard body four-wheel drive vehicles were recommended to facilitate the LLINs distribution activity
- Active involvement of LC III & I in community mobilization will enhance community participation and support towards campaign activities.
- Leaders committed to being accountable by supporting the production of reliable registration data to inform correct LLINs allocations.
- Advocacy meeting should be organized with the district leadership, religious leaders, cultural leaders and civic leaders to help in mobilization of the communities.
- Feedback meetings to share with districts findings from the UCC enhance ownership of activities and should be implemented
- Sensitization of people on LLINs use is very important

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, objective 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 (DTF) 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 DTFs were constituted and operationalized following a training conducted by MoH. The DTF 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 2 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. The content of the training included; introduction of the role of LLINs in malaria prevention and elimination; provided an overview of NMCP policy and strategy around LLINs, explained the partnerships involved in the campaign e.g. GFATM grant for LLINs, and the AMF and PMI LLIN donations, gave an overview of the LLIN campaign and the implementation process and net

allocation, discussed expected challenges and FAQs, finalized the 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 349 district leaders attended the sensitization sessions.



In Bududa District, RDC giving opening remarks (left) and LCV giving closing remarks (right)

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

Highlight/Issues	Resolution
The specific and detailed roles of the DTF in regards to supervision and oversight was not clear to them.	During District entry meetings and sensitization of DFT, the specific roles of the DFT members was made clear to the member by the MoH District Supervisors.
Rescheduling dates for the distribution of LLINs due to the revised waving plan. This caused confusion and raised concern of DFTs regarding the seriousness of MoH in implementing the campaign.	The reasons behind the rescheduling was explained by MoH to the DFTs with apologies for the inconveniences caused and the revised waving plans along with the distribution dates were shared with the DFTs.
The issue of how old nets will be retrieved before distribution was raised by DFTs.	<ul style="list-style-type: none"> • The DFTs were assured that MoH would come up with a policy on repurposing the old nets. • They were informed to advice communities to put down and store away old nets since they are no longer effective in preventing malaria.
In Kumi district the DTF noted that 105% registration was to be a big challenge because many parishes were being supervised by only one parish chief or none.	The CAO took up the responsibility and assigned temporary people who worked as parish chiefs in this campaign. Especially where only one parish

	chief was supervising many parishes or there was none.
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Table 4: Highlights and issues raised by DFTs

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

The 22 district teams of wave two travelled on 5th February 2017 to carry out pre-distribution activities. The team comprised a total of 22 district supervisors, 22 district coordinators and 262 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 the list of administrative units such as the sub-counties, parishes and villages, discussed and shared the LLIN campaign budget for the district.



Courtesy call by field teams to Kumi District RDC

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

Highlight/Issues	Resolution
The budget was not clear to the members of the task force making it difficult for the DFTs to provide oversight especially financial oversight.	For transparency, to build trust and accountability, print outs of the budget was shared with the heads of the task force and the head of the technical team (DHO).
There was an issue of why campaign recruitment of the national team didn't consider the recruitment of	The DFTs recommended to MoH that the selection criteria during the next campaign for

local district people especially at sub county level. This would affect the campaign because of language barriers.	national team should be improved to include regional presentations during deployment to create national unity and harmony.
The chronology of scheduled activities was not well aligned with the budget therefore the smoothness of activity implementation may at times be hampered with.	The districts were requested by MoH to be flexible and were assured that in the next campaign, they will actively participate in the budgeting process for their respective districts.
There was a concern of the transportation of nets to the distribution points of hard to reach villages and how this would affect or delay the distribution of nets.	The hard to reach villages were treated as special case, and had prepositioning of nets.
Language barrier was also an issue raised by the districts since the Sub Supervisors are not indigenous people.	VHTs that spoke English helped with translating were needed.

Table 5: Highlights from the District entry meetings

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 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 on 20th January 2017. A total of 1,105 district trainers attended the training in the 22 wave two 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. 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.

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.

Commented [DM1]: Conflicting government activities

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 2 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 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 SCTF members, LC III chairperson, Officer in-charge Police (OC) station, Gombolola Internal Security Officer (GISO), opinion leaders, and religious leaders, secretary for health.

The sensitizations were conducted on 22nd Jan 2017, by the SCTF 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 3,740 sub county leaders were sensitized in the 22 districts of wave two.

Below are the key highlights and or issues from the sub county task force meetings;

Bottlenecks/issues	Resolution
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Newly created sub counties don't have stores for the nets this leaves them with the option of hiring which was not budgeted for.	For this case nets were kept at homes and or premises of know individuals of the sub counties e.g. the VHTs to avoid delays during distribution day. The issue of store hire, shall was forwarded to MoH for further action.
Lack of training venues at the sub county level that can accommodate VHTs and LC1s in some sub counties.	Open grounds were utilized for example playing grounds
Lack of police stations in some sub counties proved to be a threat since nets were transported direct from the central warehouse to the sub counties.	For security, the office of the DPC was informed to deploy police officers in case the nets have come to those sub counties which have no police stations

Table 6: Highlights from the SCTF

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 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 community's 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.

Key content areas covered included; training for household registration, including advocacy, communication and social mobilization aspects, training for LLIN distribution. A total of 1,463 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, registration and distribution. 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.



Sensitization of LCIs from Amudat on the LLIN Campaign

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.

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 22,275 VHTs in 10,806 villages (at least 2 VHTs per village) 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.



Training of VHTs on mapping and registration in Bukedea District

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 behavior 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 conducted role plays on how they would conduct household registration. A practicum session was organized during which VHTs conducted registered at least 10 HHs and accordingly shared their experiences with team members. This increased their preparedness for the actual registration activity.

5.0 HOUSEHOLD REGISTRATION

Household registration during wave 2 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 MoH, cluster teams, Medicines and Health Services Delivery Monitoring Unit (MHSDMU), Church of Uganda, 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 on and this helped to avoid the need to go back to an area to do a second registration.



VHT Conducts HH registration(right) and supervision of HH registration by sub county supervisor in Soroti

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, the VHTs were required to explain the purpose of their visit and why they were collecting specific data about the household, the VHTs 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, the VHTs were to explain that households were to be notified at the time of the LLIN distribution to be able to go and collect their LLINs at the nearest distribution point, the VHTs were to use their job aids and ensure that the key messages about malaria, the LLIN campaign and the importance of hanging and using nets were disseminated, the VHTs were to ask if the respondent had any questions related to their visit, the campaign or malaria, the VHTs were to mark all the households registered for the LLIN distribution. The marking had to be consistent across all teams of VHTs and had to include the number of people registered in the household to facilitate monitoring.

The BCC team conducted community mobilization and activation sessions three days prior to the earmarked days for conducting HH registration to sensitize communities on the event. Places of worship churches and mosques and, markets were maximized to pass on the message. Additionally, one radio talk show was conducted a day before commencement of the registration to reinforce the earlier messaging.

5.2 105% REGISTRATION

After 100% household registration by the VHTs, parish chiefs randomly sampled 5% of the registered households within a parish catchment and re-registered them on the 105% form. This data is checked to identify inconsistencies in data including checking against registration of ghost households.

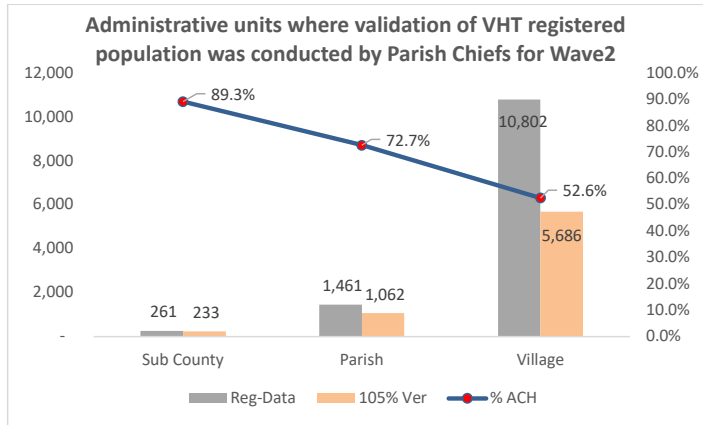


Figure 1: 105% registration graph

Figure 1 shows that for the 22 wave two districts, Parish Chiefs' validation was conducted in 89.3% of 261 sub counties, 72.7% of 1,461 parishes and 52.6% of 10,802 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.

