



GOVERNMENT OF UGANDA

Ministry of Health

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



Table of Contents

LIST OF TABLES	iii
LIST OF FIGURES	iii
ACRONYMS	iv
EXECUTIVE SUMMARY	v
1.0 INTRODUCTION	1
1.1 CAMPAIGN GOAL	1
1.2 CAMPAIGN OBJECTIVES	1
1.3 BACKGROUND	1
1.4 KEY LESSONS LEARNED FROM PREVIOUS THE WAVE.....	2
2.0 WAVE COORDINATION & OVERSIGHT	4
2.1 NATIONAL COORDINATION COMMITTEE.....	4
2.2 STRATEGIC COMMITTEE MEETING	5
2.3 SUB-COMMITTEE MEETINGS.....	5
3.0 MICRO-PLANNING	6
4.0 OPERATIONS OF THE CAMPAIGN	6
4.1 DISTRICT TASK FORCE.....	6
4.2 SUB COUNTY TASK FORCE.....	10
4.3 VILLAGE HEALTH TEAMS	12
5.0 HOUSEHOLD REGISTRATION	14
5.1 MAPPING AND REGISTRATION	14
5.2 105% REGISTRATION	14
5.3 SUPERVISION DURING HOUSEHOLD REGISTRATION	17
5.4 DATA MANAGEMENT – HOUSEHOLD REGISTRATION	17
6.0 LOGISTICS	17
6.1 CENTRAL WAREHOUSE.....	18
6.2 SUB COUNTY WAREHOUSE.....	18
6.3 DISTRIBUTION POINTS	18
6.4 REVERSE LOGISTICS.....	18
6.5 WASTE MANAGEMENT	18
7.0 LLINs DISTRIBUTION	18
8.0 SOCIAL BEHAVIOUR CHANGE COMMUNICATION	21
8.1 OBJECTIVE OF SBCC	22
8.2 CHANNELS OF SBCC	22

8.3 ACTORS IN SBCC	22
8.4 TARGET AUDIENCE.....	25
9.0 PARTNER SUPERVISION AND MONITORING	26
10.0 CHALLENGES, LESSONS LEARNED & RECOMMENDATIONS’	30
10.1 CHALLENGES	30
10.2 LESSONS LEARNED.....	30
10.3 RECOMMENDATIONS	30
11.0 ANNEXES.....	32
11.1 SUMMARY DATA FOR WAVE THREE.....	32
11.2 CHRONOGRAM OF WAVE THREE ACTIVITIES	34
11.3 ALLOCATION DATA.....	37
11.4 DISTRICT PERSONNEL TRAINED	48
11.5 105% VERIFICATION SUMMARY	49

LIST OF TABLES

Table 1: NCC highlights	5
Table 2: Strategic Committee Highlights.....	5
Table 3: DFT Highlights	8
Table 4: SCTF Highlights	11
Table 5: SBCC Coverage by Agencies	22
Table 6: Number of People reached by Ones.....	23
Table 7: Number of People reached by Sajeki	25
Table 8: SBCC Challenges	25
Table 9: CoU Pre-Distribution results	27
Table 10: CoU Distribution Results	27
Table 11: Summative Analytics	28
Table 12: HMU Action points and recommendations	29

LIST OF FIGURES

Figure 1: Graph showing 105% Registration.....	16
Figure 2: Graph showing Population Registered vs Verified	16
Figure 3: Graph showing nets distributed vs planned.....	20
Figure 4: Map showing Wave three distribution and coverage.....	21

ACRONYMS

AMF	Against Malaria Foundation
CAO	Chief Administrative Officer
CDO	Community Development Officer
CoU	Church of Uganda
DHO	District Health Office
DHE	District Health Educator
DFID	Department for International Development
DHT	District Health Team
DISO	District Health Officer
DPC	District Police Commander
DTF	District Task Force
FAQs	Frequently Asked Questions
HA	Health Assistant
HHR	Household registration
HUI	Health Unit In-charge
IPC	Interpersonal communication
GISO	Gombolola Internal Security Officer
GoU	Government of Uganda
LC	Local council
LC V	Local council chairperson V
LLIN	Long-lasting Insecticide treated nets
MC	Malaria Consortiubm
MHSDMU	Medicines and Health Services Delivery Monitoring Unit
MFP	Malaria focal person
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 Behaviour Change Communication
SCC	Sub county chief
SCTF	Sub county task force
SCTT	Sub county technical team
TC	Town Council
UCC	Universal Coverage Campaign
UNICEF	United National Children’s Fund
UMRSP	Uganda Malaria Reduction Strategic Plan
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 three.

Introductory meetings were held with the political and technical leadership teams of the 23 targeted districts to seek their support, partnership and ownership on the UCC activities. Consequently, capacity building in operations, logistics and social behaviour 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 620 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.

1,294 district trainers including district supervisors, district coordinators and sub county supervisors were in trained operations, logistics and SBCC modules to cascade the trainings to 23 district and 290 sub-county-level task forces as appropriate. 19,535 VHTs under the supervision of 1,437 Parish Chiefs conducted household registration for 10,140,934 persons. 2,003,876 individuals directly reached through targeted SBCC activities for malaria prevention. 5,449,446 LLINs were distributed to 10,140,934 persons in 1,824,069 households in 10,488 villages in the 23 districts achieving an overall coverage of 99.23%. This exceeds the targeted LLINs coverage by 14.23%.

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 as a whole. 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 PREVIOUS THE WAVE

Operations and M&E

- Electronic data management through the HHR database facilitated production of quality and reliable data that informed evidence based decision making processes in real-time.
- Assigning a unique 6-digit number called a barcode to every HHR forms minimized multiple data entry for completed forms and assured accountability for all HHR forms.
- Active involvement of district technical and political teams in planning and implementation of LLINs UCC activities fostered ownership of activities as district teams took lead. This was very key in successful implementation of pre, and post-distribution activities.
- Sharing all key campaign documents such as the budget and chronogram with the district leaders created trust between the district and implementing teams and led to full support and commitment of UCC.
- Micro-planning data including administrative units was not uploaded fully into the LMIS database to facilitate entry of household registration data in the HHR database. Administrative units were directly

uploaded into the HHR database consequently slowing down the system thus causing delays in data entry.

