

**LONG LASTING INSECTICIDE TREATED NETS (LLINs) DISTRIBUTION AND HANG UP
CAMPAIGN IN GHANA**

TRAINING MANUAL

TABLE OF CONTENT

PURPOSE OF THE MANUAL.....	3
Training goal	3
Training objectives.....	3
Trainings summary	3
TRAINING PREPARATION.....	10
TRAINING CONTENT	12
Introductions	12
UNIT 1: The role of LLINs in malaria prevention.....	13
UNIT 2: Summary of the campaign activities	16
UNIT 3: Communication and Social Mobilization.....	20
UNIT 4: Organizing and managing Registration of house holds.....	25
ACTIVITY U4: Role play on Registration.....	30
UNIT 5: Campaign daily monitoring and record-Keeping.....	33
UNIT 6: Organizing and managing the allocation exercise.....	36
UNIT 7: Managing the community door to door distribution and hang up campaign.....	37
ACTIVITY U7: Role play on the organization of a door-to-door distribution and hang up process.....	39
UNIT 8: Logistics	41
UNIT 9: Micro-planning	45
ACTIVITY U9a: Sub district training planning.....	45
ACTIVITY U9b: Identification of pre-positioning points.....	49

PURPOSE OF THE MANUAL

This document is intended to standardize training programmes targeting all actors involved in the implementation of the free door-to-door distribution and hang-up of Long Lasting Insecticidal Nets (LLINs) in Ghana. The document is to be used by trainers. It explains activities to be carried out at district, sub district and community levels and outlines the roles of the program implementers, especially trainers, supervisors and community health volunteers.

This manual is intended for use in the following Trainings:

1. Training of Trainers (TOT) at regional/district level involving representatives from each district
2. Sensitization of community leaders on the distribution process
3. Training of community volunteers and supervisors at the sub-district levels for the Household (HH) registration activities
4. Training of community volunteers and supervisors at the sub-district levels for the LLIN distribution and hang up campaign
5. Training of store keepers and logistics staff at district and sub-district levels

Training goal

The goal of this cascade training is to improve the capacity of trainers, supervisors, community health volunteers (CHVs) and logistics staff to successfully implement the LLIN distribution and hang up campaign.

Training objectives

Training will be carried out at two levels with different objectives for each level (see Table 1). The aim of the training programmes is to ensure that all participants of the LLIN distribution and hang-up campaign (namely, district trainers and supervisors, community health volunteers and community supervisors, and store keepers) understand the scope and importance of their role.

Trainings summary

1. District Training of trainers (Training held in the regional/district capital by the (National Malaria Control Programme) NMCP assisted by implementing partners: [Covers all the units]

The aims of this training are to equip the district trainers/supervisors with appropriate knowledge and skills to train and supervise the (Community Health Volunteers) CHVs and assembly men/opinion leaders on the LLIN campaign. These trainings will be conducted in 2 days.

By the end of the training programme, participants will be able to:

- Describe malaria transmission and current control and prevention strategies
- Describe the role of LLINs in malaria prevention
- Discuss the organization and management of the registration exercise
- Explain the allocation of LLINs to communities
- Describe the organization and management of the distribution and 'hang-up' activity and communication activities to promote regular use of the net
- To develop the lower level training schedule
- Explain processes to identify hard to reach areas, recruit volunteers needed for the registration and distribution training, identify pre-positioning sites and estimate transport needs to reach the sites
- Train the health volunteers, community supervisors and Sub-district coordinator on the registration and distribution process
- Sensitize opinion leaders and train the Sub district coordinators.

2. Sensitization of community leaders [Covers Unit 0, 1, 2 and 3]

The aim is to sensitize community leaders on the LLIN distribution exercise and encourage their support.

By the end of the training session, community leaders will be able to:

- Appreciate the role of LLINs in malaria prevention
- Describe what is expected of them to mobilize their communities in support of the campaign
- Describe strategies to be used to prevent leakage of nets during the campaign
- Oversee the works of the community volunteers and supervisors during the registration and door-to-door distribution of LLINs

3. Registration Training of the Community Health Volunteers [Covers Unit 0 to 4] and Community Supervisors (Covers Unit 0 to 5) at the Sub district level by district teams

The aims of this training are to a) equip **Community Health Volunteers** with the appropriate knowledge and skills to carry out the registration exercise, and communication activities to promote the regular and consistent use of the net; and to b) equip **supervisors** with the same knowledge and teach them how to use the summary and supervisory tools.

By the end of the training session, the participants will be able to:

- Describe the role of LLINs in malaria prevention
- Elaborate on the LLIN campaign and its implementation process
- Describe the roles of community leaders and volunteers in the campaign and LLIN promotion in general
- Demonstrate skills necessary for interview and recording process during the registration process
- Fill the registration form (Form 1)

- Fill the supervision form (Form 4b2) and Sub district summary form (Form 2)
 - Describe the micro-planning process and logistics arrangements for each community
4. Door to door distribution/hang up training of the health volunteers at Sub district level by the district teams (Cover unit 7 and activity U9b)

The aims of this training are to a) equip community **health volunteers** and supervisors with the appropriate knowledge and skills to distribute and hang up the LLINs in beneficiaries home and carry out communication activities to promote the regular and consistent use of the net; and to b) train **supervisors** to use of distribution supervisory tools.

By the end of the training programme, participants will be able to:

- Describe the distribution and hang up process
- Fill the form 1 and the tally sheet
- Fill the supervision form for the supervisor

5. Store Keepers training at district and sub-district level by the district team (Cover unit 8)

The aims of this training are to a) refresh the storekeeper at district level how to use the main forms as bin card and waybill: and to b) equip logistics coordinators at the sub-district level with the adequate knowledge to fill the required forms for any LLIN movements.

By the end of the training programme, participants will be able to:

- Explain the LLIN campaign and its implementation
- Discuss the store-keeper/logistics coordinator's role in the campaign
- Use the different logistic forms

Table 1: Type of training and targeted participants

Type of training	Place	Number of days	Target participants
District Level ToT	4 zones in the Northern region and 3 in the eastern region	2 days	At least 3 trainers from each district. <u>Composition:</u> District disease control officer/ district malaria focal person, District public health nurse and ...one representative of the region.
District Level store keeper	4 zones in the Northern region and 3 in the eastern region.	½ days	1 store keeper each from district and sub district and or from prepositioning site
Sub District Level Training (Registration) Sensitization opinion leader	Each sub district maximum 60 participants	1 day ½ days	1 CHV / 150 to 200 HH plus 1 supervisor per 10 CHV + 1 representative of the sub district health team 1 opinion leader from each community *CHV for this exercise should be able to read and write
Sub district Level Training(Door to door hang up campaign)	Each sub district Maximum 60 participants	1 day	3 CHVs per community plus 1 supervisor per 10 volunteer teams + 1 representative of the sub district health team *This 3 member team will include the CHV who conducted the HH registration exercise.

Table 2: Training content and agenda

Session title	Duration	Participants
<u>Introduction</u>	20 min	District trainers/supervisors Assembly men Community Health volunteers Community Supervisors Sub-district coordinators Store Keepers
<u>Unit 1. Role of LLINs in Malaria prevention</u>	45 min	All
<u>Unit 2. Summary of planned activities</u>	45 min	All
<u>Unit 3. Communication and social mobilization</u>	45 min	All
<u>Unit 4. Organizing and managing the HH Registration process</u>	1 hr 10 min	District trainers/supervisors Volunteers
Activity U4. Role Play and discussion	1 hr 30 min	Community supervisors Sub-district coordinator
<u>Unit 5. Daily monitoring and record keeping</u>	1 hr 15 min	District trainers/supervisors community supervisors Sub-district coordinators
<u>Unit 6: Allocation exercises</u>	1 hr	District trainers/supervisors Sub district coordinators
<u>Unit 7: Distribution/hang up process</u>	30 min	District trainers/supervisors volunteers
Activity U7: Role Play/ Hang Up Demonstration	2 hr	Community supervisors Sub-district coordinators
<u>Unit 8: Logistics</u>	1 hr/3hrs	District trainers/supervisors Store Keepers Sub-district coordinators
<u>Unit 9: Micro planning</u>		
Activity U9a: Community training planning	45 min	District trainers/supervisors
Activity U9b: pre-positioning points	45 min	District trainers/supervisors Community Health volunteers Community Supervisors Sub-district coordinators