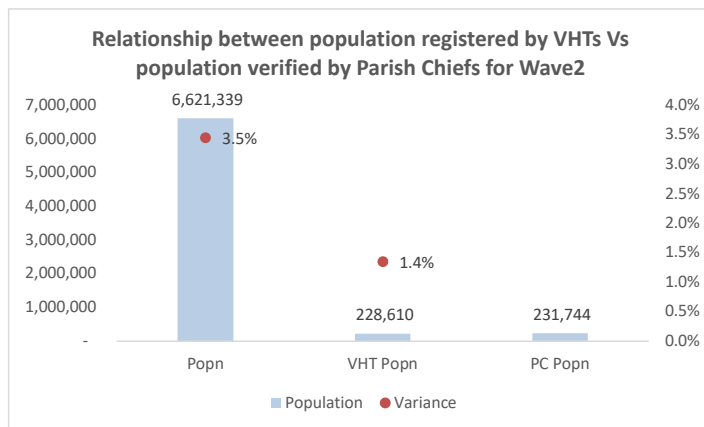


Figure 2: Population registered vs verified population by parish chiefs

Figure 2 shows that 3.5% (231,744 individuals) of the registered 6,621,339 was verified by the Parish Chiefs. Of the 30,303 HHs sampled by Parish Chiefs, 86% of the data as captured by Parish Chiefs matched with the VHTs' and 14% did not match. Parish Chiefs captured an additional 1.4% (3,334 individuals) compared to VHTs, implying that Parish Chiefs over reported and VHTs under reports on individuals in HHs. This however points to conclusion that VHTs did not inflate data with ghost individuals.

5.3 SUPERVISION DURING HOUSEHOLD REGISTRATION

Sub county technical coordinators sought to validate whether the household registration data captured by VHTs was a true reflection of the community household statistics. Verifications were made to ascertain whether 100% household registration had been achieved and that the data was accurate and consistent without ghost households and/or incorrect household populations. Data review, compilation and filing was conducted. Debrief meeting chaired by the RDCs and attended by DTF and technical team members were held to share results of household registration for to foster ownership of the data for planning and future reference. Accordingly, data was transported to the Data Centre in Munyonyo Kampala for sorting, de-bulking and data entry.

5.4 DATA MANAGEMENT – HOUSEHOLD REGISTRATION

Household registration was conducted by VHTs during February 13-15, 2017 on the 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 assure 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.



Wave two data entry underway at the Data Center in Munyonyo, Kampala

Data Centre management received 105,483 HHR forms from 262 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. Data entry of 1,175,498 records was conducted by 646 data entrants who worked in three 8-hourly shifts; morning shift (222), afternoon (274) and evening (150). 3,589,434 LLINs were allocated to 1,173,747 households and 5,166 LLINs were expected to be returned from the field as summarized in annex 11.3. 1 LLIN was allocated for every two registered persons. If an odd number of registered persons was realized, a round off upwards to the nearest whole number was conducted to allocate the LLINs; i.e., 3 persons were allocated 2LLINs. Summarized in the figure 3 are the steps taken at the Data Centre to assure production of reliable and quality data.

Commented [DM2]: Data Management component

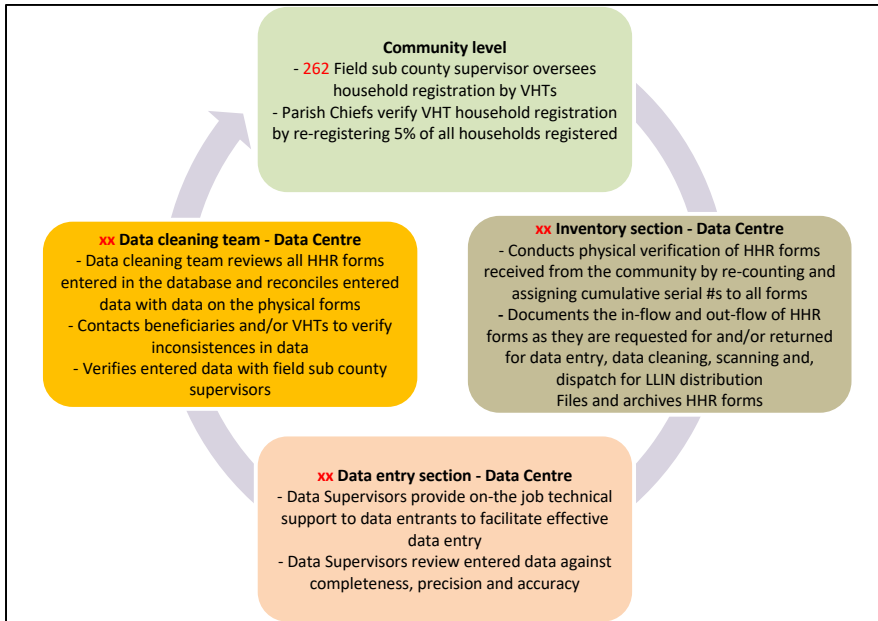


Figure 3: Data management flow chart

Several data management issues/challenges were identified during wave two. The following are the key issues along with the resolutions to them.

Issue/Challenge	Solution
<p>No established structures for data management. This resulted into loss and/or misplacement of HHR forms. Accordingly, some forms were not entered into the HHR database resulting into production of unreliable data which was utilized for allocation of LLINs. Consequently, the number of LLINs delivered to wave2 districts were mostly less than the expected number hence requiring to-ups.</p>	<ul style="list-style-type: none"> ▪ A data management plan was instituted. An inventory section where HHR forms are safely stored was established. Inventory further keeps track of all the forms that are requested for data entry, scanning (back-up for forms), dispatch for LLIN distribution and return from the field after HHR and/or distribution. ▪ A data cleaning team was instituted to assure data quality. A combination of these interventions contributed to the production of

	reliable data to facilitate evidence based decision making.
Consistent network failures emanating from the two available network access points that were overloaded by the numerous data entry requests	<ul style="list-style-type: none"> ▪ Network access points were increased from two to four and serve approximately 80% of the estimated 200 data entrants for the morning and afternoon shifts. ▪ Computers of the remaining 20% data entrants were directly connected to local area network cables. ▪ Migration of entered data for wave 1 to a new server increased network speed
Updated micro-planning data not available for upload in the HHR database to facilitate data entry.	<ul style="list-style-type: none"> ▪ A team was constituted at the Data Centre to work with the District Coordinators and District Supervisors to get updated lists of district specific administrative units with updates on the number of villages, parishes and sub counties. ▪ Upon review and approval of this data by the targeted district leadership teams, this information was uploaded onto the HHR database by the Data Centre team.
Unclear leadership and governance structure for the Data Centre. Data Centre staff were uncertain of their roles and Data Entrants were unsure of the reporting structure	<ul style="list-style-type: none"> ▪ Data Centre Manager was installed as the overall chief accounting officer for the facility. Data Centre staff were given specific employee tasks and responsibilities with clear reporting lines.
Shortage of computers	<ul style="list-style-type: none"> ▪ Data entry timetable was structured in three shifts; morning shift (07:00 - 15:00), afternoon shift (15:00 – 23:00) and night shift (23:00 – 07:00) to effectively engage Data Entrants with the available computers.

	<ul style="list-style-type: none"> ▪ A request for additional computers to UNICEF was made
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Table 7: Data management issues and resolutions

6.0 LOGISTICS

In wave two, 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.

6.1 CENTRAL WAREHOUSE

Release orders generated from LLINs allocation data from the Data Centre and approved by the Commissioner, NDC and/or Program Manager, NMCP were sent to Spedag Interfreight and DAMCO/BOLLORE warehouses to initiate the process of loading LLINs by transporters Globe Trotters limited and Amproc JV respectively. A total of 1,843,080 LLINs were loaded out at Spedag Interfreight warehouse and 1,826,720 LLINs delivered to the targeted sub counties. At DAMCO/BOLLORE warehouses, 1,788,720 LLINs were loaded out and 1,765,080 LLINs delivered to the targeted sub counties.



Loading at the central warehouse in Kampala

A total of 22,960 LLINs were stolen during transit (Police case reference No.53/25/03/017 at Kiira road police station) and 680 LLINs were less off various deliveries. Spedag Interfreight’s loading plan which prioritized to reconcile the total sum of LLINs to be loaded out as per the release order at the expense of conducting daily reconciliations for LLINs loaded out per district resulted into challenges of reconciling

actual LLINs loaded out. Consequently, conducting daily reconciliations for LLINs loaded out per district to appreciate LLINs loaded out Vs LLINs in store was observed as a good lesson learned.

6.2 SUB COUNTY WAREHOUSE

LLINs at the 262 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.