- With UCC population statistics consistently higher than UBOS, LLINs UCC key stakeholders including UBOS need to agree on a common data source for the country population to facilitate projection of the LLINs need. The population reported to have been served during the previously implemented UCC would be ideal to provide baseline values.
- Data capture on unstandardized tools should be strongly minimised. A mechanism needs to be instituted that supports provision of appropriate tools to data collectors in the event of stock outs.
- Strengthening Data Centre inventory department to assure zero loss for data capture tools including HHR forms by documenting in-flow and out-flow of data tools is critical for ensuring accountability for forms.
- Active involvement of field sub county supervisors in the data cleaning process of allocation data offers an important platform for making necessary corrections to the data to facilitate an effective distribution exercise.
- Data validation with form 105% by Parish Chiefs plays a critical role in verification of household registration data conducted by VHTs.
- Ensuring that LLIN-related data are easily available to health professionals and partners without compromising privacy and confidentiality principles, proprietary and facility interests, or information law enforcement activities increases trust and confidence in the UCC data. Release and/or sharing of LLIN data should adhere to set guidelines and standards.

Logistics

- Re-assigning the duty of documentation of LLINs waybills to the sub county supervisor and not the sub county store manager as initially planned was found to contribute to proper documentation of LLINs. Because of the longer time lag between training of sub county store managers and LLINs distribution, store managers were found not competent enough to document waybills for LLINs delivered and/or loaded out from the sub county.
- Because LLINs allocation is per village, it was found prudent to write waybills per village and not per DP to ease the LLINs reconciliation process. Writing waybills per DP (with several villages) made reconciliations processes challenging
- Conducting daily reconciliations for LLINs loaded out per district to appreciate LLINs loaded out Vs LLINs in store was eased the process of conducting LLINs reconciliations.

SBCC

- The timely arrival of the community mobilization team and utilization of mass media eased mobilization for all activities especially household registration.
- Utilization of the interpersonal communication strategy to increase access to information on malaria through *hang-up keep-up* campaigns contributed to the increase in LLINs use.
- Active and continuous community engagement through the use of district and community structures like DHT, VHTs and net champions leads to project ownership, sustainability and positive behaviour change.
- Through U-Report the campaign was able to get feedback from the community on net use and preferred media used to communicate among others.
- It's important that denominators for SBCC key performance indicators are ascertained to minimise on generic reporting of outputs.
- Popularizing and operationalizing of the MoH call centre is key to strengthening the feedback loop from targeted communities on the perception of the health activities including LLINs UCC.

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.

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

Date	Key highlights
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April 11, 2017	<ul style="list-style-type: none"> ▪ Resolved to fully operationalize the Data Centre including revitalization of the M&E committee for the LLINs UCC ▪ SBCC team advised to provide denominators for targeted performance indicators ▪ Malaria Consortium was advised to write a demand note to the transporter with regards the missing LLINs ▪ Focus on strengthening inter-personal communication strategies to enhance LLINs use was recommended ▪ A training for journalists to enhance factual reporting on malaria was recommended. ▪ Documentation of different SBCC approaches by MC & PACE was a key action point ▪ Finalization of the Kampala and Wakiso strategy ▪ Development of strategy to target refugee with LLINs distribution
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Table 1: NCC highlights

2.2 STRATEGIC COMMITTEE MEETING

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

Date	Key highlights
May24, 2017	<ul style="list-style-type: none"> ▪ Implementation strategy including the costed workplan was required to be available for discussion by June02, 2017 ▪ Reverse logistics strategy was due for sharing on May29, 2017 ▪ Net need for waves 4 and 5 was to be shared by May29, 2017 and second week of June respectively. ▪ NMCP committed to engage relevant stakeholders including WHO, NEMA among others on the issue of repurposing of nets. ▪ BCC team committed to working with the Wakiso district leadership to engage HE the President to officiate on the closeout ceremony for the UCC on Aug19, 2017 ▪ UNICEF with support from DFID procured 200 laptops to facilitate entry of LLINs data ▪ The need for immediate entry for post-distribution data by end of June 2017 to inform informed planned was highlighted. ▪ Draft report for wave2 was due be shared by May26, 2017 for stakeholders' input. ▪ The transporter recovered money from the insurance and forwarded it to MC to facilitate procurement of the lost 23,000 nets. ▪ Transporter implemented risk management procedures including profiling drivers and ensuring vehicles are in good working conditions. The LMIS database was also fully operational to notify key stakeholders on the dispatch of nets. ▪ A call to strengthen data entry supervision to yield reliable allocation data was made. ▪ Wave 4 distribution was postponed from June3-4 to June10-11, 2017

Table 2: Strategic Committee Highlights

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). **During wave three, no sub-committee meeting was held.**

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 3 district teams to constitute 23 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;

- District teams committed to work in teams to effectively implement the assigned activities
- Some districts such as Tororo had existing task forces to handle LLINs distribution activities.
- The office of the CAO was seconded to serve as the key contact for the LLINs campaign in the districts
- Most sub counties were found to have adequate storage facilities
- Motivation of all cadres including the lowest staff such as security officers through financial facilitation was found to be a critical investment towards successful campaign implementation.
- Due to the hilly terrain of Bukwo and Kapichwora district, hard-body four-wheel drives were recommended to facilitate transportation of teams and LLINs. The best timing for distribution is dry season.
- In Bukwo and Busia, pre-cautions were made to beware of migration of Kenyans to Uganda in bid to access free LLINs. Local Council Is were advised to be very vigilant during campaign implementation.
- Transportation of LLINs to Jaguzi sub county in Mayuge required boat hire to access the fishing communities.
- In Busia district, it was noted that the time between household registration and LLINs distribution should not be so long due to the increased mobility of persons in the district across Uganda/Kenya boarder.

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 DFTs were constituted and operationalized following a training conducted by MoH. The DFT is composed of the RDC, District Internal Security Officer (DISO), DHT (DHO, Biostatistician, DHE etc.), LC V Chairperson, Chief Administrative Officer (CAO), District Police Commander (DPC), Religious Leaders, and Opinion Leaders.

Sensitization of district leadership and training of DTF:

One of the key initial activities was to introduce the campaign to the district leadership and solicit for their support, partnership and ownership to coordinate and supervise the LLIN campaign in the wave three 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; overview of NMCP policy and strategy around LLINs, partnerships involved in the campaign e.g. GFATM and DFID grant for LLINs, and the AMF and PMI LLIN donations, an overview of the LLIN campaign and the implementation process and net allocation, expected challenges and FAQs, finalized list of Administrative units such as the sub-counties, parishes and villages, and also shared the LLIN campaign budget for the respective districts. A total of 395 district leaders attended the sensitization sessions.