Table 3: Training of trainer’s contents and agenda

Session title	Duration	Time	Facilitators
DAY 1			
<u>Participant arrival</u>		8:30-9:00	
<u>Unit 0. Welcome and introduction</u>	20 min	9:00-9:20	
<u>Unit 1. Role of LLINs in Malaria prevention</u>	45 min	9:20-10:05	
<u>Unit 2. Summary of planned activities</u>	45 min	10:05-10:50	
<u>Unit 3. Communication and social mobilization</u>	45 min	10:50-11:35	
<u>BREAK</u>	15 min	11:35-11:50	
<u>Unit 4. Organizing and managing the HH Registration process</u>	1 hr 10 min	11:50-13:00	
LUNCH	1 hr	13:00-14:00	
Activity U4. Role Play and discussion	1 hr 30 min	14:00-15:30	
<u>BREAK</u>	15 min	15:30-15:45	
<u>Unit 5. Daily monitoring and record keeping</u>	1 hr 15 min	15:45-17:00	
DAY 2			
<u>Unit 6: Allocation exercises</u>	1 hr	9:00-10:00	
<u>Unit 7: Distribution/hang up process</u>	30 min	10:00-10:30	
<u>BREAK</u>	15 min	10:30-10:45	
Activity U7: Role Play/ Hang Up Demonstration	2 hr	10:45-12:45	
LUNCH	1 hr	12:45-13:45	
<u>Unit 8: Logistics</u>	1 hr	13:45-14:45	
<u>Unit 9: Micro planning</u>			
Activity U9a: Community training planning	45 min	14:45-15:30	
<u>BREAK</u>	15 min	15:30-15:45	
Activity U9b: pre-positioning points	45 min	15:45-16:30	

Table 4: Community trainings agenda of health volunteers, community supervisors and sub-district coordinators, sensitization of community leaders

Session title	Duration	Time	Facilitators
Training 1: : TRAINING ON REGISTRATION			
Participant arrival		8:30-9:00	
<u>Unit 0. Welcome and introduction</u>	20 min	9:00-9:20	
<u>Unit 1. Role of LLINs in Malaria prevention</u>	45 min	9:20-10:05	
<u>Unit 2. Summary of planned activities</u>	45 min	10:05-10:50	
<u>Unit 3. Communication and social mobilization</u>	45 min	10:50-11:35	
<i><u>BREAK and departure of community leaders</u></i>	15 min	11:35-11:50	
<u>Unit 4. Organizing and managing the HH registration process</u>	1 hr 10 min	11:50-13:00	
LUNCH	1 hr	13:00-14:00	
Activity U4. Role Play and discussion	1 hr 30 min	14:00-15:30	
<u>Distribution of materials to health volunteers</u>	30 min	15:30-16:00	
<i><u>BREAK and departure of the health volunteers</u></i>	15 min	16:00-16:15	
<u>Unit 5. Daily monitoring and record keeping</u>	1 hr 15 min	16:15-17:30	
<u>Distribution of materials to supervisors</u>	15 min	17:30-17:45	
Training 2: TRAINING ON DISTRIBUTION/HANG UP			
<u>Unit 7: Distribution/hang up process</u>	30 min	9:00-9:30	
Activity U7: Role Play/ Hang Up Demonstration	2 hr	9:30-11:30	
BREAK	15 min	11:30-11:45	
<u>Unit 9: Micro planning</u>			
Activity U9b: pre-positioning points	45 min	11:45-12:30	

Table 5: Training of district store-keepers and sub-district coordinators in charge of the LLIN storage

Session title	Duration	Time	Facilitators
<u>Participant arrival</u>		8:30-9:00	
<u>Unit 0. Welcome and introduction</u>	20 min	9:00-9:20	
<u>Unit 2. Summary of planned activities</u>	45 min	9:20-10:05	
<u>Unit 8: Logistics</u>	1 hr 00	10:05-11:05	
<u>BREAK</u>	15 min	11:05-11:20	
<u>Unit 8: Logistics</u>	1 hr 40	11:20-13:00	

Roles and responsibilities

Community supervisor:

- Supervise volunteers at community level with supervision check list for the registration exercise and the distribution/hang up exercise
- Collect registration forms and authenticate(check) them
- Compile collected information on number of HH registered, number of PW and U5. Report any problems during the registration to the Sub district coordinator
- Help the Sub-District coordinator in counting the bags

Volunteers:

- Carry the registration as taught during the training
- Report any problem during the registration to the supervisors
- Give to the population the communication message on malaria, Use of net as taught during the training
- Distribute the net door to door and hang them
- Bring back the empty bag for accountability

Sub-District Coordinator:

- In charge of ensuring the accuracy of the supervisor's summary form and send it to the district level
- In charge of the LLIN stock at Sub-district level (management of the stock)
- Ensure the correct number of LLINs allocated to communities are sent to every pre-positioning points in his/her respective sub district
- Will count the empty bags submitted by the volunteers and compare with net given, distributed and hanged up.
- Will issue the payment for the volunteers

District trainers/supervisors:

- Will train the community volunteers, supervisors and Sub-district coordinators on the different steps of the campaign as outlined in the training manual
- Will supervise with the central and regional level supervisors the different activities
- Will allocate the net to each community following the registration process

TRAINING PREPARATION

Two to three weeks before the training:

1. Ensure that training materials are ready and available for the training
2. Determine room configuration and how to accommodate small group discussions during break-out sessions
3. Ensure equipment such as projectors, computers, etc are working
4. Purchase all training related supplies (folders and their contents)

Three days to one week before the training:

1. Write session objectives, group work instructions, and discussion questions on the flip charts
2. Reference the handouts (write the numbers of the handouts which go with each session on the flip chart/boards for that session)
3. Assemble participant packets (Notepad, pens, Name tags, etc.) as applicable
4. Confirm participant arrival times, lodging arrangements, refreshments, travel & per diem reimbursements
5. Conduct a co-facilitators team building meeting: ensure that lead facilitators are prepared for their sessions; ensure that co-facilitators know exactly how they will support the lead facilitators during each session; decide who will conduct the daily evaluations; and identify a time and place for holding facilitators' meetings after each day's sessions.

Supply and equipment checklist for the training

Supplies

- a) 4-5 pads of chart paper; 2 erasers
- b) 2 rolls of masking tape
- c) 2 staplers with staples
- d) 2 sets of flip chart markers
- e) 2 reams of copy paper; 1 box of file folders (100 each)

For the participants

- a) 1 file folder or 3 ring binder per participant (for organizing the handouts). Only for ToT
- b) 1 notepad per participant
- c) 1 pen or pencil per participant
- d) 3 registration form 1 and tally sheet per participant
- e) 2 summary form (Form 2) for supervisors
- f) 1 set of supervision form (Form 4) for each supervisors
- g) 1 name tag per participant

Supply and Equipment checklist for the activities to be given during the training

Sensitization of Community Opinion Leaders/Assemblyman – training volunteers and supervisors

- 1 LLIN for every participants
- 1 Tee shirt/badge for health volunteers and supervisors

Registration

- Sufficient copies of Form 1 – the numbers of forms printed for each community are shown on the district information sheets, they should be split between the communities in proportion to the size of the community.
- Sufficient copies of Forms 4
- One Clear bag per Volunteers and supervisors
- A pen for each volunteer and supervisor
- Notepad for each volunteer and supervisor
- Copies of summary form (FORM 2 & 3) and supervision form for community Supervisors
- Enough identification stickers.

Distribution/hang up

- The lists of the household signed by the Community opinion leader/assemblyman, these are the Form 1 with highlighted people to receive LLINs. Each team of volunteers should have their own communities Form 1 with the allocated number of LLIN per Households.
- Sufficient copies of Form 5 tally sheet
- A pen for each distributor to be used for signing by LLIN recipients
- Ink pad for each community Volunteer Team
- Bottle of permanent ink to refill ink pad
- Hang up leaflets for Community health volunteers and supervisors
- Laminated cards for the social mobilization

TRAINING CONTENT

Introductions

Applicable to District Training of Trainers; Sensitization of community leaders; Registration Training of the Community Health Volunteers and community supervisors

1. Self-introductions

Ask the group to briefly introduce themselves. Introduce the training team.

Welcome the participants and thank them for their involvement. Explain the importance of the activity at hand and request their full support. Briefly explain the reasons for the meeting / training however keep the session brief as many of the points are discussed in details later.