Loading of nets at Agwingiri sub-county, Amolatar District

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). 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. Transportation of LLINs was generally done with trucks except for the hard to reach distribution points in hilly, and mountains districts like Bulambuli.



Donkeys in Bumaso sub county in Bulambuli 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 wave2, **xxxx** LLINs balances were actually transported back to the Data Centre Vs the expected 5,166 LLINs balances.

6.5 Logistics Management Information System

The LLINs logistics management information system (LMIS) is a real-time online logistics management database that seeks to strengthen accountability through reconciliation of distributed LLINs and those received with reasons for variances. The LLINs LMIS system works with and is integrated with the Ministry of Health designed Household registration (HHR) database where all households in the country are registered along with the number of members in each household. The HHR database is also used to allocate the number of LLINs to be distributed per-household. The LMIS system depends on the allocations done by the HHR database to track the LLINs which are distributed thus highlighting the gaps between allocation and actual distribution on the ground.

Over **xxxxx** reporters at different levels have been captured into the system including; VHTs, district teams including sub-county chiefs, LCs I & III, members of the HMU team, DHT members including DHOs, members of the district security committee including GSO, DSO and others, religious leaders, youth representatives, district sub-county store managers and others. All these reporters act as notifying parties at different levels whenever LLINs are dispatched from national warehouses to their districts. The LMIS polls different parties at different times and at the occurrence of certain events to confirm receipt, numbers received, balances on hand and deficits in LLINs within their respective districts/sub-counties.

The LLINs LMIS system has further captured data about national warehouses, sub-county stores, distribution points within districts and other infrastructure components that assist in the distribution of essential commodities in communities. This investment presents huge opportunities for development and deployment of generic but critical services, not only for distribution of essential commodities at a national scale but also for registration of VHTs, households and individuals on a national scale. This is a fundamental building block for many nationwide health services delivery systems. This foundation will reduce development costs for any future large-scale health services delivery systems, including future campaigns that can leverage investments in a more generic LMIS.

6.6 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.
- 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.



Facilities had to resort to open pit burning due to unavailability of incinerators. Bukedea HC IV (Left hand side) and Budaka (Right hand side)

7.0 LLINs DISTRIBUTION

The district team arrived in the district on 22nd March 2017 ready for distribution activities. Like the pre-distribution activities, a courtesy call was made to the respective district leaders. A district debrief meeting was held to deliberate on the distribution activities. The debrief meetings discussed the chronology of events for distribution of mosquito nets, discussed the importance and management of accountabilities including nets.

Village Health teams (VHTs) were also re-oriented for one (1) day at their respective sub-county headquarters. During the VHT training for distribution, the recap of Malaria – cause, prevention and treatment, goals and objectives of the universal coverage campaign, overview of household LLIN distribution process, interpersonal and behavior change communication skills and key messages, filling in the household registration form especially the distribution and signature column, tallying daily LLIN distribution data, common bottlenecks and potential solutions, overview of supervision and monitoring to assess quality of the process.

Distribution of LLINs to the local population from various distribution points was done by the VHTs but following the guide line that only people who registered on the forms to be the only ones considered and then append their signatures/thumb print as a confirmation for the reception of the nets.

Clear entry to the Distribution Point	88%(213 Distribution points)	12%(29 Distribution points)
Clear exit from the Distribution Point	83%(202 Distribution points)	17%(40 Distribution points)

Table 8: Compliance to distribution point setup

Responses	Daily net reconciliation done
Yes	95%(229)
No	5%(13)

Table 9: Responses to reconciliation

WAVE 2 UNIVERSAL COVERAGE CAMPAIGN COVERAGE 2016/17

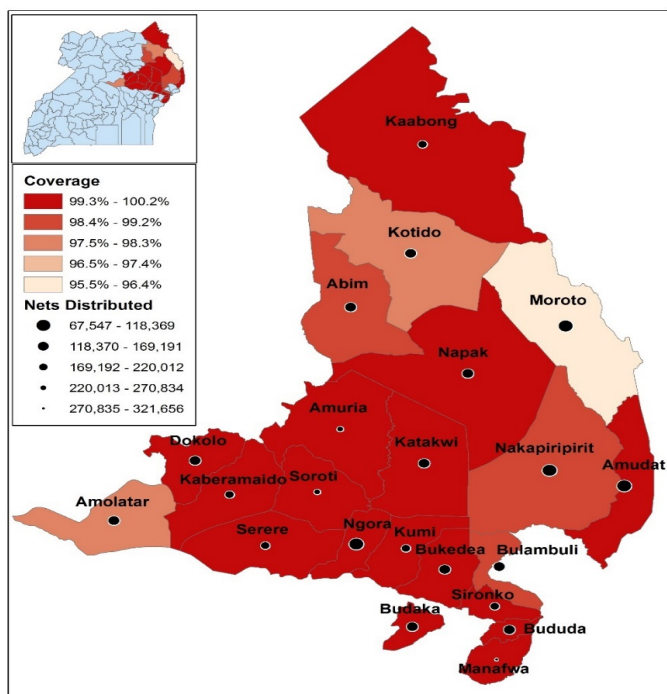


Figure 4: Wave two distribution and coverage map

Coverage in the LLIN campaign was measured as a ratio of total nets distributed and net need. The overall average coverage for Wave two was 99.3% which is way above the targeted national coverage of 85%. Bukedea, Kaberamaido and Katakwi districts had the highest coverage at 100% with Moroto having the lowest coverage at 95.5%.

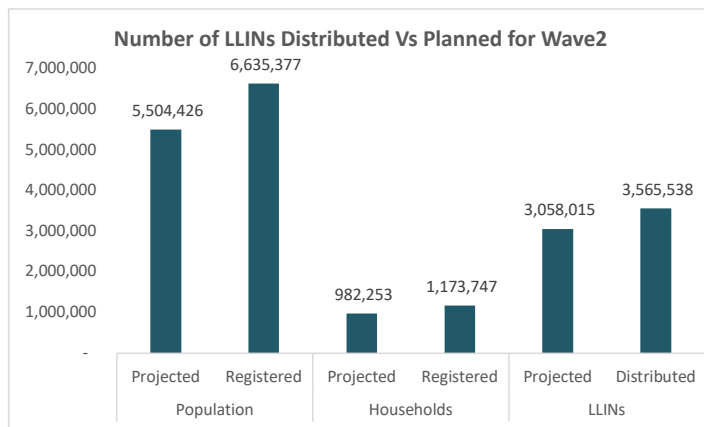


Figure 5: Graph showing nets distributed vs planned

The initially projected population according to the UBOS 2014 census data for the 22 wave two districts was 5,504,426. However, at distribution a population of 6,635,377 was served. This is a positive variance of 1,130,951 is approximately 20.5% higher than the projected population. Consequently, 1,173,747 households were served vis-à-vis the planned 982,253, representing 19.5% positive variance than planned. A total of 3,565,538 LLINs were distributed to the 22 wave two districts against the planned 3,058,015, representing 16.6% positive variance than planned.

The variance in population projections vis-à-vis population served is attributed to the fact that population projections were made with the assumption that the UCC would start in 2016. The UCC was however delayed and it started in 2017. Additionally, the national average growth rate was utilized to estimate population projections is not consistent for all districts with urban settings reporting higher growth rates, the case for wave three districts. This ultimately resulted into a higher number of LLINs distributed Vs 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
- IEC, interpersonal communication (IPC), 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.



Mass mobilization in Kalapata (Kaabong)left, mobilization and sensitization in Abim town council (right)

8.3 ACTORS IN SBCC

Community mobilization and sensitization activities for wave two were conducted by PACE (contracted by UNICEF for DFID supported districts) and Malaria Consortium through Ones Enterprise & Sajeki Agency. The actors covered the following districts of wave 2:

- **PACE:** Amuria, Budaka, Bududa, Bukedea, Bulambuli, Kaberamaido, Katakwi, Kumi, Manafwa, Ngora, Sironko & Soroti.
- **Ones Enterprise:** Moroto, Napak, Nakapiriti, Serere, Dokolo & Amolator
- **Sajeki Agency:** Kaabong, Kotido, Abim & Amudat.

The community mobilization and sensitization activities were carried out in all phases (pre-distribution, distribution & post distribution) of the wave. Activities in all the wave 2 districts kicked off with District Task Force meetings that sought to streamline the flow of long lasting insecticide nets campaign activities in the respective districts. The meetings were attended by opinion leaders, District Leaders (LCV Chairpersons), Malaria Consortium Supervisors and Coordinators, Resident District Commissioners (RDCs), sub county supervisors, and the District Health Teams.