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

Highlight/issue	Action points/Recommendations
<ul style="list-style-type: none"> ▪ District leaders embraced the activity and committed their time and technical support towards activity success by supporting 	<ul style="list-style-type: none"> ▪ DTFs committed to ensure successful implementation of LLINs UCC activities.

mobilization, supervision and monitoring, among others.	
<ul style="list-style-type: none"> ▪ Generally large sub counties with households distantly located from one another in Namayingo 	<ul style="list-style-type: none"> ▪ DTF under the strategic leadership of the RDC developed a comprehensive strategy to assure 100% mapping and registration of households
<ul style="list-style-type: none"> ▪ Households that subscribe to the <i>Kanyiriri</i> cult are against household registration in Kibuuku district 	<ul style="list-style-type: none"> ▪ With support of the DPC, <i>Kanyiriri</i> cult members were sensitized on the objectives of the LLINs UCC campaign to seek their inclusive participation. Additionally, cult members who shunned registration upon sensitization where registered as household members of other religions so that they are eligible to receive LLINs.

Table 3: DFT Highlights

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

Field teams in the 23 districts travelled of wave three on 2nd-15th April 2017 to carry out pre-distribution activities. 15 districts were supported by DFID/UNICEF, eight (8) by Global Fund. The team comprised a total of 23 district supervisors, 23 district coordinators and 291 sub county supervisors. Before travel, allocation of Sub-counties, review of chronogram and budget, team-bonding and sharing of contacts, organizing and loading the required logistics for district, vehicle allocation for team members, communication of departure time was done. The field teams made courtesy calls to respective district leaders to meet and introduce themselves and kick-start the planning of sensitization and training of district taskforce and technical team members and the others subsequent district activities. Other issues discussed included the campaign overview, campaign chronology of events, finalized list of administrative units such as the sub-counties, parishes and villages, discussed and shared the LLIN campaign budget for the district.



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

The district trainers included the four members of the district technical team (DHO, DHE, Biostatistician, and Malaria Focal person) and the four sub county technical team members (Sub county chief (SCC), Health assistant (HA), Health unit in-charge (HUI), and the community development officer (CDO). The objectives of the activity was to introduce the role of LLINs in malaria prevention and elimination to the district trainers, provide an overview of NMCP policy and strategy around LLINs, briefly explain the partnerships involved in the campaign e.g. GFATM grant for LLINs, and the AMF, DFID, and PMI LLIN donations, give an overview of the LLIN campaign and the implementation process and net allocation, discuss expected challenges and 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 5th April 2017.



A total of 1,294 district trainers attended the training in the 23 wave three districts. The facilitators who included the district supervisors, district coordinator and the sub county supervisors adopted different training methods, materials and techniques to conduct sensitization and training of District and Sub-county technical team members to transfer new knowledge, skills, and attitudes to the participants on the universal coverage campaign. The facilitators used participatory training methodology and materials such as flip charts, training manuals, posters and role-play. The trainers used several tools such as the household registration form, 105% Parish verification form, monitoring checklist and warehouse stock card to make the training active and participatory. However, there were many people who delegated to their colleagues to attend this meeting because of the meningitis immunization campaign which was running co-currently with the LLIN campaign.

Key content areas covered included overview of the campaign, campaign goal and objectives; donors and implementing partners, key campaign stakeholders at the district, sub-county and community levels, household mapping and registration, advocacy and Community Social mobilization, 105%

verification by parish chiefs, Institutions to be included and excluded in the household registration, supervision during household registration, data collection, verification and compilation.

4.2 SUB COUNTY TASK FORCE

The Sub County Task Force (SCTF) liaised with the DFT and local government authorities to ensure that there was timely and effective communication. In wave 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 in order to solicit their support and secure cooperation in the subsequent trainings and registration exercises as well as in the on-going promotion of LLIN use. The sub county taskforce included the SCTT members, LC III chairperson, and Officer In-charge Police (OC) station, Gombolola Internal Security Officer (GISO), opinion leaders, and religious leaders, secretary for health.

The sensitizations were conducted on 6th April 2017, by the SCTT members together with the respective sub-county supervisors. The sensitization meetings were organized and implemented with more focus on community mobilization, actual household mapping and registration and distribution mechanisms.

Key content areas covered included; overview of the campaign, campaign goal and objectives, donors and implementing partners, key campaign stakeholders at the district, sub-county and community levels, household mapping and registration, advocacy and Community Social mobilization, 105% verification by parish chiefs, Institutions to be included and excluded in the household registration, supervision during household registration, data collection, verification and compilation. A total of 4,305 sub county leaders were sensitized in the 23 districts of wave three.

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

Highlight/issue	Action points/Recommendations
<ul style="list-style-type: none"> ▪ Inclusion of GISO to be a part of the task force was requested in Bullisa district 	<ul style="list-style-type: none"> ▪ It was clarified to members that among the constituents of the STF is the GISO
<ul style="list-style-type: none"> ▪ No clear budget to team members to monitor household registration exercise in Butaleja 	<ul style="list-style-type: none"> ▪ Budget was duly shared by the team members for ownership

<ul style="list-style-type: none"> ▪ In Iganga, teams felt their financial facilitation was inadequate and they further wanted to be in-charge of paying VHTs 	<ul style="list-style-type: none"> ▪ Approved budgets were shared. In addition, the roles of all stakeholders as enshrined in the LLINs UCC implementation guide were clarified. This enabled STF to appreciate that they were not in-charge of paying VHTs.
<ul style="list-style-type: none"> ▪ Lack of training venues at some sub counties 	<ul style="list-style-type: none"> ▪ Schools, churches and/or open space gathering points in communities were utilized as training venues
<ul style="list-style-type: none"> ▪ Some sub counties lacked storage facilities 	<ul style="list-style-type: none"> ▪ STF seconded persons with good reputation in society including VHTs and religious leaders to provide storage facilities for LLINs at their residences.

Table 4: SCTF Highlights

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

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

During the training the key content areas covered included; training for household registration, including advocacy, communication and social mobilization aspects, training for LLIN distribution. **A total of 1,437 parish chiefs were trained and participated in the exercise.**

Training and sensitization of LC Is:

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

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

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.

The training of VHTs was a core component in the success of the universal coverage campaign. A total of 19,535 VHTs were trained with the aim of ensuring that VHTs have a thorough understanding of the registration process. Specifically, the trainings aimed to: explain the importance of the registration

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

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 VHTs were trained on Friday 12th May 2017 at the respective sub-county headquarters in the 23 districts. The aim of this training was to ensure that VHTs have a thorough understanding of LLIN distribution activities.

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



The key content areas covered during the training included;

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

5.0 HOUSEHOLD REGISTRATION

Household registration during wave 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 cluster teams, Medicines and Health Services Delivery Monitoring Unit (MHSDMU), Church of Uganda, UNICEF, 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.

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 with chalk id.. 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.