2. Introduction

Briefly explain why this training is taking place, leaving detailed discussions of the activities Planned until Unit 2.

The Ministry of Health, National Malaria Control Program and its development partners are working towards reducing malaria related maternal and infant mortality by ensuring all children under five years, pregnant women and subsequently everybody own and sleep under an LLIN every night.

Since 2002, Ghana has implemented mass Insecticide Treated Nets (ITN) campaigns targeting pregnant women and children under five years. This campaign is however different due to the following:

- 1. Integrated with Child Promotion week as social mobilization tool**
- 2. There will be a Household (HH) registration exercise to register all beneficiaries prior to the door- to-door distribution and hang -up exercise.**
- 3. Community health volunteers will be provided with all the needed logistics (hammer, ropes and nails) to hang up LLINs for all registered beneficiaries.**

3. Training overview

This workshop will be held within two days with the aim of training trainers who will intend train volunteers and their supervisors at the sub district. It is expected that at the end of this two days training sessions, training participants (trainers, store keepers, CHVs and supervisors) will fully understand the entire campaign process including HH registration, LLIN distribution and community door-to-door campaign.

UNIT 1: The role of LLINs in malaria prevention

(Applicable to District Training of Trainers; Sensitization of community leaders; Registration Training of the Community Health Volunteers and community supervisors)

1. Learning objectives

At the end of the session, participants will be able to:

- Describe how malaria is transmitted and preventive tools used in malaria control
- See malaria as a dangerous disease and as a major public health problem in Ghana
- Describe the differences between ITNs and LLINs
- Describe the role of LLINs in the fight against malaria in Ghana and hence the reason for the planned activities

2. Questions addressed are:

- Why is malaria an important disease?
- What causes malaria and how is it spread?
- What are the effects of malaria on the community and who are the groups of people most vulnerable to malaria?
- What are Insecticide Treated Nets (ITNs) and Long-Lasting Insecticidal Nets (LLINs)?
- Why are LLINs effective in preventing malaria?
- Are the nets safe?

Please write the objectives and questions to be addressed on a flipchart. Ensure the session addresses them.

*Begin this session by inquiring from participants what they know about malaria: **Cause and prevention**. This is to test their understanding of the cause and prevention of malaria.*

Explain to the participants that:

Malaria is an acute illness caused by malaria parasites. Acute means that it appears and progresses very fast. Human beings are infected through the bite of an infective female *Anopheles* mosquito, meaning the female *Anopheles* mosquito has previously taken up the parasite from an infected person.

There are many types of mosquitoes; some that bite in the daytime and some in the early evening. The malaria-carrying *Anopheles* mosquito only bites at night and is the only one that can transmit malaria. You can only get malaria by being bitten by one of these infective mosquitoes.

Some people believe that one can get malaria by eating mangoes or maize, drinking dirty water or walking in the rain. This is not true! Many people believe this because malaria is most common during the rainy season when mangoes and maize are plentiful. Actually the reason that there is more malaria when it rains is because there are more breeding sites for the malaria transmitting mosquitoes (mosquitoes lay their eggs in water and the young mosquitoes live in water as larvae before turning into the flying adults).

Emphasize that:

- In Ghana, malaria kills more children than any other disease; most children who die of convulsions and anaemia (lack of blood) have actually died of malaria.
- The commonest cause of convulsions and loss of consciousness among children is malaria and not bad spirits or witchcraft, as some people believe.
- Malaria is a leading cause of abortions and stillbirths in pregnant women
- Families lose a lot of money not only on treatment of the sick but also on transport to health facilities. They also lose a lot of time meant for gainful work.
- Pregnant women and children under five years are most vulnerable (malaria is most dangerous in these groups of people and often result in death). That is why one of the reasons this campaign is targeting especially these groups.

Clarify that:

The environmental conditions in most parts of Ghana favour mosquito breeding all the year round resulting in transmission of malaria throughout the year. Fortunately, the mosquitoes transmitting malaria bite mainly during the night. This makes the mosquito net an excellent tool to prevent malaria if it is used properly **every night**.

About ITNs and LLINs, explain that:

- Insecticide-Treated Nets (ITNs) are mosquito nets that are treated with a safe insecticide.
- The protection the mosquito net provides against malaria is doubled when the net is treated with insecticide because not only does the net stop the mosquitoes biting but the insecticide also kills and repels the mosquitoes.
- Conventionally treated nets are treated by dipping in an insecticide and to ensure its continued insecticidal effect, the net should be re-treated at least once a year because the insecticide washes off quickly.
- In contrast, a Long Lasting insecticide Treated Net (LLIN) is a type of ITN which does not need to be re-treated if handled with care. LLIN is a factory-treated mosquito net made with netting material that has insecticide incorporated within or bound around the fibres. The insecticide on the net lasts for the lifetime of the net. All free net distributions in Ghana should be LLINs.

- All the nets to be distributed in this campaign are LLINs.
- The insecticides used for ITNs and LLINs are approved to be safe by the World Health Organization (WHO) and the Ministry of Health.

About the beneficiaries, tell the participants that:

These nets will be given to **children under 5** years and the **pregnant women**, because they are the ones most affected by malaria. They suffer more frequent attacks and also severe disease.

Studies carried out in different parts of Africa have shown that:

- Children sleeping under ITNs got malaria half the number of times as children not sleeping under insecticide treated net.
- Children sleeping under ITNs are less likely to die from malaria than those not sleeping under insecticide treated nets
- Pregnant women are more likely to get ill from malaria than when they are not pregnant. This is because their bodies lose resistance against malaria when pregnant.
- Even pregnant women who feel well can have malaria parasites in their placenta causing problems to the baby and leading to miscarriage, premature delivery or babies that are born too weak.

Therefore, we can see that ITNs reduce malaria illness and deaths especially in children under five years and pregnant women.

3. Take Home Messages

Communicate these in a participatory manner, posing questions to the audience etc.

- Malaria is number one killer disease and cause of fever in Ghana.
- The malaria carrying mosquitoes bite mainly at night and indoors
- The good news is that malaria is preventable by sleeping under a LLIN every night.
- The LLINs do not need retreatment.
- The insecticide in LLINs is safe. This has been approved by the Ministry of Health in Ghana and the World Health Organization.
- These nets will be distributed to children under 5 years and pregnant women.
- Children under 5 years and pregnant women are most affected by malaria and therefore should be given priority to sleep under the nets.

UNIT 2: Summary of the key campaign activities

(Applicable to District Training of Trainers; Sensitization of community leaders; Registration Training of the Community Health Volunteers and community supervisors)

1. Learning objectives:

By the end of the session, participants will be able to:

- Describe the campaign process and the stepwise implementation of planned activities.

Any detailed questions about the registration or distribution exercise should be answered very briefly and the details saved for those units.

2. Questions addressed are:

- Why the selected districts?
- How will the trainings be conducted?
- How are nets allocated to communities?
- How, when and where will the door-to-door distribution and hang up exercises take place?
- What other IEC/BCC activities (information, education, communication/behaviour change and communication) are planned?

Please write the objectives and questions to be addressed on a flipchart. Ensure the session addresses them.

For transparency, the following information should be discussed up to community level.

Inform the participants that the LLIN campaign was planned several months ago. Many activities including procurement and transportation of the LLINs have been done and the nets are already in the district stores.

The campaign will be done as follow:

1. Training of trainers at district level
2. Sensitization of community leaders and Training of Community health volunteers, supervisors and store keepers at sub-district level on registration
3. Registration exercise
4. Allocation process
5. Micro-planning and pre-positioning of LLINs for distribution
6. Pre-distribution social mobilization and communication
7. Door-to-door distribution and hang up activities
8. Post campaign evaluation survey

How the beneficiaries regions were chosen?

LLINs are a major intervention in the Ghana Health Services strategy. Consultative meeting with implementing partners have been held and the regions with the lowest coverage on ITN have been selected for the planned campaign.

How will the trainings of CHVs and supervisors be conducted?

- There will be two **separate training programmes** for health volunteers and community supervisors. The first training programme is aimed at equipping volunteers and supervisors with the necessary skills to effectively carry out the household registration exercise in order to obtain accurate data to ensure an effective LLIN distribution.
- The second training programme will be to equip volunteer teams and supervisors with the needed skill to distribute and hang the LLINs using data gathered through the household registration.

Note: There will however be only one training for district level trainers which will cover all aspects of the campaign.