8.4 TARGET AUDIENCE

The successful use of LLINs was based on the appropriate selection of the audiences to address. Target audiences were engaged in a variety of experiential promotional activities which included visiting several high traffic locations such as schools, markets, churches, commercial video halls and village meetings where audiences were engaged with a series of entertaining, fun, IEC materials, interactive and informative shows by rig trucks and experiential facilitators. Through IPC, door-to-door home visits were also conducted to the beneficiaries of LLINs to truck hung up of nets but also promote positive behaviour to prevent and treat malaria.

As per the LLIN communication plan, the target audiences are segmented into primary, secondary, and tertiary:

- **Primary audience.** These are the actual beneficiaries or users of the LLINs, the entire population.
- **Secondary audience.** These are persons who can influence the household members to participate in the LLIN distribution exercise by registering, picking the LLINs and use them appropriately. They include the health workers, Local Council leaders, religious and cultural leaders.
- **Tertiary audience.** These include health sector partners, legislators, civil society, private sector and political leaders. They provide support to the LLIN campaign.

Sajeki Agency reached an estimated number of 154,170 people with BCC messages while Ones Enterprise reached 137,250 people. PACE supported VHTs visited up to 690,000 households as part of IPC.

Key activities conducted

The activities were done in three phases

1. **Pre - distribution:** Activities involved Mass mobilization and driving awareness to the target audience to pick LLINs. In the communications, target audiences were informed on the distribution locations, dates and requirements. The key issues noted during pre-distribution were;
 - Registration activations were not conducted hence most people were not registered.

2. **Distribution:** Activities focused at driving traffic and excitement to the distribution centres and educating the general masses on the requirements for receiving the LLINs. The key issues noted during pre-distribution were;
 - Some villages are located far away from the main roads with no clear routes to access them and this affected mobilization.
 - There was a lack adequate materials such as posters, flyers and branded items such as caps that would normally attract audiences reduced numbers.
3. **Post Distribution:** Information disseminated focused on effective usage, retention, and maintenance of LLINs. The key issues noted during pre-distribution were;
 - The doo-to-door home visits strategy to was only implemented in the DFID supported districts. There is therefore need to more supervision at household level in the non-DFID supported districts to ensure that the nets are being put to the right use.

8.5 SBCC DURING DISTRIBUTION ACTIVITIES

During distribution, mobilization and SBCC was conducted through established demonstration points, small & large group sessions at distribution points. The major topics discussed were; importance of sleeping under mosquito nets, aeration, hanging, usage and maintenance. Distribution was a great avenue to tap in for BCC activities. Entry and exit interviews were conducted at the distribution points to measure uptake, mobilization modes as well as knowledge on the importance, usage and, maintenance of LLINs.



9.0 PARTNER SUPERVISION AND MONITORING

Church of Uganda (CoU) through the Diocesan Observers monitored LLINs distributions activities in 13 districts including Budaka, Bukedea, Kumi, Ngora, Bududa, Manafwa, Bulambuli, Sironko, Amuria, Kaberamaido, Katakwi, Serere and Soroti. Physically stationed at 242 distribution points (DPs), the 131 Diocesan Observers monitored the LLINs distribution activity to ascertain whether DPs were set up as per the implementation guidelines and they had the required supplies including household registration forms, tally sheets and stock cards. The process of conducting on-site LLINs reconciliations was also observed.

In general, it was observed that there was a very good turnout of the household representatives at all the distribution points. 98% of all the LLINs that were delivered at the observed DPs were distributed; generally, distribution started early, with the earliest being 7am and the latest being 12 pm; It was also observed that onsite support supervision was carried out by the stakeholders that included AMF, UNICEF, MoH, Malaria Consortium, and District Leadership.

10.0 CHALLENGES, LESSONS LEARNED & RECOMMENDATIONS

10.1 CHALLENGES

- Some Villagers were not registered and on the distribution day were turned away
- Registration activations were not conducted hence most people were not registered.
- Hard to reach mountainous areas like Iriki Napak District due to terrain and insecurity.
- Hostility of community members that missed on getting mosquito nets during post distribution were hostile to the teams attributed to non-registration. **Solution:** Community leaders and VHTs were relied on to harmonize the situations following explanations given for example in Nyakwae and magamaga in Abim district
- Mobilization and post distribution activities were interrupted by the rainy weather which led to flooding of roads and thus delayed activations in some places like Kathile in Kaabong, Lokung Sub County in Lamwo District.
- The conditions of some roads were impassable with no alternate routes and when it rains they are totally inaccessible. For example, in Butandinga Sub County the trucks got stuck and we looked for men who carried the bales on their heads to the distribution centers.

10.2 LESSONS LEARNED

- Working with district task forces which constitute 4 DHTs, RDC, CAO, LC V, DSO, DPC, among others enhances planning, community mobilization, effective LLIN distribution including overall UCC monitoring.
- Engaging field Sub-county supervisors to verify electronically entered household registration data before final allocation of LLINs facilitates identification of inconsistencies in data for timely corrective actions.
- Pre-positioning especially for distant communities from the sub county stores ensures timely delivery and distribution of LLINs to targeted individuals
- The campaign strategy of “1 LLIN for every 2” has been misinterpreted by some beneficiaries. Some Kamuli district residents felt the strategy promotes sharing of a bed by two people regardless of their

marital status which may fuel sexual exploration and immorality especially among the youth. Accordingly, it is important that the campaign communication strategy clarifies this message.

- Whereas targeted beneficiaries appreciate the LLINs given to them, some assert that they have more pressing needs that should be prioritized and not LLINs. For example, some communities in Kamuli asserted that government should have addressed the high cost of sugar instead of LLINs.
- Field sub county supervisors who are not deployed consistently through the LLIN wave activities require re-orientation on the expected scope of work to assure quality work.
- Hire of vehicles within districts of intervention facilitates efficient transportation of LLINs than outsourcing transport outside the district settings

10.3 RECOMMENDATIONS

11.0 ANNEX

11.1 CHRONOLOGY OF DISTRICT ACTIVITIES FOR WAVE TWO

		Key Activity 1	Key Activity 2	Date	Day	Action
Day 1	Full	District entry/travel		5 th February	Sunday	
Day 2	Full	Introduce Activity and partners to DHT and mobilize for district sensitization and training.		6 th February	Monday	
Day 3	AM	Sensitization of District leadership	Mobilization of S/County Teams	7 th February	Tuesday	
	PM	Training of District Task Force	Mobilization of S/County Teams	7 th February	Tuesday	
Day 4	AM	Training of District Trainers (OP)	Mobilization of S/County Teams	8 th February	Wednesday	
	PM	Training of District Trainers (Logistics) & (BCC)	Mobilization of S/County Teams	8 th February	Wednesday	
Day 5	AM	Sensitization of S/County Leadership	Mobilization of Parish Teams	9 th February	Thursday	
	PM	Training of S/County Task Force	Mobilization of Parish Teams	9 th February	Thursday	
Day 6	AM	Training of Parish Chiefs on 105%	Mobilization of LC1s and VHTS	10 th February	Friday	
	PM	Update of list and intensive mobilization of LC1s and VHTS	Mobilization of LC1s and VHTs	10 th February	Friday	
Day 7		Training & Sensitization of LC1s		11 th February	Saturday	
Day 8		Training of VHTs on Registration		12 th February	Sunday	
Day 9		Household Mapping/Registration		13 th February	Monday	
Day 10		Household Mapping/Registration		14 th February	Tuesday	
Day 11		Household Mapping/Registration		15 th February	Wednesday	
Day 12		Collection of data for the 105% validation by the S/County Technical Campaign Coordinator		16 th February	Thursday	

Day 13	AM	Validation of the collected data for accuracy and consistency by the S/County Technical Campaign Coordinator		17 th February	Friday	
	PM	Compilation of Village lists for transportation to the center		17 th February	Friday	
Day 14	AM	Teams debrief district		18 th February	Saturday	
	PM	Team travel back to the center		18 th February	Saturday	
18 DAYS LAG PERIOD: (1 Day of sorting, 7 days' data entry, 4 days de-bulking, 3 days of loading/transportation, 2 days' storage)						
Day 15	AM	Teams travel back to district for distribution		22 nd March	Wednesday	
Day 16	AM	District task force meeting		23 rd March	Thursday	
	PM	Training of VHTs and LC1s for distribution		23 rd March	Thursday	
Day 17	AM	Pre-positioning of Nets		24 th March	Friday	
	PM	District task force meeting		24 th March	Friday	
Day 18	AM	Distribution of LLINs		25 th March	Saturday	
	PM	Distribution of LLINs		25 th March	Saturday	
Day 19	AM	Mop-up		26 th March	Sunday	
	PM	Mop-up		26 th March	Sunday	
Day 20	AM	Report submission, Debrief of the district task force		27 th March	Monday	
	PM	Team travel back to the center				