5.2 105% REGISTRATION

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

The importance of the household registration data for 105% cannot be underestimated. A total of 1,437 Parish chiefs were trained to supervise and monitor the data collection to ensure that the information was being collected and recorded correctly. In addition, the Parish chiefs also ensured that all households had been reached and registered. Data and subsequent information was considered a critical component of the management and coordination of the entire mass campaign. The flow and control of data constitutes a central component of the campaign as it guides every aspect of planning, decision and process flow. Therefore, the role of Parish chiefs was very vital in verification of VHT household registration. There was 105% data collection strategy, where results in a full set of data collected and delivered by the VHTs was compared with a second registration of the 5% of the full set data collected and delivered by parish chiefs. Two (2) days were gazette for the 105% data validation.

Validation of the collected data for accuracy and consistency:

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

Validation of registered household population by Parish Chiefs:

According to the UCC implementation guide, VHTs are mandated to register populations in 100% households within their catchment area. Accordingly, Parish Chiefs validate VHTs' data by re-registering 5% of the registered households hence achieving 105% registration. Figure3 shows that for the 23 Wave three districts.

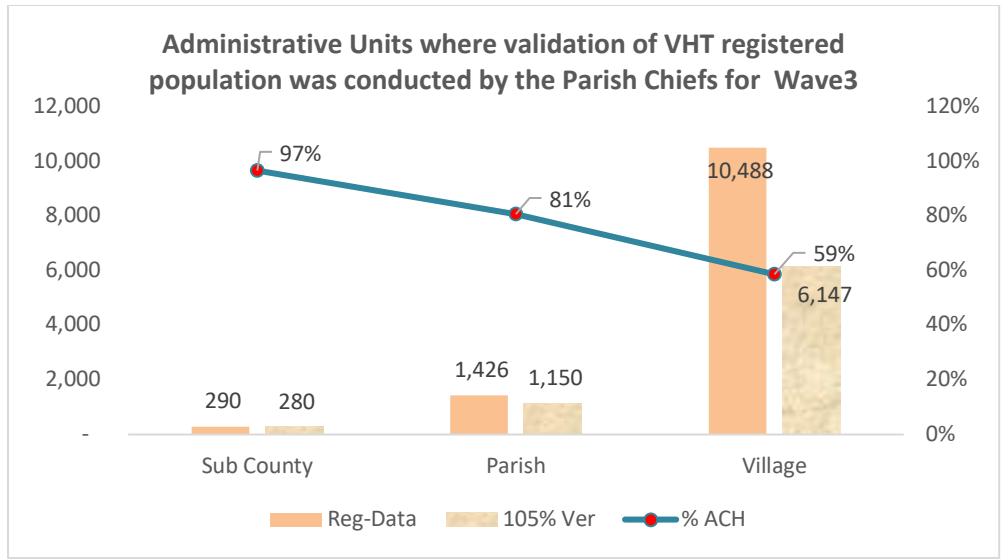


Figure 1: Graph showing 105% Registration

Parish Chiefs' validation was conducted in 97% of 290 sub counties, 81% of 1,426 parishes and 59% of 10,488 villages. Since the sample size of administrative units greatly increases from sub-county level to parish and village level, it's probable that Parish Chiefs sampled villages within their reach hence not reaching far distant villages. This vindicates the drop in the proportion of administrative units at village level Vs Sub County and parish levels.

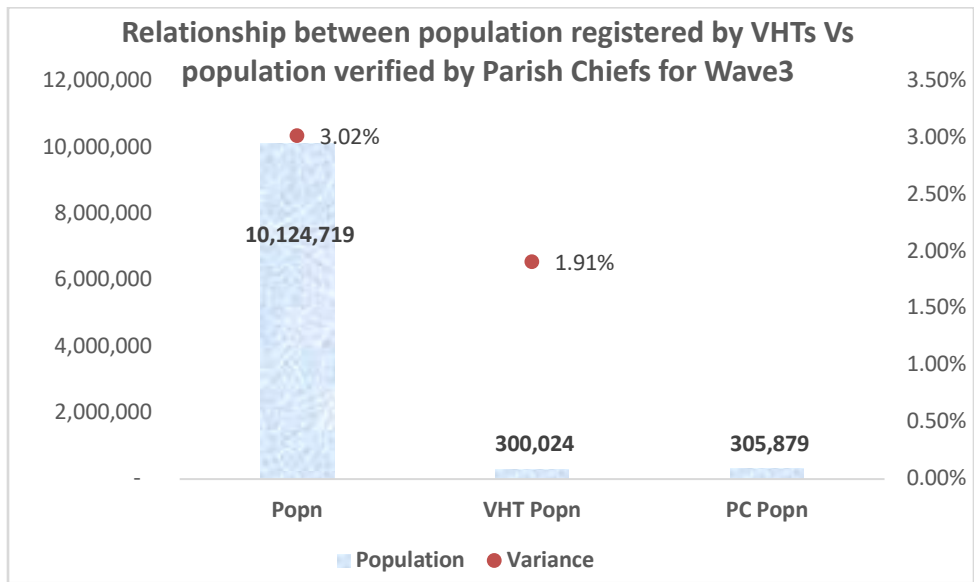


Figure 2: Graph showing Population Registered vs Verified

Figure above shows that 3.02% (305,879 individuals) of the registered 10,124,719 was verified by the Parish Chiefs. Consequently, it was realized Parish Chiefs captured an additional 1.91% (5,855 individuals) compared to VHTs', a pointer of under-reporting by VHTs.

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

During April 15-18, 2017 Data Centre management received 158,567 household registration forms (HHR) for the 23 districts of wave3. Receipt of HHR forms involved Data Centre team working with 290 field Sub-county supervisors to conduct a physical count of total number of forms including verification of administrative units such as villages and parishes as captured on the HHR form. Consequently, data entry for wave3 districts commenced on April 24 – May 03, 2017. Accordingly, 1,823,807 records were entered by 653 data entrants who worked in three 8-hourly shifts; morning shift (260), afternoon (237) and evening (156). Upon data cleaning, LLINs allocation plans were duly shared as scheduled with NMCP for review and appropriate action. Apart from a slight drop in attendance (4%) of data entrants during the first 4 days of data entry period, there was no outstanding challenge faced during wave3 data entry.

6.0 LOGISTICS

During wave three, 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

6.2 SUB COUNTY WAREHOUSE

6.3 DISTRIBUTION POINTS

6.4 REVERSE LOGISTICS

6.5 WASTE MANAGEMENT

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

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

Comprehensive waste management during wave three 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.

7.0 LLINs DISTRIBUTION

Field teams were dispatched to the 23 wave 3 districts to prepare for LLINs distribution activities on Wednesday 10th May 2017. Of the 23 districts, 15 were UNICEF funded and eight (8) by the Global Fund. Each district team had 2 lead supervisors namely the District Coordinator and the District Supervisor and a total of 290 Sub-county campaign technical coordinators equivalent of number of sub counties in each district.