How are nets allocated to communities?

- While LLIN estimates can be used at national and district levels for planning purposes, the actual implementation should be more accurate. Therefore, allocation of LLINs to communities and households will be based on data collected during registration.
- The registration process, which will take three days to complete, is basically counting the number of children under 5 years and pregnant women. The assemblymen (opinion leaders) will validate the registration form (The details of how to register, compile and analyze community data for allocation will be covered in later units).
- Some families could try to add more people who do not exist in order to get more nets. This is selfish because it means some families who need the nets will not receive them. Supervisors monitor the registration process closely to prevent this type of situation.

When will the LLIN distribution and hang up campaign take place?

- Specific dates will be set for the door-to-door distribution and hang up campaign. The dates would be determined and communicated during the second training of volunteers. This will help mobilize communities to participate in the campaign.

How is the distribution and hang up campaign organized?

- Volunteers will visit each registered home with at least one child under 5 years or a pregnant woman and will give them the allocated number of LLINs. They then are helped to hang up the LLINs.

What IEC/BCC activities are planned?

- The IEC/BCC **(information, education, communication/behaviour change and communication)** proposed for the campaign includes community drama, radio announcements, community van announcements, town criers call (gongon) and LLIN hang up leaflets. The Community Health Volunteers and local leaders will be provided with integrated malaria job aides to guide their discussions with the beneficiaries. Radio spots and talk shows will take place to ensure people know about the distribution plans and to disseminate some of the key messages.
- For both the Northern and Eastern Regions, activities will focus on the key issues related to net use, and are linked to the IEC/BCC materials. To reinforce messages and effect behaviour change, non-governmental organizations (NGOs) and faith-based organizations (FBOs) (four in the Northern and three in the Eastern Regions) will undertake social mobilization activities including durbars, mobile van messaging and net hanging demonstrations.
- A checklist sticker will be developed and placed on each household during registration that will give the date of the campaign, a message about child health promotion week, and then have the following actions with a box for community volunteers and supervisors to check off:
 - Information about LLIN use was provided by a community health worker
 - This house received an LLIN
 - This family was shown how to hang a LLIN correctly in the house
 - A supervisor came to see if the LLIN was hung up correctly
 - Information was provided to bring children to the clinic for child health Promotion week
- During the post-campaign survey, information will be collected on the number of households with each of the boxes checked off to determine if interpersonal messages were provided in a way that encouraged nightly LLIN use and encouraged attendance among children at clinics for child health promotion week.

3. Take Home Messages

Communicate these in a participatory manner, posing questions to the audience etc.

- Local and religious leaders will participate in mobilizing and encouraging every household in their localities for cooperation in the registration process and efficient implementation of the distribution campaign.
- The net allocation will be based on the outcome of the house to house registration.
- Every household with vulnerable person (i.e. a child under 5 years or a pregnant woman) will receive at least one LLIN.

UNIT 3: Communication and Social Mobilization

(Applicable to District Training of Trainers; Sensitization of community leaders; Registration Training of the Community Health Volunteers and community supervisors)

1. Learning objectives:

At the end of the session, participants will be able to:

- Explain the benefits of using LLINs
- Describe strategies to promote and influence the correct use of LLINs among beneficiaries
- Explain ways of preventing leakage of nets

2. Issues addressed are:

- The role of leaders' vigilance to prevent leakage
- The importance of promoting proper use of LLINs
- Frequently asked questions about LLINs that may help provide information to support proper use
- Health volunteers' role in encouraging and influencing proper use of LLINs after distributions

Please write the objectives and questions to be addressed on a flipchart. Ensure the session addresses them.

Leakage, stress that:

This campaign will result in protecting vulnerable groups from malaria only if the LLINs actually reach the people they are intended for, are not sold, and are used by the families who receive them.

Two things are important for this:

- 1) LLINs are not stolen or diverted at any level.

Discuss here where possible leakage points might be (transport level, storage level, registration level, distribution level etc) and how leaders and others can help to prevent this or identify if it does happen. Adding additional people who do not exist during household registration is also considered as stealing and will not be tolerated.

- 2) Those families actually sleep under the LLINs every night.

Discuss the issue of families selling LLINs given to them and methods of preventing this. Discuss the importance of correct use of the net for maximum protection against malaria. That merely having the net in the household does not prevent malaria. It must be hung over the sleeping place and used every night.

Key messages for LLIN beneficiaries¹

It is important that the same messages are delivered through multiple channels, this provides reinforcement of the messages in different ways the beneficiaries can relate to: seeing, hearing, doing, repeating the cycle. For example, seeing a poster about how to hang an LLIN properly, hearing a radio spot that talks about the benefits and importance of sleeping under an LLIN, especially among pregnant women and children under 5, participating in an LLIN hanging demonstration. Over and over—the messages echo through word of mouth, throughout the communities, and the cycle repeats itself.

Facts about Malaria:

1. Mosquitoes transmit malaria
2. The malaria-carrying female Anopheles mosquito only bites at night and is the only one that can transmit malaria.
3. Malaria is serious, and it can be fatal
4. Children under 5 and pregnant women are most vulnerable
5. Malaria transmission can occur year-round
6. You can prevent malaria in your home
7. There is an effective treatment for malaria
8. LLINs are an effective means of malaria prevention and control
9. LLINs are safe for the general population and specifically children under 5 and/or pregnant women
10. LLINs must be used every night

Action:

1. Acquire an LLIN
2. Sleep under an LLIN every night
3. Go to ANC before the fourth month of pregnant
4. Return to ANC as scheduled
5. Attend regularly child welfare clinics

Benefits of LLINs:

1. LLINs protect the pregnant woman and her unborn baby from malaria
2. LLINs protect the pregnant woman from anemia
3. The child would not be born small or sickly
4. It will ensure that the pregnancy goes full term

Below are some frequently asked questions which may be asked by beneficiaries during registration or distribution. Ask participant to answer these questions and then go to the right answer with them. Use the information below to discuss the importance of LLINs, their usefulness and to address issues to promote proper use so that everyone involved in supporting

¹ Adapted from PMI Communication and Social Mobilization Guidelines and NMCP/ProMPT materials developed

the campaign is prepared for any questions. For the sensitization sessions, this content should be summarized and orientated around key messages – see the Take Home Messages for guidance.

Why is malaria prevention important?

- In Ghana, malaria kills more children than any other disease; most children who die of convulsions and anaemia (lack of blood) have actually died of malaria.
- The commonest cause of convulsions and loss of consciousness among children is malaria and not bad spirits or witchcraft, as some people believe.
- Malaria is a leading cause of abortions and stillbirths in pregnant women
- Families lose a lot of money not only on treatment of the sick but also on transport to health facilities. They also lose a lot of time meant for gainful work.
- Pregnant women and children under five years are most vulnerable (malaria is most dangerous in these groups of people and often result in death). Even when a pregnant woman feels healthy, malaria infection in the placenta can harm the development of the baby.
- Repeated malaria infections can harm the growth and development of small children
- Malaria causes children to miss days at school.

How does the LLIN work?

- The LLIN works as a physical barrier to some extent but that is not all it does. Because it has insecticide it gives at least double protection than a net with no insecticide. The insecticide on the net repels the malaria mosquitoes or kills them when they rest on the net trying to bite the person sleeping.
- Since the malaria transmitting mosquitoes bite at night, the net is very useful at protecting people who are usually asleep at this time.

What types of nets are distributed?

- The types of nets going out in this campaign are Long Lasting Insecticidal Nets (LLINs).
- The insecticide in these nets lasts for the lifetime of the net so they do not need to be retreated in the future.

Why can I still see mosquitoes around my LLIN?

- A common complaint is that people still see mosquitoes, even when they are using a net treated with insecticide. It is very important to understand that even if you see mosquitoes you are still being protected from malaria.
- Even if you still see mosquitoes in the house and you even see some resting on the net and not being killed, you may be seeing a type of mosquito called Culex mosquitoes that

DO NOT carry malaria. The insecticide will still be keeping away and killing the Anopheles mosquitoes that do carry malaria.

How do I hang the LLIN?