11.2 PROJECTION AND DISTRIBUTION DATA

Wave 2 Districts	Projected		Actual		LLINs		Coverage
	Population 2016	Household (HH) 2016	Campaign collected population	Campaign collected HH	Nets Allocated	Nets Distributed	
Abim	122,979	20,636	260,801	37,194	162,486	137,300	94.8%
Amolatar	157,458	29,888	226,979	73,498	123,826	120,656	95.7%
Amudat	122,510	17,375	127,114	20,634	68,030	67,835	96.1%
Amuria	289,315	51,749	405,755	71,503	222,059	221,316	98.2%
Budaka	223,415	39,923	309,697	49,485	167,267	167,245	97.2%
Bududa	231,252	40,451	254,160	40,634	135,071	135,137	95.7%
Bukedea	202,804	35,488	305,425	56,540	167,634	167,555	98.7%
Bulambuli	195,498	37,476	257,360	44,494	139,127	139,190	97.4%
Dokolo	193,209	36,806	256,656	45,132	139,748	139,882	98.1%
Kaabong	164,234	28,840	353,033	58,029	188,823	207,041	105.6%
Kaberamaido	230,874	41,680	309,855	61,443	172,361	173,541	100.8%
Katakwi	174,818	32,440	264,571	97,587	145,351	145,375	98.9%
Kotido	190,358	28,565	286,097	45,408	152,737	149,841	94.3%
Kumi	277,577	47,287	358,628	59,434	194,738	194,987	97.9%
Manafwa	370,438	76,363	599,789	112,359	322,810	322,781	96.9%
Moroto	109,874	23,655	141,870	30,710	78,221	73,320	93.0%
Nakapiripiriti	187,798	29,232	207,474	26,414	113,035	113,200	98.2%
Napak	151,412	28,643	242,459	41,394	130,452	130,342	96.8%
Ngora	150,578	24,877	208,435	40,040	115,569	115,627	99.9%
Serere	306,479	51,295	399,497	69,703	215,680	216,836	97.7%
Sironko	258,415	58,035	387,293	74,200	208,947	209,241	97.2%
Soroti	318,811	59,218	458,391	86,515	251,333	250,766	98.5%
Total	4,630,105	839,922	6,621,339	1,242,350	3,615,305	3,599,014	97.8%

11.3 ALLOCATION DATA

District	Sub County	Parish	Village	Households	Population	Nets	Bales	Extra
Abim	Abim	4	42	3,164	20,264	10,143	254	17
Abim	Abim Town Council	7	48	5,765	38,652	20,335	509	25
Abim	Alerek	3	27	2,200	15,903	8,336	209	24
Abim	Awach	4	48	3,577	25,284	13,191	330	9
Abim	Lotuke	4	46	4,945	40,929	21,143	529	17
Abim	Magamaga	2	22	1,731	11,669	6,165	155	35
Abim	Morulem	6	44	6,958	46,291	24,709	618	11
Abim	Nyakwae	5	54	8,933	61,809	32,593	815	7
		35	331	37,273	260,801	136,615	3,419	145
Amolatar	Agikdak	4	30	2,404	14,680	7,999	200	1
Amolatar	Agwingiri	6	52	3,840	23,907	13,025	326	15
Amolatar	Akwon	5	30	1,762	10,523	5,726	144	34
Amolatar	Amolatar Town Council	5	18	2,950	15,493	8,536	214	24
Amolatar	Aputi	6	47	3,528	20,750	11,312	283	8
Amolatar	Arwotcek	6	50	3,750	24,761	13,372	335	28
Amolatar	Awelo	5	45	2,922	16,043	8,843	222	37
Amolatar	Etam	6	51	3,207	20,344	11,044	277	36
Amolatar	Muntu	5	37	3,054	18,232	9,941	249	19
Amolatar	Namasale	7	56	7,626	42,030	23,102	578	18
Amolatar	Namasale Town Council	4	20	3,456	20,216	10,926	274	34
		59	436	38,499	226,979	123,826	3,102	254
Amudat	Amudat	3	75	5,081	32,228	17,138	429	22
Amudat	Amudat Town Council	4	14	1,665	10,808	5,715	143	5
Amudat	Karita	3	57	6,296	34,606	18,746	469	14
Amudat	Loroo	3	37	7,592	49,472	26,431	661	9
		13	183	20,634	127,114	68,030	1,702	50
Amuria	Abarilela	6	29	6,891	32,134	17,857	447	23

Amuria	Acowa	6	60	7,475	35,448	19,544	489	16
Amuria	Akeriau	5	32	3,525	19,781	10,785	270	15
Amuria	Akoromit	6	45	4,263	24,573	13,210	331	30
Amuria	Amuria Town Council	4	12	2,408	13,482	7,174	180	26
Amuria	Apeduru	5	35	3,681	19,661	10,650	267	30
Amuria	Asamuk	7	47	4,915	30,558	16,375	410	25
Amuria	Kapelebyong	6	46	6,500	28,772	16,139	404	21
Amuria	Kuju	6	43	5,301	26,759	14,777	370	23
Amuria	Morungatuny	6	44	4,323	24,861	13,498	338	22
Amuria	Obalanga	7	46	4,646	26,798	14,618	366	22
Amuria	Ogolai	5	35	3,658	19,819	10,849	272	31
Amuria	Okungur	6	37	4,778	25,282	13,822	346	18
Amuria	Orungo	5	34	4,110	22,487	12,273	307	7
Amuria	Wera	8	35	6,665	36,054	19,673	492	7
Amuria	Willa	5	36	4,184	19,286	10,815	271	25
		93	616	77,323	405,755	222,059	5,560	341
Budaka	Budaka	4	16	2,525	16,169	8,735	219	25
Budaka	Budaka Town Council	6	21	6,481	35,218	19,326	484	34
Budaka	Iki-Iki	4	17	3,437	21,203	11,491	288	29
Budaka	Kabuna	2	7	1,559	9,690	5,217	131	23
Budaka	Kachomo	4	24	3,295	23,637	12,619	316	21
Budaka	Kaderuna	3	14	2,623	15,802	8,619	216	21
Budaka	Kadimukoli	2	9	2,487	16,711	9,003	226	37
Budaka	Kakoli	2	8	1,459	8,662	4,737	119	23
Budaka	Kakule	5	19	2,642	16,430	8,865	222	15
Budaka	Kameruka	5	20	3,236	20,090	10,860	272	20
Budaka	Kamonkoli	3	12	3,046	19,211	10,377	260	23
Budaka	Katira	3	12	3,148	20,124	10,816	271	24
Budaka	Lyama	2	16	2,768	16,068	8,759	219	1
Budaka	Mugiti	5	20	2,830	21,991	11,391	285	9

Budaka	Naboa	4	21	3,589	21,565	11,816	296	24
Budaka	Nansanga	4	16	2,516	17,799	9,525	239	35
Budaka	Tademeru	2	15	1,618	9,327	5,111	128	9
		60	267	49,259	309,697	167,267	4,191	373
Bududa	Bubiita	4	24	1,652	9,968	5,362	135	38
Bududa	Bududa	6	79	2,833	18,606	9,773	245	27
Bududa	Bududa T/C	5	27	1,344	7,700	4,169	105	31
Bududa	Bukalasi	10	76	3,094	18,002	9,568	240	32
Bududa	Bukibokolo	5	81	2,068	14,469	7,657	192	23
Bududa	Bukigai	9	71	2,736	16,720	8,737	219	23
Bududa	Bulucheke	6	58	3,190	17,404	9,467	237	13
Bududa	Bumasheti	4	75	2,119	12,639	6,783	170	17
Bududa	Bumayoka	8	66	2,810	16,972	9,115	228	5
Bududa	Bushika	7	104	5,510	39,030	20,572	515	28
Bududa	Bushiribo	4	61	2,379	13,563	7,240	181	-
Bududa	Bushiya	6	53	2,480	14,193	7,580	190	20
Bududa	Buwali	5	27	1,602	8,509	4,553	114	7
Bududa	Nabweya	5	61	2,332	15,815	8,332	209	28
Bududa	Nakatsi	4	40	2,120	16,740	8,681	218	39
Bududa	Nalwanza	6	48	2,365	13,830	7,482	188	38
		94	951	40,634	254,160	135,071	3,386	369
Bukedea	Bukedea	10	23	8,470	47,895	26,479	662	1
Bukedea	Bukedea Town Council	8	26	4,344	19,877	10,889	273	31
Bukedea	Kachumbala	19	42	15,431	87,379	47,465	1,187	15
Bukedea	Kidongole	8	16	7,194	38,770	21,341	534	19
Bukedea	Kolir	12	25	8,228	45,677	24,913	623	7
Bukedea	Malera	14	28	12,873	65,827	36,547	914	13
		71	160	56,540	305,425	167,634	4,193	86
Bulambuli	Bamugibole	6	73	1,854	9,494	5,263	132	17
Bulambuli	Buginyanya	6	58	1,497	8,619	4,530	114	30