On arrival in the districts, teams held debrief meetings at respective district headquarters, discussed the chronology of events for distribution of mosquito nets, discussed the importance and management of accountabilities including nets, and, carry out mobilization of VHTs for training on LLIN distribution.

On Thursday 11th May 2017, district entry meetings were held in all the districts. The meetings were chaired by RDCs and/ there representatives who are chairpersons for the LLIN campaign in all districts across the country. During the entry meetings, strategies and plans for LLIN distribution were discussed and agreed upon including monitoring and supervision of the exercise by respective District Task Force (DTF) teams. Members included technical, political, religious and traditional leaders.

The meeting objectives were to;

- To introduce the LLINs distribution campaign to the district leadership and solicit for their support to coordinate and supervise all activities as outlined in the chronogram.
- To meet and re-introduce the Sub-County Technical Campaign Coordinators to the District Taskforce and Technical team members.
- To plan for prepositioning and LLINs distribution exercise.



Distribution of LLINs and Mop-Up:

On Saturday 13th and Sunday 14th May 2017, LLINs distribution was conducted in the 13 UNICEF funded districts. (See annex 1). Each sub-county had a number of distribution points. At each distribution point, there was an area set aside for net hang-up demonstration and health education on how to correctly hang the LLIN. At this point key messages about malaria, LLIN use, importance, and caring were disseminated. The LLIN hang up demonstration was conducted to reflect the typical sleeping patterns in the household. This involved physical demonstration with a mat or mattress, how to hang a net. The VHT (who was the health educator) explained to beneficiaries how the net should be hung, emphasizing the importance of ensuring that the net is hanging low enough to be tucked under the mat or mattress to prevent mosquitoes from entering. The focus of the health education was on behaviour change communication (BCC) to

enhance utilization given that there were often gaps between ownership and use. In areas with specific beliefs that affected the utilization of LLINs, barriers were addressed through a better understanding of the local context and disseminated messages that countered negative attitudes towards LLIN use.

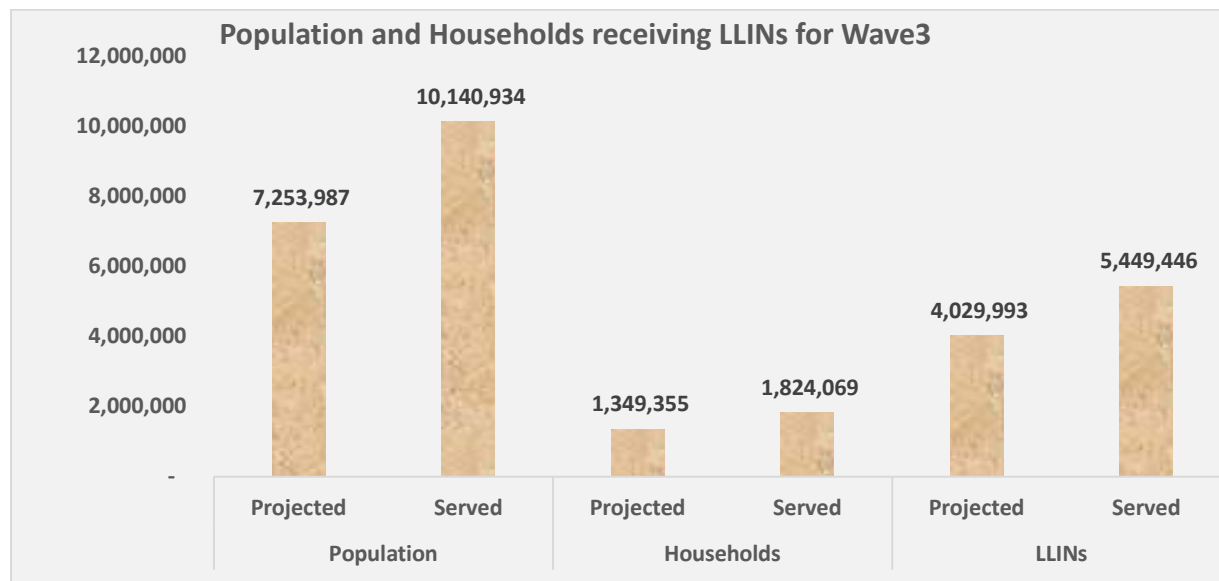


Figure 3: Graph showing nets distributed vs planned

The initially projected population according to the UBOS 2014 census data for the 23 wave three districts was 7,253,987. However, at distribution a population of 10,140,934 was served. This is a positive variance of 2,886,947 is approximately 39.8% higher than the projected population. Consequently, 1,824,069 households were served vis-à-vis the planned 1,349,355, representing 35.2% positive variance than planned. A total of 5,449,446 LLINs were distributed to the 23 wave three districts against the planned 4,029,993, representing 35.2% 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.