- The net you have been given is rectangular, like the shape of your sleeping places or beds. Use the four loops on the net to tie the net up. You can hang it in many different ways, whatever works well for your sleeping place. You might use sticks attached to the bed at each corner and hang the net from these. Or, you might hang it from the wall or ceiling – you could hang it from nails sunk in the walls, on strings or poles that you can run across your room. Or you might find another solution for hanging it that works better for your space.
- Lower it to cover the users every night and tuck the edges under the mattress or sleeping mat so no mosquitoes can sneak in.
- Lifting up the net in the day time can help to prevent it being snagged and torn (also if this happens, you can sew up the holes)

Who should sleep under this net?

- Ideally everyone in the family should sleep under an LLIN every night. More than one person can share the net. If for some reason there are not enough nets in the house for everyone to sleep under one then you should at least make sure that every pregnant woman or child under five is sleeping under a treated net, every night.

When should the LLINs be used?

- Pregnant woman and children under 5 should sleep under an LLIN every night, all year round.
- There are times when you might see fewer mosquitoes around but they never disappear completely so it is important to still use the nets even at these times. It only takes one female Anopheles mosquito to catch malaria!

Are young children safe under an LLIN?

- Yes. Young children are very safe under a treated net. The amount of insecticide used to treat a net is so little that it cannot harm people sleeping under the net, including babies.

Are pregnant woman and unborn babies safe under a LLIN?

- Yes. The insecticide is not at all dangerous for pregnant women or to the unborn babies.

- In fact they will be extra safe under the net. The net will protect the mother throughout the pregnancy from getting a malaria infection which could hide in the placenta and stop the baby from growing properly or even cause a miscarriage.
- It is important that a pregnant woman sleeps under the net all through the pregnancy and does not save the net until the baby is born.

What about the side-effects people get from new unopened LLINs?

- Side effects from LLINs are rare and not serious. If they do occur then they will only last for a short time.
- It may be that people's experiences of side effects (sneezing, sore eyes, itching skin). These side effects come mainly from freshly unpacked nets. These nets are LLINs and so do not need retreating.
- To be sure to avoid any side effects the new nets that are handed out **should be aired for a day before use**, this will allow any excess build up of insecticide to disperse. It should be stressed that this is only for one or two days after which the LLIN should be hung over the sleeping place and used.

How should I care for my LLIN?

- The net fabric can get dirty, tear or burn like any cloth. Avoid closeness to open fires such as candles.
- If you would like to wash it when it gets dirty then do so. Do not use strong detergents or bleach as this will make some of the insecticide come off even the long lasting nets
- The insecticide in the LLIN only lasts for 20 washes
- Dry the nets in a shade should you wash the net
- If holes appear in the net from rats or wear and tear, just sew the holes up as you would any other fabric. This will help the nets work to the maximum.

Aren't LLINs a fire risk?

- LLINs give no more risk of fire than any other cloth hanging in your house.
- The chemical does not make the net any more flammable than any other fabric.
- In fact the nets are treated so that if they do catch fire the flames quickly die out.
- Of course it is important to be careful with open flames near the nets, just as you would with open flames near any other things hanging in your house. Keep the hanging net well away from open flames.

Are there any other benefits of the LLINs apart from protection against malaria?

- Yes; insecticide treated nets can sometimes kill other domestic pests (fleas, lice, bedbugs, cockroaches) that come in contact with the net.

Explain that all this information can be used before and after the distribution by all leaders and implementing staff to spread the message about the importance and usefulness of the LLINs.

3. Take-home messages

What to do to ensure LLINs are taken up and used by the targeted group?

- Ensure those people who are registered and allocated LLINs in the final list are at home during the door-to-door distribution process. Announce on the radio the relevant dates.
- Hold community meetings to discuss benefits of LLINs
 - Correct use of LLINs all year round reduces frequency of malaria illness in the household.
 - As a result, expenditure on malaria treatment and travel to seek treatment, and general workdays lost is reduced.
 - The above savings can be put to better use such as used for family development resulting in better living standards.
- The information provided under “frequently asked questions” to answer questions came up during the meetings.
- The importance of being responsible with the LLINs and not selling them on.
- If additional people who do not exist are added during household registration then this is considered stealing and will not be tolerated.

UNIT 4: Organizing and managing Registration of households

(Applicable to District Training of Trainers; Registration Training of the Community Health Volunteers, Community supervisors and Sub district supervisors)

1. Learning objectives:

At the end of the session, participants will be able to:

- Describe the registration process
- Demonstrate how to fill the registration form and the summary form

2. Issues addressed are:

- The steps in the registration process
- Completing the registration form and the summary form

Please write the objectives and questions to be addressed on a flipchart. Ensure the session addresses them.

a) Explain the process in general:

- A house to house registration process will take place before the distribution exercise to ensure there is a list of all beneficiaries in each community.
- Registration will take **three days**
- This is important so that we know how many nets should be given and which households will get them.
- This is a key component of the whole distribution process and can easily go wrong. It will need good supervision and good preparation to ensure the data collected is accurate and that abuse of the system does not take place.
- Deliberate inaccuracies in the registration process will not be tolerated. The distribution will not take place until the supervisors are happy with the accuracy of the data.
- The selected Community health volunteers (one health volunteer for 180 to 240HH) in each community will do the registration in their communities. They will then present the community lists to the opinion leaders for verification before endorsing them as a true and complete list of his /her community.

b) Definitions and criteria to identify targeted beneficiaries

- A Pregnant woman: A woman with visible pregnancy or with an ANC card. If a woman claims to be pregnant but does not have an ANC card, she will be registered together with a note that she is expected to produce an ANC card during the LLIN distribution.
- A child under 5 years: Is a child between 0 to 59 months at the time of the registration.
 - The age is clear
 - When children seem around 4 or 5 years old ask for the birth certificate or immunization card or baptism card or any means to confirm the age of the children.
 - In case of the age of the child is unclear, and the child does not have a card, the community leaders should confirm the age.

c) The steps of the registration process

If there are more than one volunteer per community, they will divide the community among themselves to ease the process. The volunteers go to every house in the community, recording each household with pregnant women and children under 5 years old.

Instructions for volunteers when approaching households during registration:

1. You should have some form of identification such as a T-shirt or a badge to show that you are part of the campaign.

2. Greet the head of the household
3. Introduce yourself and explain the purpose of your visit
4. Explain briefly why you are registering all households with children under 5 years and pregnant women
5. If there is no child under 5 years or a pregnant woman in the household, proceed to the next house
6. If there is either a child under 5 years or a pregnant woman or both, ask for consent of the household to begin the registration process
7. Explain they are the most vulnerable group for malaria and this is why the Ghana Health Services and partners have decided to register all household with vulnerable group for the coming net distribution
8. After recording the house number and the name of the household head in Form 1, ask him/her to show you available nets in the house
9. Go through the assessment and fill the rest of the form. Do NOT fill in the last four columns of Form 1 (i.e. the Allocation and Distribution columns)
10. If the household is empty and according to neighbours there is a child under 5 or a pregnant woman, leave a message to inform them when you will come back to complete the registration form

d) How to fill the Registration form:

- HH #: Household Number for each volunteer's number should start by one and be continuous until the end of the registration process. Numbering **should not be restarted** the second day: e.g. the volunteers register 45 HH the first day, 40 the second day and 52 the third day the numbering will go from 1 to 137.
- Name of the female HH head: Each HH will be registered under the woman head (for example if a man has two wives living in the same compound the wives will be registered as two different households). In polygamous household the man will be counted with the first wife.
- # of nets in the households: Write the number of nets seen in the house (used or not)
- Name of child under 5 years and/or a pregnant woman in the households: For each potential beneficiary fill in the name.
- Card # of recipient: For Pregnant women note the number on the ANC card. For children less than 5 years, record the number on the Child welfare card or any other card that show their age.
- If there is no card and the woman is visibly pregnant and child is without no doubt under 5 years, write NA for Non Available.
- Age: Write the age of the beneficiaries. If the child is under 1 year old write 0
- # of people in the HH: number of people in the house hold
 - PW=Note the number of pregnant women for each household
 - U5= Note the total of children under 5 for each household.