Bulambuli	Bukhalu	15	107	7,497	39,088	21,508	538	12
Bulambuli	Bulaago	5	102	2,273	12,597	6,875	172	5
Bulambuli	Bulambuli Town Council	4	23	1,126	6,626	3,522	89	38
Bulambuli	Bulegeni	3	43	1,181	7,219	3,869	97	11
Bulambuli	Bulegeni Town Council	3	54	1,714	13,601	7,075	177	5
Bulambuli	Buluganya	5	85	2,895	19,529	10,289	258	31
Bulambuli	Bumasobo	5	55	2,166	11,753	6,424	161	16
Bulambuli	Bunambutye	6	49	2,990	16,667	9,097	228	23
Bulambuli	Bwikhonge	5	45	2,283	10,693	5,976	150	24
Bulambuli	Kamu	5	32	1,913	10,470	5,726	144	34
Bulambuli	Lusha	6	133	2,231	13,546	7,219	181	21
Bulambuli	Masira	9	89	2,277	13,850	7,479	187	1
Bulambuli	Muyembe	5	47	2,235	11,377	6,197	155	3
Bulambuli	Nabbongo	6	67	2,978	17,569	9,621	241	19
Bulambuli	Namisuni	7	68	1,581	10,020	5,403	136	37
Bulambuli	Simu	5	48	873	5,685	2,994	75	6
Bulambuli	Sisiyi	6	128	2,930	18,957	10,060	252	20
		112	1,306	44,494	257,360	139,127	3,487	353
Dokolo	Adeknino	5	42	3,811	22,312	12,128	304	32
Dokolo	Adok	5	42	4,504	25,118	13,580	340	20
Dokolo	Agwata	7	46	5,380	32,270	17,560	439	-
Dokolo	Amwoma	5	42	3,575	20,383	11,178	280	22
Dokolo	Bata	8	54	4,564	24,953	13,685	343	35
Dokolo	Dokolo	6	51	4,098	22,723	12,372	310	28
Dokolo	Dokolo Town Council	8	41	5,814	30,357	16,516	413	4
Dokolo	Kangai	5	44	3,903	22,539	12,303	308	17
Dokolo	Kwera	5	35	3,182	16,823	9,196	230	4
Dokolo	Okwalongwen	6	50	3,892	21,343	11,689	293	31
Dokolo	Okwongo Dul	5	34	3,033	17,835	9,541	239	19
		65	481	45,756	256,656	139,748	3,499	212

Kaabong	Kaabong East	4	25	2,684	15,099	8,140	204	20
Kaabong	Kaabong Tc	11	27	3,650	23,263	12,306	308	14
Kaabong	Kaabong West	5	34	5,573	38,452	20,265	507	15
Kaabong	Kakamar	4	20	2,560	15,002	8,065	202	15
Kaabong	Kalapata	7	48	5,481	38,893	20,629	516	11
Kaabong	Kamion	4	34	2,158	10,476	5,691	143	29
Kaabong	Kapedo	3	22	1,836	9,890	5,375	135	25
Kaabong	Karenga	4	29	2,619	15,120	8,127	204	33
Kaabong	Kathile	7	34	4,073	25,460	13,655	342	25
Kaabong	Kathile South	5	32	2,929	20,894	10,988	275	12
Kaabong	Kawalakol	7	45	2,521	15,697	8,402	211	38
Kaabong	Lobalangit	5	30	2,087	11,426	6,135	154	25
Kaabong	Lodiko	5	29	1,915	10,516	5,732	144	28
Kaabong	Lokori	3	24	1,284	7,577	4,051	102	29
Kaabong	Lolelia	4	34	4,314	27,448	14,720	368	-
Kaabong	Lotim	5	48	4,448	27,680	14,726	369	34
Kaabong	Loyoro	3	21	2,078	11,423	6,182	155	18
Kaabong	Sangar	5	38	3,111	14,397	7,873	197	7
Kaabong	Sidok	3	23	2,708	14,320	7,761	195	39
		94	597	58,029	353,033	188,823	4,731	417
Kaberamaido	Alwa	3	49	6,135	31,200	17,238	431	2
Kaberamaido	Anyara	3	47	5,680	29,940	16,506	413	14
Kaberamaido	Apapai	3	27	5,278	15,778	9,710	243	10
Kaberamaido	Aperkira	4	44	6,128	20,679	12,156	304	4
Kaberamaido	Bululu	3	32	5,491	31,880	17,531	439	29
Kaberamaido	Kaberamaido	3	44	4,473	25,682	13,843	347	37
Kaberamaido	Kaberamaido Town Council	3	8	1,656	7,960	4,434	111	6
Kaberamaido	Kakure	3	18	2,968	17,767	9,782	245	18
Kaberamaido	Kalaki	4	32	4,008	23,349	12,739	319	21
Kaberamaido	Kobulubulu	4	35	4,728	26,972	14,793	370	7

Kaberaido	Ochero	3	39	5,919	36,665	19,813	496	27
Kaberaido	Otuboi	5	60	9,897	41,983	23,816	596	24
		41	435	62,361	309,855	172,361	4,314	199
Katakwi	Kapujan	3	18	3,577	19,446	10,511	263	9
Katakwi	Katakwi	11	65	11,602	56,540	31,328	784	32
Katakwi	Katakwi Town Council	2	7	3,331	16,325	8,991	225	9
Katakwi	Magoro	5	29	6,025	30,206	16,697	418	23
Katakwi	Ngariam	6	29	3,212	14,145	7,762	195	38
Katakwi	Omodoi	5	38	5,205	29,362	16,198	405	2
Katakwi	Ongongoja	7	39	5,265	29,965	16,230	406	10
Katakwi	Palam	6	32	4,249	19,723	11,007	276	33
Katakwi	Toroma	5	38	3,225	16,364	9,106	228	14
Katakwi	Usuk	7	44	6,149	32,495	17,521	439	39
		57	339	51,840	264,571	145,351	3,639	209
Kotido	Kacheri	4	36	7,807	43,462	23,551	589	9
Kotido	Kotido S/C	4	77	13,108	71,385	38,403	961	37
Kotido	Kotido Town Council	6	21	3,542	22,807	12,113	303	7
Kotido	Nakapelimoru	3	29	5,972	43,742	22,973	575	27
Kotido	Panyangara	4	48	6,589	54,852	28,724	719	36
Kotido	Rengen	5	42	8,764	49,849	26,973	675	27
		26	253	45,782	286,097	152,737	3,822	143
Kumi	Atatur	6	12	5,277	33,673	17,690	443	30
Kumi	Kanyum	14	28	8,790	58,578	31,505	788	15
Kumi	Kumi	7	14	3,838	21,968	12,029	301	11
Kumi	Mukongoro	16	32	10,299	68,412	36,807	921	33
Kumi	Northern Division	5	10	4,314	28,515	15,351	384	9
Kumi	Nyero	10	20	7,790	48,999	26,673	667	7
Kumi	Ongino	16	36	13,849	65,426	36,613	916	27
Kumi	Southern Division	9	18	5,277	33,057	18,070	452	10
		83	170	59,434	358,628	194,738	4,872	142