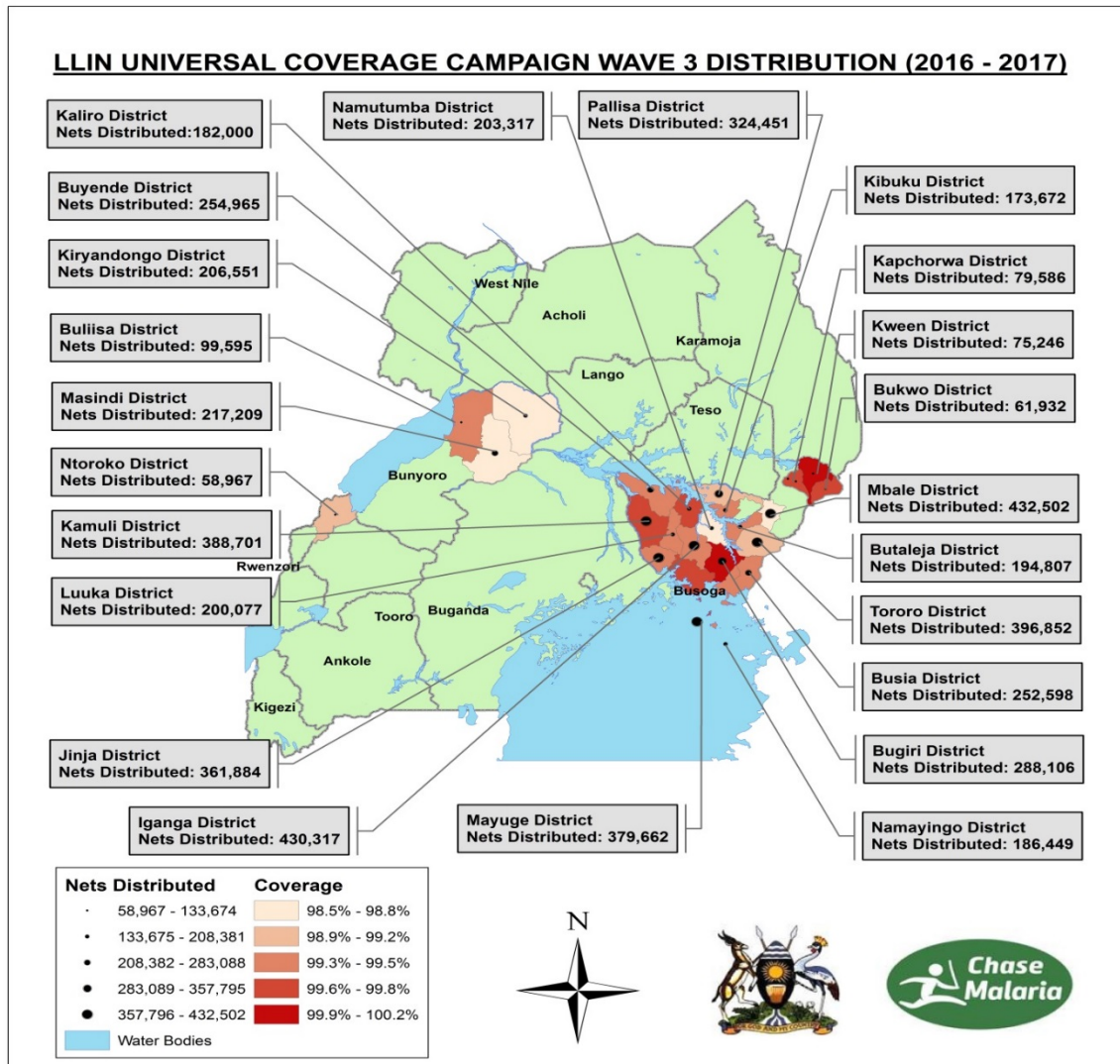


Figure 4: Map showing Wave three distribution and coverage

8.0 SOCIAL BEHAVIOUR CHANGE COMMUNICATION

Social Behaviour 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 behaviour 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.

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.

Agency	Number of Districts	District Names
Sajeki	4	Pallisa, Ntoroko, Namutumba, Kibuku
Ones Enterprises	4	Bugiri Buliisa Kiryandongo, Masindi
PACE	15	Kween, Bukwo, Kapchorwa, Mbale, Butaleja, Tororo, Busia, Namayingo, Mayuge, Iganga, Jinja, Luuka, Kaliro, Kamuli, and Buyende

Table 5: SBCC Coverage by Agencies

Ones enterprises:

The table below shows the number of activations conducted across the avenues used and an estimated number of people reached during mobilization for registration;

District	Type of Mobilization venue	Number of Venues	Estimated Number Reached
Bugiri	Trading centers	23	11850
	Health centers	6	1850
	Market	1	5000
Buliisa	Trading centers	9	3950
	Health centers	3	1250
	Market	5	3650
	Schools	3	1950
	Churches	3	350
Kiryandongo	Trading centers	7	2100
	Health centers	5	510
	Market	4	2350
	Schools	1	1100
	Churches	4	1350
Kween	Trading centers	7	3742
	Health centers	-	-
	Market	4	1783
	Schools	1	786
	Churches	3	560
Masindi	Trading centers	-	-
	Health centers	3	500
	Market	6	6825
	Schools	6	1870
	Churches	10	5450

Table 6: Number of People reached by Ones

Sajeki Agency:

Sajeki Agency conducted mobilization and sensitization (BCC) before, during and after distribution activities covering four districts of Kibuku, Pallisa, Namutumba and Ntoroko for wave three for 14 days. The Agency conducted the district stakeholder's meetings to streamline the flow of mobilization activities as well as leverage team work in the respective districts. The meetings were attended by opinion leaders, district Leaders (LC V Chairpersons), district Health Teams, Malaria Consortium Supervisors and Coordinators, Resident District Commissioners (RDCs), and sub county supervisors. Sajeki Agency worked with opinion leaders, VHTs, local councils and religious leaders at sub county levels in the respective districts to support mobilization, sensitization, and Behavior Change Communication (BCC) activities.

Using a participatory approach; VHTs and local leaders mobilized and sensitized were engaged to ensure the targeted communities were effectively reached during mobilization, awareness, education and post

distribution BCC activities. Local leaders were also involved to ensure peace and order in the communities. Vans, trucks and house to house mobilization approaches were employed across all the respective districts during mobilization and sensitization.

Sajeki ensured efficient and correct message dissemination through implementing BCC activities that involved Interpersonal communication, small and large group discussions, mass education, focused group discussions, demonstrations and question and answer (Q&A). Messages on importance of sleeping under a mosquito net, correct hanging, efficient usage, aeration, and maintenance and malaria prevention were disseminated.

To measure the level of reach and effective community mobilization and sensitization, Sajeki ensured that the local leaders, District supervisors and the district health teams were involved and endorsed the activities. District leaders especially DHO and district supervisors used their population statistics to estimate audience reached in respect to coverage with activities during BCC mobilization. To this end, reports of areas covered and estimated audience reached were verified and approved by the District Supervisors and Coordinators and the District Health Teams. *“Copies attached”*

Output of Wave three distribution activities

- Mobilization for registration, distribution and post distribution conducted across all districts
- Behaviour change communication activities before, during and after distribution conducted in four districts
- Engaged and sensitized **42** local, community and opinion leaders at sub county levels, which facilitated effective mobilization and sensitization during and post BCC activities
- People informed and highly turned up for both registration and distribution
- Endorsement letters from the district task force
- Report approved by the DC and DS and the District Health officers
- 14 days activated (5 days of pre-registration including two travel days and 9 days during and post distribution activities including travel days)
- Pictures.

	District	Estimated audience reached
1.	Pallisa	310,911
2.	Ntoroko	88,627
3.	Namutumba	306,700

4.	Kibuku	290,700
Total		996,938

Table 7: Number of People reached by Sajeki

Key questions asked by the public

- How many nets per person?
- Do people need identity cards to register or even pick mosquito nets?
- How long do the mosquito nets last?
- Can the mosquito nets be washed?