- All=Note the total household size (pregnant women, children under 5 and any other member of the household)

FORM 1: House Hold Pre-Registration and distribution Form for LLIN campaign 2010

Region: District: Sub-District: Community:.....
 Volunteers name: Signature:
 Supervisor's name: Signature:

To be filled during Pre-registration									Allocation	Distribution		
H #	Name of female household head/HH Identification	# of nets in house	Name of Child <5yrs / pregnant woman in the household	Card # of recipient	Age in years	# of people in the HH			No. of LLIN to be given	LLIN distributed	Hang	Signature or thumb print
						PW	U5	All				

NO. OF LLIN RECEIVED	NO. OF LLIN HANGED	BALANCE

Exercise A. Completing Form 1: a preliminary exercise

This is a short exercise to ensure that participants understand the main concepts before attempting the more detailed role play (Activity U4). Give participants the name of the region, district, sub district, village and name of the supervisors. Ask participants to write their own names as volunteers and register the following two families using Form 1. Use a fictitious name for head of the household

The first family has 5 members: 1 baby of 6 months (without a Child welfare card), 1 child of 3 years (with a card), 1 child of 10 years and the husband and wife. The wife is not pregnant. They do not have any nets.

The second family has 2 members: the husband and wife (give a fictive number for the ANC card) and the wife is pregnant. She is 22 years old. They have an LLIN still in the bag.

Ask one of the participants to present results for the first family and a second participant for the second family, and go through the exercise with the whole class.

Result exercise A

FORM 1: House Hold Pre-Registration and distribution Form for LLIN campaign 2010

Region: District: Sub-District: Community:.....

Volunteers name: Signature:

Supervisor's name: Signature:

To be filled during Pre-registration									Allocation		Distribution	
H #	Name of female household head/HH Identification	# of nets in house	Name of Child <5yrs / pregnant woman in the household	Card # of recipient	Age in years	# of people in the HH			No. of LLIN to be given	LLIN		Signature or thumb print
						PW	U5	All		distribu ted	Hang	
1	xxxx	0	Baby xxxx	NA	0	0	2	5				
			Child xxxx	7686	3							
2	yyyy	1	Woman yyyyy	6893	22	1	0	2				

e) After the registration

- During the registration, volunteers should inform every household when they will receive their allocated LLIN(s).
- The Volunteers along with community leaders will check and compare their list for double entries or omissions. Once the community leader is satisfied with the form, he must sign

Form 1 and stamp it with the community stamp. Once completed they should give the form to the supervisors.

f) Supervising the registration process

Supervision is an important part in the implementation and has been built into all stages. All supervisors should use the daily monitoring and supervision form (Form 4b2) provided for the registration process to ensure that all key issues are covered. For each stage, all data recorded should be handed to the sub district coordinator that will give the data to the central district who must maintain an overall campaign record.

Supervisor's role:

- Every volunteer should be visited at least twice during the registration process by the community supervisors.
- Central supervisors, district trainers and community supervisors should move round the community to supervise this process. They should carry around with them extra copies of Form 1 and stickers.
- Cross check some information at household level to see if data are accurate.
- Correct data will produce correct allocations hence the need to check all community data for malpractices.
- Check for additional errors.
- If concerns remain as to the validity of the data, it is important to return to the communities to make further enquiries and if necessary redo the registration process.
- Community supervisors will compile the number of households and persons registered in each community and transfer the form (Form 2) to the sub district. Sub district will then transfer the form to the district level.

ACTIVITY U4: Role play on registration

Registration: Divide the participants into smaller groups of 6-8. In each group, 4 people play the roles of a head of household, one a volunteer and one a community leader. They act through the process of arriving at the house, gathering the information and verifying the information. Each of the participants should go through the three roles. Future supervisor should also practice filling Form 1 first before practicing on Form 2.

Practicing filling Form 1:

- *Go through Form 1 and explain how to fill it. Ask them to fill in at least three sheets with fictitious families to see if they can use the forms.*
- *Ask them to take as examples different household sizes, e.g. some with only two members and other with more, some with pregnant women and/or children under five.*

- *Households with different number of nets in different conditions.*
- *Each household registered by one volunteers should receive a different number. Do not re-start numbering when using a fresh Form 1.*
- *Facilitators go in each group to check for any mistakes.*

Practicing filling Form 2:

The supervisor will go from one group to the others to check if people fill correctly the forms. At the end he will compile the registration form. Number of household registered, total of pregnant women and children under 5 years in each community in the sub-district summary form 2.

After the role play, groups should discuss and review the role play and offer advice on both technical matters and interpersonal communication techniques.

3. Required supplies for registration

- Sufficient copies of Form 1 – the numbers of forms printed for each community are shown on the district information sheets; they should be split between the communities proportionally according to the size of the community.
- Sufficient identification stickers
- One clear bag for each volunteer and supervisor for returning completed registration lists.
- A pen for each volunteer and supervisor
- A note book for each volunteer and supervisor
- Copies of the summary forms (Forms 2 and 3) and the supervision form (forms 4) for supervisors

Note:

Trainers should ensure that these items are supplied to the volunteers and supervisors after the training.

Agree on the date and time of reporting back with the completed community registration lists. These lists should be returned in the clear bag.

4. Take home messages

Communicate these in a participatory manner, posing questions to the audience etc,

- A house to house registration process will take place before the distribution exercise to ensure there is a list of all the beneficiaries. Form 1 is used for the household registration process.
- Whoever is not registered will not get an LLIN.
- The community leaders will be presented with registration lists for verification before endorsing them as a true and complete list of his /her community.
- Supervision of this activity is critical. Abuse of the system will not be tolerated.

UNIT 5: Campaign Daily Monitoring and Record-Keeping

(Applicable to District Training of Trainers; Registration Training of the Community Health Volunteers, Community supervisors and Sub district coordinators)

1. Learning objectives:

At the end of the session, participants will be able to:

- Fill the different supervision form to monitor the different campaign activities
- Appreciate the need for a reliable data collection
- Describe the data collection process

2. Issues to be addressed

- Why supervision is important
- Why record keeping is important
- The different forms to be completed during the distribution process
- The process for submitting forms

Please write the objectives to be addressed on a flipchart. Ensure the session addresses them.

Why supervision?

Supervision is an important part in the implementation and has been built into all stages. All supervisors should use the daily monitoring and supervision forms 4 provided to monitor each campaign activities and to ensure quality at each stage. All data recorded should be handed to the sub district coordinator that will give the data to the district and finally the region who must maintain an overall campaign record.

How to fill the different Forms 4: Daily Monitoring and Supervision forms for LLIN CAMPAIGN Ghana 2010

These **checklists** are for monitoring the quality of services provided during the distribution of the nets at the various stages of the process. Central supervisor should use them during each visit. As much as possible, complete this checklist without interrupting the activities.

- Form 4 a: Monitoring during Training Process (filled by central supervisor): *One form should be filled for each training supervised*

- Form 4b1: Monitoring during registration Process (for Central and district supervisor): *One form should be filled by community visited*
- Form 4b2: Monitoring during Registration Process (for community supervisors): *One form should be filled per day*
- Form 4c: Monitoring at Pre-positioning point / Warehouse (filled by central and district supervisor): *One form should be filled by pre-positioning point visited*
- Form 4d1: Monitoring during distribution and hang up (for Central and district supervisor): *One form should be filled by community visited*
- Form 4d2: Monitoring during distribution and hang up (for community supervisors): *One form should be filled per day*

With the supervisors, go through each form and see if the required information are understood.

Why record-keeping?

Knowing when and where nets were given out helps plan for net replacements at a later date. In order to know exactly how many nets have been given out, good record keeping is vital. This is also important so that it is possible to keep track of the number of nets at different points in the distribution process as these are valuable items and need to be accounted for.

Discuss the process for getting data forms back to district level and the need for speed on this.

At the district meetings:

- Decide on one person per Sub District to receive and co-ordinate the form filled by the volunteers (Form 1 and 5) and community supervisors (Form 2, 4b2 and 4d2). They will send all of these forms to the district focal person.
- The central supervisor must receive and co-ordinate all district summary Form 3 and supervision form (Forms 4).

Table 6: Type of forms used in this campaign

Form	Filled by	Filled when	Collection
Form 1: Registration	Health Volunteers	Filled at the registration and allocation process and will be use during distribution	Collected by the community supervisor and submitted to the sub-district coordinator in charge of operation
Form 2: Sub-district summary form	Sub district supervisors	One part is filled after the registration process, one after the allocation process and after the distribution	Submitted to the sub District coordinator that will send it to the district after checking for accuracy
Form 3: District summary form	District	Completed at district level after distribution	Used during report writing and submitted to Region
Form 4a: Supervision forms	Central supervisor	At each training session supervised	Used during report writing
Form 4b1, 4c, d1: Supervision forms	Central and District supervisor	For each activities supervised	Used during report writing
Form 4b2, d2: Supervision forms	Community supervisors	During registration and distribution supervision	Submitted to the Sub-District coordinator and needed during the payment process
Form 5: Tally sheet for door to door distribution	Health Volunteers	During the door to door distribution	Collected by the community supervisor and submitted to the sub-district coordinator in charge of operation

Note: All forms should be returned to the central level, not just the district summaries.