Manafwa	Bubutu	6	79	5,164	32,087	17,143	429	17
Manafwa	Bugobero	7	46	5,011	19,772	11,310	283	10
Manafwa	Bukhabusi	6	57	3,166	19,674	10,373	260	27
Manafwa	Bukhaweka	5	37	2,800	14,297	7,868	197	12
Manafwa	Bukhofu	5	41	2,369	11,226	6,185	155	15
Manafwa	Bukiabi	6	41	3,205	17,748	9,652	242	28
Manafwa	Bukokho	4	60	5,850	38,265	20,174	505	26
Manafwa	Bukusu	12	85	3,843	18,937	10,381	260	19
Manafwa	Bumbo	4	54	4,836	25,677	14,024	351	16
Manafwa	Bumwoni	6	49	4,157	25,916	13,874	347	6
Manafwa	Bunabwana	6	66	3,737	23,529	12,440	311	-
Manafwa	Bupoto	6	63	4,490	30,062	15,745	394	15
Manafwa	Busukuya	6	32	4,800	25,438	13,881	348	39
Manafwa	Butiru	4	42	6,704	34,694	18,912	473	8
Manafwa	Butta	4	21	1,356	7,963	4,239	106	1
Manafwa	Buwabwala	5	42	2,211	14,961	7,852	197	28
Manafwa	Buwagogo	5	34	1,977	10,215	5,463	137	17
Manafwa	Kaato	5	52	3,096	17,474	9,326	234	34
Manafwa	Khabutoola	5	50	4,218	26,480	14,181	355	19
Manafwa	Lwakhakha T/C	6	63	3,655	17,324	9,409	236	31
Manafwa	Magale	6	51	6,282	32,785	17,698	443	22
Manafwa	Manafwa Town Council	4	41	4,282	24,458	12,946	324	14
Manafwa	Mukoto	6	39	2,299	12,186	6,587	165	13
Manafwa	Nalondo	4	20	1,822	9,688	5,258	132	22
Manafwa	Namabya	4	34	3,349	17,546	9,704	243	16
Manafwa	Namboko	4	41	2,400	15,544	8,238	206	2
Manafwa	Sibanga	4	24	2,320	13,057	7,071	177	9
Manafwa	Sisuni	4	25	1,221	7,208	3,860	97	20
Manafwa	Tsekululu	9	120	4,600	25,203	13,404	336	36
Manafwa	Wesswa	6	51	1,883	10,375	5,612	141	28

		164	1,460	107,103	599,789	322,810	8,084	550
Moroto	Katikekile	5	39	3,400	15,075	8,287	208	33
Moroto	Nadunget	6	62	9,851	44,900	24,823	621	17
Moroto	North Division	2	8	2,216	11,015	6,095	153	25
Moroto	Rupa	7	40	6,646	30,950	17,011	426	29
Moroto	South Division	2	7	3,892	19,202	10,555	264	5
Moroto	Tapac	6	39	4,517	20,728	11,450	287	30
		28	195	30,522	141,870	78,221	1,959	139
Nakapiripirit	Kakomongole	5	26	3,895	20,309	11,150	279	10
Nakapiripirit	Lolachat	5	26	6,091	34,697	18,792	470	8
Nakapiripirit	Loregea	5	24	5,926	31,397	17,134	429	26
Nakapiripirit	Lorengedwat	3	13	2,305	10,789	5,872	147	8
Nakapiripirit	Moruita	2	42	3,878	20,829	11,322	284	38
Nakapiripirit	Nabilatuk	7	25	6,233	34,762	18,889	473	31
Nakapiripirit	Nakapiripirit Tc	3	10	2,053	8,051	4,655	117	25
Nakapiripirit	Namalu	4	50	8,318	46,640	25,221	631	19
		34	216	38,699	207,474	113,035	2,830	165
Napak	Iriiri	5	53	10,907	66,004	35,496	888	24
Napak	Lokopo	6	64	7,839	49,186	26,215	656	25
Napak	Lopeei	3	37	3,570	18,104	9,911	248	9
Napak	Lorengchora Town Council	4	12	1,220	6,689	3,631	91	9
Napak	Lorengecora	3	22	2,881	16,551	8,941	224	19
Napak	Lotome	5	25	3,236	20,292	10,856	272	24
Napak	Matany	5	59	6,877	39,272	21,159	529	1
Napak	Ngoleriet	6	35	4,864	26,361	14,243	357	37
		37	307	41,394	242,459	130,452	3,265	148
Ngora	Kapir	16	32	11,225	48,878	28,282	708	38
Ngora	Kobwin	20	39	8,608	49,133	27,045	677	35
Ngora	Mukura	15	30	9,205	49,309	27,008	676	32
Ngora	Ngora	11	22	7,469	38,952	21,419	536	21

Ngora	Ngora Town Council	4	17	3,533	22,163	11,815	296	25
		66	140	40,040	208,435	115,569	2,893	151
Serere	Atiira	4	25	5,143	25,803	14,209	356	31
Serere	Bugondo	5	39	7,901	49,490	26,538	664	22
Serere	Kadungulu	4	31	7,637	42,951	23,411	586	29
Serere	Kasilo T/C	3	7	965	5,881	3,164	80	36
Serere	Kateta	8	41	11,258	74,878	39,863	997	17
Serere	Kyere	8	45	11,170	67,533	35,909	898	11
Serere	Labori	3	13	6,404	29,418	16,122	404	38
Serere	Olio	6	24	8,097	40,348	22,257	557	23
Serere	Pingire	5	21	9,187	49,628	26,799	670	1
Serere	Serere Tc	3	8	2,590	13,567	7,408	186	32
		49	254	70,352	399,497	215,680	5,398	240
Sironko	Budadiri Town Council	4	18	2,599	12,695	6,907	173	13
Sironko	Bugitimwa	8	74	2,492	12,008	6,589	165	11
Sironko	Buhugu	8	66	2,711	14,102	7,693	193	27
Sironko	Bukhulo	11	63	5,867	27,896	15,378	385	22
Sironko	Bukiise	10	137	6,475	44,616	23,504	588	16
Sironko	Bukiyi	5	64	4,306	24,449	12,774	320	26
Sironko	Bukyabo	7	42	1,665	9,577	5,120	128	-
Sironko	Bukyambi	4	20	1,028	6,698	3,457	87	23
Sironko	Bumalimba	5	71	5,125	23,875	13,152	329	8
Sironko	Bumasifwa	9	99	3,118	17,404	9,394	235	6
Sironko	Bunyafwa	4	60	3,031	16,482	8,948	224	12
Sironko	Busulani	7	54	2,074	11,617	6,251	157	29
Sironko	Butandiga	4	70	2,275	15,484	8,018	201	22
Sironko	Buteza	4	56	3,986	19,822	10,992	275	8
Sironko	Buwalasi	6	62	3,679	19,303	10,345	259	15
Sironko	Buwasa	5	58	2,629	13,953	7,545	189	15
Sironko	Buyobo	8	71	3,606	18,197	9,982	250	18

Sironko	Masaba	5	63	3,206	18,519	9,876	247	4
Sironko	Nalusala	6	57	2,811	13,625	7,474	187	6
Sironko	Sironko T/C	5	33	6,341	30,974	16,863	422	17
Sironko	Zesui	5	58	3,016	15,997	8,685	218	35
		130	1,296	72,040	387,293	208,947	5,232	333
Soroti	Arapai	7	44	9,539	58,199	31,784	795	16
Soroti	Asuret	5	40	9,857	54,211	29,985	750	15
Soroti	Eastern	5	24	6,414	31,945	17,454	437	26
Soroti	Gweri	6	56	11,594	68,170	36,748	919	12
Soroti	Kamuda	4	60	9,571	52,127	28,567	715	33
Soroti	Katine	6	75	12,351	57,904	32,159	804	1
Soroti	Northern	4	31	7,696	37,582	20,824	521	16
Soroti	Soroti	3	16	8,972	40,343	22,631	566	9
Soroti	Tubur	6	41	5,221	29,619	16,272	407	8
Soroti	Western	4	22	4,524	28,291	14,909	373	11
		50	409	85,739	458,391	251,333	6,287	147
GRAND TOTAL		1,461	10,802	1,173,747	6,621,339	3,589,434	89,865	5,166