Myths and misconceptions observed

- The chemical in mosquito nets causes cancer
- LLINs cause irritation like flu, skin rashes and cough
- LLINs cause barrenness to women
- LLINs bring headaches at night
- When one sleeps under a mosquito net, he/she might get a heart attack because of limited air for breathing
- Mosquito nets bring heat at night

Challenges and action undertaken

Challenges	Action undertaken
Long distances. The sub counties were distant from each other	<ul style="list-style-type: none"> • Deployed more teams on ground to effectively reach all places • Started activities early
Inadequate IEC materials	<ul style="list-style-type: none"> • The BCC fact sheet was used as an alternative material • The teams alongside VHTs and local leaders emphasized the communication points

Table 8: SBCC Challenges

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.

9.0 PARTNER SUPERVISION AND MONITORING

Community for Development Foundation Uganda (CDFU):

The Toll-free Hotline (0800200600) managed by CDFU offers specialized, anonymous and non-judgmental, counselling, information and referral services on various health issues including malaria. Through Community for development foundation Uganda (CDFU) the Hotline operates from Monday to Friday 8:00 am - 7:00 pm and on Saturday from 9:00 am to 5:00pm and generates reports on number of calls received for a particular period. During May summaries from 8th-9th May 2017 under the LLINs Universal distribution campaign.

Complaints registered included;

- A male caller from Mbarara called the Hotline on 12th May 2017 requesting that if they are to be given mosquito nets, this time they should be given nets made from soft material unlike the previous times where the nets were so hard and heavy and difficult to use.
- Charles aged 26 old called the Hotline on 11th May 2017 from Pallisa district complaining about a Health assistant in their sub county of Kamuge, who is passing on information that the government is paying only 50% for the mosquito nets, and the individuals are supposed to pay the remaining 50% to purchase the mosquito nets.
- Peter aged 35 years old called the Hotline on 12th May 2017 from Gogwe village, Bukulula Sub County in Kalungu district called complaining that their Local leader (Chairman) refused to register them to get the nets as announced on radio claiming that he has not yet heard about that program and was not officially informed about the exercise.



Church of Uganda (CHU):

Church of Uganda with the support from Against Malaria Foundation (AMF) observed the wave 3 pre-distribution and distribution processes of LLIN Universal Coverage Campaign of the Government of Uganda in 23 districts of Busia, Butaleja, Kibuku, Pallisa, Tororo, Bugiri, Buyende, Jinja, Mayuge, Namayingo, Iganga, Kaliro, Kamuli, Luuka, Namutumba, Buliisa, Kiryandongo, Masindi, Mbale, Ntoroko, Bukwo, Kapchorwa and Kween.

On the whole there was a very good turn 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.

Pre-distribution

Activity	Dates	Results
Selection and Mobilisation of Diocesan Observers	27 th March – 5 th April	140 Diocesan Observers were selected and mobilised
Training of Diocesan Observers	6 th April 2017	127 DOs were trained (90% of the target)
Observation of the Registration of Households by Diocesan Observers.	8 th – 10 th April 2017	9606 households were covered out of the targeted 8,385 (115%)

Table 9: CoU Pre-Distribution results

Distribution

Activity	Dates	Results
Training of Diocesan Observers in Observation of LLIN Distribution	11 th May 2017	202 Diocesan Observers were trained and equipped with data collection tools
Observation of the LLIN Distribution by Diocesan Observers.	13 th -14 th May 2017	406 Distribution points were observed. The original target was 412 Distribution points

Table 10: CoU Distribution Results

Summative Analytics of compliance to guidelines in Wave 3 Household Registration

	Yes	%	No	%
Household Respondents that heard about the registration exercise prior to its implementation	8,666	90	940	10
Household Respondents that felt well informed about the exercise	8,861	92	745	8
Household Respondents that felt satisfied with the exercise	8,057	84		
Household Respondents that felt somewhat satisfied with the exercise	1,158	12		
Household Respondents that were not satisfied with the exercise	157	2		
Household visited by VHTs that were satisfied with the training	8,416	88		
Household visited by VHTs that were somewhat satisfied with the training	903	9		
Household visited by VHTs that were not satisfied with the training	54	1		

Table 11: Summative Analytics

Health Monitoring Unit (HMU):

The Health Monitoring Unit (HMU) monitored pre-distribution and distribution activities in all the 23 wave 3 districts and the table below highlights the findings, actions taken and recommendations;

#	Findings/observation	Action taken by HMU	Recommendations
1	District entry: All members of the central level team including DS, DC and sub county supervisors were in the field by April 03, 2017. Accordingly, the central team engaged the DTFs as per the implementation guidelines.	Paid courtesy call to all the 23 districts leadership to appreciate their voices about the campaign.	DS, DC and sub county coordinators to continuously actively engage DFT to ensure LLINs UCC activities are district-led and district owned.
2	Facilitation for sub-county supervisors: Compared to the previous 2 waves, the lead time for sub county supervisors to receive their allowances reduced from 10 days to 4 days. This was a key motivation for the field supervisors.	Explained to S/C supervisors whenever necessary about the reason why facilitation was delayed	MC should ensure that lead times for payment of allowances for sub county supervisors are made as short as possible. Probably 2 to 3 days.
3	Training: All DTF and STF were adequately trained as planned. In Mbale, Kween, Tororo, Butaleja, Busia, Namayingo, Kiryandongo, Hoima and Bulisa, VHT trainings which were scheduled to last 2 days were conducted in 1 day. Money for the second day was either refunded to the DCs or it was stolen using forged accountabilities as was the case in Kween, Busia and Butaleja.	MoH/MC was notified	Important that the training curriculum is adhered to as spelt out in the implementation guide. This will enhance competence of service providers hence improved quality of services.
4	Administrative units: Butaleja had 423 administrative Vs the expected 416. This had an overall effect on the operations budget.	MoH/MC was notified	Meticulous effort should be made to ensure that micro-planning data is complete and reliable.