UNIT 6: Organizing and managing the allocation exercise

(Applicable to District Training of Trainers; Community supervisors and Sub district coordinators)

1. Learning objectives

At the end of this session, participants will be able to:

- Describe the LLIN allocation process.
- Do the allocation according the rules given by the central supervisors

Please write the objectives to be addressed on a flipchart. Ensure the session addresses them.

2. Issues to be addressed

- Importance of the allocation process

Explain that:

- Correct data will produce correct allocations hence the need to re-check all community data for malpractices. For example, accuracy of the data would be doubtful if more than 5 children under 5 years of age are reported from a single household.
- If there are concerns regarding validity of the data, it is important to return to the communities to make further enquiries and if necessary redo the registration process.
- Once the data is satisfactory, add the number of LLINs to be given to each household. The rule to be followed is: "One net for every beneficiary but a maximum of 3 nets for a household".

Examples:

- One pregnant woman in the household = One LLINs net to be given
- Two children under 5 = 2 LLINs
- Three children under 5 and 1 pregnant woman = 3 LLINs

The total number of LLIN to be given to the community will be clearly written on the back of the last form for this community. This allows the volunteer to know how much the community is entitled and request it at the community storage.

- The district supervisor/trainers will also report this number on the positioning form (LOG FORM) that will be sent to each sub district store keeper and will allow the positioning of the nets.

Exercise B. Completing Form 1: Allocation part

Use the form1 filled during the registration role play; make the allocation according the rule given above.

UNIT 7: Managing the community door to door distribution and hang up campaign

(Applicable to District Training of Trainers; Community Health Volunteers, Community supervisors and Sub district coordinators)

1. Learning objectives

At the end of the session, participants will be able to:

- Describe the entire of door-to-door LLIN distribution and hang-up process.
- Fill the tally sheet
- Know how to hang the LLIN in different type of houses
- Appreciate the need to solve problems that might arise during the campaign.

2. Issues to be addressed are:

- The steps in the process of the distribution and hang up.
- How to hang the net
- How to solve problem that can occur

Please write the objectives to be addressed on a flipchart. Ensure the session addresses them.

Explain the process in general:

- Distribution will be done door to door by a team of three volunteers (they should work together). They will help beneficiaries to hang the LLINs up.
- One day before the distribution, health volunteers will mobilize the community.
- Volunteers will visit pre-positioning sites of communities (in the custody of chiefs, assembly men or hospital stores, depending on the availability and closeness to distribution area). Each of the pre-positioning sites have a list of volunteer's team (group of three) and the number of LLINs they are entitled to distribute
- Volunteers take the number of LLINs they can carry and could cover fully some of the registered households. They also receive hammer, nail and ropes to hang the nets (Each LLIN goes with 4 meters of rope and 4 nails)
- The person in charge of the pre-positioning site should note on the bin card (one for every team of volunteers) the number they are entitled to and the number of LLINs they take.
- Volunteers record the number of LLIN received on the Form 5: Tally sheet. Volunteers go to the first household and check the allocated number of LLINs, remove the packaging of the nets and help the household head to hang the net up. **You should ensure each LLIN is hanged before you leave the household.** The net is then rolled up and the beneficiaries told not to use it before the following night.

- The head of the household should sign Form 1 (the last three columns of the form should be completed).
- The volunteers record the number of LLIN given to the beneficiaries by checking box in the Form 5: tally sheet.
- The packaging bags will be kept by the volunteers and returned to the pre-positioning site where the person in charge will count them at the end of the distribution days.

The different possibilities to hang the net

Ask the participant the different possibilities to hang the net. The hang up techniques/types could be discussed around the leaflets.

Some problems that are likely to occur during the process:

Ask to the participants what could be the problem encounter and how to resolve them. Then if not mentioned provide some more examples

1. Household members might claim that they were not registered although there is a child under 5 years of age or a pregnant woman in the household. Inform them that you will bring the request to the attention of the assembly man who should confirm the claim, and if confirmed you will come back to give them the net on the last day of the distribution. In the meantime, if there are more than one volunteers working in the community, check if the household is not in all lists.
2. Family members not at home in a registered household during the teams visit for net distribution: Ask a neighbour if they know why they are not home and leave a message that you will come back on a specified day.
3. Households want the LLINs but do not allow volunteers to come inside and hang it up: You still give the net and tell them that you would like to come back to see that the net is properly hung. Give them the net after removing the packaging. Note the incident on the form.
4. There are not enough nets at the pre-positioning site for every household because of wrong calculations during the allocation process. This should be reported at the sub-district level and the allocation checked. If at the end of the campaign some LLINs are left over in nearby communities, these nets will be sent to the missed households.
5. The households have been registered but you find out that there is no child who is under 5 years or a pregnant woman. Do not give them a net, note on the form and report to the assembly man.
6. During the hang up process the household is entitled to three LLINs but there are only two sleeping places: You should give them the net and ask who they want to hang it for.

ACTIVITY U7: Role play on the organization of a door-to-door distribution and hang up process

Ask the participants to divide into teams of 7-9 people. In each group, 4 people play the roles of a head of a family, 3 the volunteers, 1 the person in charge of the stock and one the Assembly man. The role play includes acts from receiving LLINs from the pre-positioning sites, verification of the beneficiary and the handing over of the nets and hanging it up. After each role play, the other members in the small group review and discuss the role play and offer advice on both technical matters and interpersonal communication techniques.

Note:

- *Each group should arrange themselves with the equipment as if they are distributing the nets*
- *Each group should go through the whole process with all the equipment and discuss any hitches or issues.*
- *Use tally sheet*
- *Use registration form that will be used for the distribution.*

The last part of this session **should be a practical demonstration of the hang-up**. If possible, the group should take a brief trip to a few nearby houses and hang up a few of the LLINs. Allow volunteers to try this activity themselves. This will help boost their confidence.

3. Items needed for the distribution process:

District trainers will bring all of these items to the sub district training sessions:

- The lists of households, signed by the Community leaders/Assemblymen: these are Form 1, indicating individuals entitled to LLINs. Each team of volunteers should have their own Form 1 for their respective communities.
- Tally sheets
- A pen for each distributor to be used to collect signatures of LLIN recipients
- An ink pad for each team (for finger print signatures)
- Bottle of permanent ink to refill ink pads.
- Hang up leaflets for Community health volunteers and supervisors
- Laminated cards with key information on LLIN to be given for the social mobilization

The following items will be received at the pre-positioning sites in communities

- LLINs to be transported each day
- Hammers
- Ropes
- Nails
- Scissors

UNIT 8: Logistics

(Applicable to District Training of Trainers and Sub district coordinators)

1. Learning objectives

At the end of the session, participants will be able to:

- Fill bin cards and way bills correctly and use them appropriately.
- Understand the logistic process

2. Issues to be addressed are

- To discuss logistics strategies for implementing door to door distribution of LLINs
- To provide an overview of key LLIN logistic functions including: supply chain management, warehouse controls and dispatching
- To review individuals logistic tools to enable personnel to understand the importance of tracking these LLINs from the central warehousing in Accra to all pre-positioning point.

The material in this unit is based on “Logistic Management of Public Sector Health Commodities in Ghana: the Standard Operating Procedure Training Manual” from the Ghana Health Services.

Stress that 90% of logistics is about transport, storage and further transport of goods. Districts receive LLINs in much bigger numbers than ever. It is important, therefore, for logistics officers to plan adequately for transportation and storage of allocated LLINs.