11.3 DISTRICT PERSONNEL TRAINED

No.	Districts	Sub counties	Parishes	Villages	District Task Force	District and & Sub county technical team	Sub county Task Force	Parish Chiefs	LC1	VHTs	Store manager & security
1	Ngora	5	66	140	17	24	75	65	139	278	15
2	Soroti	10	50	409	16	41	142	50	406	806	30
3	Kumi	8	83	170	14	36	117	85	165	340	24
4	Manafwa	30	164	1,460	17	124	450	165	1,460	2,920	90
5	Amuria	16	93	616	17	66	240	96	620	1,240	48
6	Kaberamaido	12	41	435	17	47	179	41	435	870	36
7	Katakwi	10	57	339	17	44	148	42	336	668	30
8	Bukedea	6	71	160	17	24	90	71	160	320	18
9	Bulambuli	19	112	1,306	17	76	285	111	1,299	2,604	57
10	Sironko	21	130	1,296	17	88	315	130	1,311	2,617	63
11	Budaka	17	60	267	12	69	238	69	238	534	51
12	Bududa	16	94	951	17	68	238	95	962	1,906	48
13	Serere	10	49	254	17	40	78	49	280	559	30
14	Dokolo	11	65	481	10	48	99	63	492	1,512	33
15	Amolatar	11	58	435	17	48	165	58	435	870	33
16	Nakapiripirit	8	34	216	17	36	120	33	224	448	24
17	Napak	8	37	307	17	36	120	36	302	604	24
18	Amudat	4	13	183	15	20	60	13	160	318	12
19	Abim	9	43	354	10	32	120	41	309	708	27
20	Kaabong	19	94	597	17	73	282	92	613	1,226	57
21	Kotido	6	26	253	17	34	74	30	238	476	18
22	Moroto	6	28	195	17	34	105	28	183	451	18
	Total	262	1,468	10,824	349	1,108	3,740	1,463	10,767	22,275	786

11.4 SBCC COVERAGE BY SUB COUNTY

No.	District	Sub counties	SBCC Partner
1	Amuria	Town Council, Abim, Lutuke, Awach, Alerek, Magamaga, Morulem, Nyakwae	PACE
2	Budaka	Tademeru, Kadimukoli, Kabuna, Kakoli, Katira, Kachomo, Budaka, Kamonkoli, Iki-iki, Kaderuna, Kameruka, Nansanga, Mugiti, Kakule, Lyama, Naboa, Budaka T/C	
3	Bududa	Nakatsi, Bukibokolo, Bushiribo, Bukigai, Bumayoka, Nabweya, Bukalasi, Bubiita, Nalwanza, Bududa T/C, Bulucheke, Bumasheti, Bushiyi, Bushika, Bududa, Buwali	
4	Bukedea	Kolir, Malera, Kachumbala, Bukedea, Town Council, Kidongole	
5	Bulambuli	Buginyanya, Bukhalu, Bulaago, Bulambuli tc, Bulegeni, Bulegeni tc, Buluganya, Bumasobo, Bumigibole, Bunambutye, Bwikhonge, Bamu, Lusha, Masira, Muyembe, Nabbongo, Namisuni, Simu, Sisiyi	
6	Kaberaimaido	Alwa , Aperikira, Kaberaimaido SC, Kaberaimaido TC, Kobulubulu, Ocheru, Anyara, Apapai, Bululu, Kakure, Kalaki , Otuboi	
7	Katakwi	Toroma, Kapujan, Palam, Usuk, Katakwi, Ongongoja, Magoro, Town Council, Ngariam, Omodoi	
8	Kumi	Mukongoro, Kumi South, Kumi North, Kumi, Atatur, Kanyum, Nyeru, Ongino	
9	Manafwa	Bubutu, Bugobero, Bukhabusi, Bukhaweka, Bukhofu, Bukiabi, Bukokho, Bukusu, Bumbo, Bumwoni, Bunabwana, Bupoto, Busukuya, Butta, Butiru, Buwabwala, Buwagogo, Kaato, Khabutoola, Lwakhakha Tc, Magale, Manafwa Tc, Mukoto, Nalondo, Namabya, Namboko, Sibanga, Sisuni, Tsekululu, Wesswa	
10	Ngora	Ngora T.C, Ngora S.C, Kapor, Mukula, Kobwin	
11	Sironko	Budadiri TC, Bugitimwa, Buhugu, Bukhulo, Bukiise, Bukiyi, Bukiise, Bukyabo, Bukyabi, Bumalimba, Bumasifwa, Bunyafa, Busulani, Butandiga, Buteza, Buwalasi, Buwasa, Buyobo, Masaba, Nalusala, Sironko TC, Zesui	
12	Soroti	Eastern Division, Gweri sub county, Katine, Kamuda, Soroti, Tubur, Western division, Northern division, Asuret, Arapai	
13	Amolator	Agwingiri, Amolatar town council, Awelo, Aputi, Arwotcek, Muntu, Agikdak Namasale.	Ones Enterprise
14	Dokolo	Dokolo TC, Kangai, Dokolo, Okwalongwen, Bata, Adok, Agwata, Amwoma, Kwera, Okwangodul, Adeknino	
15	Moroto	North division, South division, Nadunget, Rupa, Tapac, Katekikele	
16	Napak	Ngoleriet, LorengCora, Iriiri, Lotome, Lokopo, Matany, lopei	
17	Nakapiririti	Nakapiripirit TC, Kakomongole, Loregae, Namalu, Lolachat, Nabilatuk, Loregedwat, Moruita	
18	Serere	Pingire, Kadungulu, Atiira, Bugondo, Kateta	

19	Abim	Nyakwae, Alungar, Moralem, Abim town council, Abim sub county, Alerek, Lotuke, Awach, Magamaga, Bar lyeche, Gota pwuo	Sajeki Agency
20	Amudat	Looro, Amudat sub county, Karita, Amudat town council	
21	Kaabong	Kaabong town council, Kapedo, Kalapata, Kamion, Lobalangit, Loleria, Sidok, Lodiko, Kabong East, Loyoro, Kathile South, Kathile, Karenga, Lotim, Kakamar, Sangara, Kawalakol, Lokoli	
22	Kotido	Kacheri, Kalogwel, Panyangara, Nakapelimoru, Lookoro, Kotido Sub county, Kotido Municipal	

11.4 105% VERIFICATION SUMMARY

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
Abim	8	8	100%	35	25	71%	331	98	29.6%	260,801	3,927	3,971	44	1.11%	1.52%
Amolatar	11	11	100%	59	56	95%	436	318	72.9%	226,979	13,578	13,581	3	0.02%	5.98%
Amudat	4	4	100%	13	12	92%	183	70	38.3%	127,114	2,765	2,759	(6)	-0.22%	2.17%
Amuria	16	15	94%	93	72	77%	616	399	64.8%	405,755	15,031	15,476	445	2.88%	3.81%
Budaka	17	15	88%	60	47	78%	267	196	73.4%	309,697	15,857	16,083	226	1.41%	5.19%
Bududa	16	10	63%	94	49	52%	951	348	36.6%	254,160	15,139	15,152	13	0.09%	5.96%
Bukedea	6	6	100%	71	58	82%	160	115	71.9%	305,425	10,719	10,888	169	1.55%	3.56%
Bulambuli	19	19	100%	112	108	96%	1306	875	67.0%	257,360	33,662	33,705	43	0.13%	13.10%
Dokolo	11	11	100%	65	65	100%	481	444	92.3%	256,656	14,552	14,736	184	1.25%	5.74%
Kaabong	19	19	100%	94	91	97%	597	368	61.6%	353,033	20,023	20,569	546	2.65%	5.83%
Kaberamaido	12	12	100%	41	40	98%	435	389	89.4%	309,855	11,159	11,345	186	1.64%	3.66%
Katakwi	10	10	100%	57	48	84%	339	119	35.1%	264,571	4,215	4,499	284	6.31%	1.70%
Kotido	6	5	83%	26	11	42%	253	58	22.9%	286,097	3,262	3,310	48	1.45%	1.16%
Kumi	8	3	38%	83	7	8%	170	7	4.1%	358,628	25	21	(4)	-19.05%	0.01%
Manafwa	30	29	97%	164	138	84%	1460	933	63.9%	599,789	27,382	27,909	527	1.89%	4.65%
Moroto	6	6	100%	28	25	89%	195	82	42.1%	141,870	2,412	2,552	140	5.49%	1.80%
Nakapiripirit	8	5	63%	34	7	21%	216	9	4.2%	207,474	142	143	1	0.70%	0.07%
Napak	8	5	63%	37	8	22%	307	21	6.8%	242,459	640	683	43	6.30%	0.28%
Ngora	5	5	100%	66	65	98%	140	132	94.3%	208,435	12,035	12,430	395	3.18%	5.96%
Serere	10	10	100%	49	45	92%	254	140	55.1%	399,497	7,123	6,966	(157)	-2.25%	1.74%
Sironko	21	17	81%	130	67	52%	1296	504	38.9%	387,293	11,248	11,272	24	0.21%	2.91%
Soroti	10	8	80%	50	18	36%	409	61	14.9%	458,391	3,714	3,694	(20)	-0.54%	0.81%
Total	261	233	89%	1,461	1,062	73%	10,802	5,686	53%	6,621,339	228,610	231,744	3,134	16.2%	3.50%