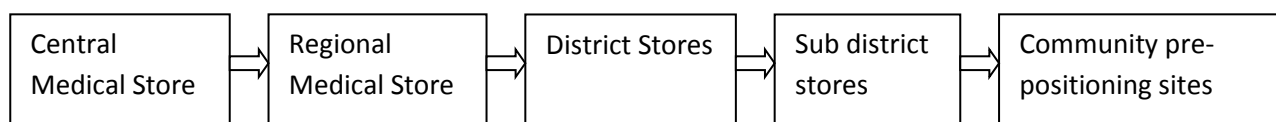
Presentations on logistics should include the following points:

a. Warehousing

Warehousing is an extremely important component of logistics and translates into the storage plan. The purpose of the storage plan is to provide information for logistics teams and store keepers at the micro level (sub-districts and communities) regarding the space that will be required to store allocated LLINs. This information will enable them identify adequate storage space based on authentic information.

b. LLIN stock management: accountability

It is important to know that the log officer is responsible for the LLINs throughout the supply chain. LLINs and logistics for the hang up exercise will be delivered in the order below:



District allocations (both LLINs and hang up logistics) will be based on population projection figures. Sub district allocations will however be based on the community household registration data.

We must be able to show that all LLINs have reached the intended distribution points. In ensuring accountability, it is important to develop a reliable **tracking** system. A good tracking system should be able to control the inflow and outflow of LLINs. There are two essential tools for tracking of LLINs. These are:

1. The **bin card** is used to maintain a constant inventory of LLINs in the warehouse or storage point and to record the numbers of LLINs that are sent out of the stock as well as the numbers received into the stock
2. The **way bill** is a distribution tool; it keeps track of the number of LLINs given out to beneficiaries on a daily basis. Logisticians and distribution supervisors together use tally sheets for accountability and report compilation at the end of the campaign period.

An example bin card

MINISTRY OF HEALTH/GHANA HEALTH SERVICE							
BIN CARD							
Commodity 002770 LLIN		Description <u>Olyset net</u>					
Number		Unit Unit		Expiry Date		Commodity Location Shelf 3	
Maximum Stock Quantity:			Re-order Quantity:			Emergency Order Point:	
Date	From whom received or To whom issued	Transaction Reference	Quantity Received	Quantity Issued	Losses/ Adjustments	Quantity on Hand	Initials
8/1/08	District X	01/DS/D/01	5000			5000	BF
23/1/08	Positioning point Y	RMS/08/12		400		4600	BF
30/1/08	Positioning point Z	RMS/08/36		300		4300	BF
5/2/08	District X	02/DS/D/02	3000			7300	BF

Example of the Waybill (Give a copy of the waybill from the Standard Operating Procedure Training Manual)

Go with the participant through the forms according to the job aids.

c. LLIN empty bag

At the end of each distribution day, the volunteers will return the empty packaging bags. The Sub-District coordinators together with the community supervisors will count the bags and compare the results to the number of nets indicated on Form 1 and the LLINs distributed and handed. The volunteers should explain any discrepancy. Any “loss” or “excess” should be reported, including less or more number of bags compared to LLINs distributed.

d. Organizing the transport of LLINs and hang up logistics to community pre-positioning sites.

Planning for the transport of the LLINs and hang up logistics down to the community level is one of the most critical tasks in the campaign. The process consists of identifying and assessing potential transporters based on specific criteria, obtaining from them a cost quotation, and most importantly, getting from them an estimated timeframe to carry out the transport to all communities based on the regional campaign directives.

In planning transportation to communities, the sub district team will need to identify and prioritize:

- Communities that are the furthest away from the sub county warehouse
- Communities that may be hard to reach (due to road conditions or other factors)
- Communities that may have difficulties transporting LLINs down to the distribution points (due to difficult terrain, need to use small volume transport, seasonal access etc.).
- Communities that are highly populated

Any community that may fall within one or more of these categories should be prioritized, i.e. should receive their LLINs first. This will help reduce delay in the supply chain prior to distribution.

e. Transport micro plan

Information on access and transport will be gathered during the training of trainers and community training (see Unit 9). It will be then useful to summarize the information in a table (see below) listing all the communities within the catchment, and the pre-positioning sites within each community. For each pre-positioning site indicate the distance from the sub district, and the access mode (with distance to cover with each transport mode).

Then during the allocation process the exact number of LLIN will be known and included in the transport plan.

Example of a transport micro-plan

No	Community	Pre-positioning site	Distance from Sub district	Access	No. of LLINs	Name of recipient
1	Brahabebome	Chiefs palace	10 km	Pick up	150	Kofi Mensah
2	Obrayeko	Assembly man's house	6 km	Pick up	250	Imoro Awudu
3	Asempaneye	CHVs house	5 km	<u>Canoe</u>	<u>100</u>	Aba Yawa
4	Lamashegu	....	....	....	....	....
5		....	....	....	....	....
6						

Such a plan allows the sub district coordinator control over the distribution process and enhances proper management of the entire process. For instance in consultation of the map and route list it is possible to determine how many communities can be covered per day or trip and also helps to budget the transport.

UNIT 9: Micro-planning

(Applicable to District Training of Trainers)

1. Learning objectives

At the end of this unit district trainers/supervisors shall leave with:

- A detailed planning and timeline for the community trainings and
- A draft transportation plan for LLIN from the Sub-district to the pre-positioning site. The transport plan will be finalized after the community registration training (will help to confirm the information) and the allocation process (number of LLIN to be send in each pre-positioning sites).

ACTIVITY U9a: Sub district training planning

2. Activity U9a objectives

At the end of this activity, each district trainers/supervisors:

- Will be able to describe how to estimate the numbers of volunteers and supervisors per district and estimate the number of training sessions to be organized in each identified venue.
- Will be able to describe the criteria for selecting volunteers.
- Will have a planning table for the training at community level in their district

How to estimate numbers of volunteers and supervisors?

- Each district should come with a list of the communities in their district, the number of people per community and if possible the number of households.

For the registration exercises

- On average a volunteer will be able to register 30-40 households with children under 5 or pregnant women per day. Assuming that 50% of the households in a community have a child under 5 or a pregnant woman and that the registration process will take 3 days, one volunteer should be selected for every 180-240 households.
- In small communities with less than 100 households, one volunteer may be selected to cover more than one community. However, as far as possible the communities selected should be adjacent to each other and the number that volunteer must do should not exceed 150 households.
- One supervisor can supervise 10 volunteer teams; in a scattered community this number should be reduced and can be as low as 5 volunteer teams.

For the door-to-door distribution and hang up exercise training

- Whereas one volunteer has been selected for the registration exercise, three will be selected for the distribution and hang up.
- Between 50-60 participants per training should be foreseen

How to estimate volunteers needed and complete the planning chart for training?

Use the form below:

- Fill in the district name, community, estimated populations and number of households.
- Estimate the required number of volunteers for each community and estimate the number of supervisors needed.
- Training location: Identify the best location for the training taking into account the number of implementing staff and that one training session should have maximum 60 people (this will depend also on the budget allocated to each district).
- Include training dates when decided and identify the trainers for each training programme.

Table 7: How to calculate the number of volunteers and the number of trainings programmes

Regions:.....		Districts:.....						
Sub District	Community	Estimated population no.	Estimated HH no.	Estimated volunteers no. for registration	Supervisors	Training location	Training date	Trainers
A	A	1500	300	1	1	C	12/03/10	c...
A	B	2800	560	2				
A	C	5200	1050	4				
A	D	100	20	1				
A	E	420	84					
A	F	322	65					
A	G	10000	2000	7	1			
A	H	4230	846	3				
.....							
A	O	1500	300	1				
B								

Summarize the training needs in the 2 tables below

Criteria for selecting registration volunteers:

Volunteers for registration should:

- Be able to read and write
- Have excellent interpersonal and communication skills
- Be willing to undertake social work

Volunteers for the hang up should:

- Be physically fit
- Have excellent communicative skills

Allow participants at the training of trainers to spell out their existing process of volunteer selection in their various districts and let other participants' critique. At the end of the day, let all participants agree on a specific set of criteria and procedure for this activity.

ACTIVITY U9b: Identification of pre-positioning points

(Applicable to District Training of Trainers; Registration Training of the Community Health Volunteers, Community supervisors and Sub district coordinators)

3. Activity U9b objectives

At the end of this activity,

- each community will be listed with their pre-positioning point
- Each hard to reach community identified
- Transport available identified

This activity should take place at district meetings and confirm at community volunteers training.

Points to consider include:

- Terrain of the sub district
- Size in terms of number of communities
- Estimated no. of HH
- Ease of communication
- Presence of hard to reach communities
- Previous service centre e.g. immunization
- Transport possibility

Regions:.....	Districts:.....
---------------	-----------------

Sub District	Name of communities	Location of prepositioning sites	Distance from the Sub-district store	Hard to reach areas (y/n)	Transport possibility/access	Name of recipient