5	Transport: All vehicles were in good mechanical condition and were available to transport teams to the respective destinations. There was a non-fatal accident in Mbale.	Worked with traffic police to support team members involved in the accident.	Continue with vehicle inspections before departure to assure staff safety .
6	Household sampling: All sampled households were actually registered and household chalk IDs were written on their doors. In some sub counties particularly populous ones, stockouts for chalk was experienced.	MC was notified and targeted sub counties were provided chalk refills.	Ensure 100% registration is attained so as to achieve the UCC objectives.
7	Religious cults: In PutiPuti sub- county Pallisa district, followers of the <i>Kanyiriri</i> cult where its sinful to count their members, household registration was shunned. Butaleja too had cults that were against registering their members.	Engaged DTF and jointly sensitized cult members on the UCC campaign benefits. Most of them were responsive	Targeted SBCC activities to counter negative cult teachings are recommended.
8	Stationery: Registration forms were in limited supply. This slowed down the registration exercise in most districts.	MC was contacted and it provided refills.	Supply adequate registration forms
9	Finance and accountability: Mismanagement of funds at sub county level observed.	Arrested sub county supervisors in Kween, Busia, Butaleja and Ntoroko and these cases are in court. Refunds were made in Kween of UGX 5million, Busia UGX 1.75million, Butaleja UGX 3.7million and Ntoroko UGX 5million. MoH terminated contracts of sub county supervisors in Kween, Ntoroko (3) and Busia (3), Butaleja (3). Additionally, their 50% per diem and 100% honorarium was withheld. .	DS and DC should ensure that budget is made available to DTF upon district entry
10	Inadequate funding: In Butaleja district, funds for the STF was inadequate. The increased administrative units Vs planned in part led to inadequate funding.	When contacted, MC communicated that funds were erroneously not disbursed.	Payment of affected cadres to be effected. Additionally, micro-planning data should be reliable for decision making.
11	SBCC and awareness: Increased LLINs UCCs visibility was observed; i.e. all vehicles with stickers, banners at some sub county headquarters and sub county supervisors were clad in UCC reflector jackets. Sampled households had heard about the campaign through radio and mega phones.		Where appropriate, place banners in busy trading centres to enhance visibility.

Table 12: HMU Action points and recommendations

10.0 CHALLENGES, LESSONS LEARNED & RECOMMENDATIONS'

10.1 CHALLENGES

- The number of households registered was more than what was projected thus may result in having some areas missing nets for the final waves.
- Mismatch in the administrative units for some districts affected the budgets for individual districts' activities.

10.2 LESSONS LEARNED

- The high level of involvement of district and sub-county leadership during waves three distribution and wave five pre-distribution contributed to the successful implementation of planned activities
- The timely arrival of the community mobilization team and utilization of mass media eased mobilization for all activities especially household registration.
- Involvement of political team during the mass media contributed to a successful registration and distribution of LLINs.

10.3 RECOMMENDATIONS

Operations and M&E

- Micro-planning team should actively engage district teams to collect updated and reliable administrative data.
- Actively engage district teams during work-planning and budgeting
- Hire a private firm to conduct staff (DS, DC and sub county supervisors) recruitment in a timely and transparent manner. It's prudent that the same team of recruited sub county supervisors are deployed throughout the waves, not bringing in new staff during each wave
- **NMCP to actively engage UBOS to document inconsistencies in national population statistics. The population reported to have been served during the previously implemented UCC is ideal to provide baseline values for future UCCs**
- Ensure that LLIN-related data are easily available to health professionals and partners without compromising privacy and confidentiality principles, proprietary and facility interests, or information law enforcement activities increases trust and confidence in the UCC data. Release and/or sharing of LLIN data should adhere to set guidelines and standards.
- Utilize pre-printed unique 6-digit number (barcodes) to facilitate collection of quality data.
- Data capture of LLINs UCC data should only be conducted in standardized approved MoH tools
- Actively involve sub county supervisors to verify LLINs allocations data before actual allocation and dispatch of LLINs

Logistics

- Conduct daily reconciliations for LLINs loaded out per district to appreciate LLINs loaded out Vs LLINs in store to facilitate the reconciliation process.
- Since LLINs allocations is per village, document waybills by village and not by distribution points. This eases the reconciliation process.
- Document a list of all sub county level storage facilities to support the process of identification of LLINs storage facilities during future UCCs
- Conduct dry runs for LMIS system three months before commencement of campaign implementation to test the system's performance

SBCC

- Strengthen district partnerships by ensuring that LLINs activities are district-led for for increased ownership.
- Popularize and operationalize of the MoH call centre (0800100066) to strengthen the feedback loop from targeted communities on the perception of the health activities including LLINs UCC
- Integrate U-report in SBCC interventions to enhance community participation in LLINs activities for meaningful feedback.
- Increase campaign visibility by placing banners with appropriate messages in strategic points such as busy town settings
- Promote net use through the interpersonal communication strategy managed by VHTs.
- Intensify campaign mobilization activities timely to increase community awareness on LLINs activities
- Consult widely with targeted audiences and leaders to develop acceptable SBCC messages.

11.0 ANNEXES

11.1 SUMMARY DATA FOR WAVE THREE

No.	District	Projection			Registration and nets allocation			Distribution			Coverag e
		Populatio n	Household s	Nets	Population	Household s	Nets Need	Population Reached	Household s Served	Nets Distribute d	
1	Bugiri	415,118	75,921	230,621	531,215	94,944	288,215	531,721	95,016	288,106	99.96%
2	Bukwo	98,420	16,599	54,678	112,820	22,586	62,182	113,125	22,642	61,932	99.60%
3	Buliisa	124,876	21,517	69,376	183,809	35,466	100,422	184,206	35,565	99,595	99.18%
4	Busia	345,888	65,487	192,160	462,099	91,436	254,170	463,111	91,627	252,598	99.38%
5	Butaleja	264,455	44,311	146,920	360,791	63,791	196,162	361,194	63,866	194,807	99.31%
6	Buyende	348,621	60,818	193,678	476,787	78,124	256,756	477,365	78,194	254,965	99.30%
7	Iganga	536,706	102,897	298,170	804,636	135,863	433,865	805,023	135,936	430,317	99.18%
8	Jinja	483,170	105,146	268,428	663,724	129,761	364,080	664,859	130,052	361,884	99.40%
9	Kaliro	254,047	43,222	141,137	339,996	60,800	182,632	340,627	60,919	182,000	99.65%
10	Kamuli	515,476	93,789	286,376	732,371	119,364	390,269	732,781	119,406	388,701	99.60%
11	Kapchorwa	110,626	21,652	61,459	147,152	26,402	79,802	147,325	26,427	79,586	99.73%
12	Kibuku	218,365	35,867	121,314	328,194	46,965	174,892	330,166	47,248	173,672	99.30%
13	Kiryandongo	284,355	52,710	157,975	388,018	66,823	209,730	388,901	66,966	206,551	98.48%
14	Kween	101,328	18,238	56,293	139,820	24,051	75,133	140,340	24,131	75,246	100.15%
15	Luuka	252,194	44,994	140,108	371,837	62,524	201,329	373,138	62,736	200,077	99.38%
16	Masindi	309,827	65,090	172,126	401,119	77,506	219,914	401,725	77,615	217,209	98.77%
17	Mayuge	510,725	97,513	283,736	698,489	144,679	381,493	699,360	144,849	379,662	99.52%
18	Mbale	525,662	109,537	292,035	812,074	144,479	438,171	813,724	144,747	432,502	98.71%
19	Namayingo	239,452	44,813	133,029	336,637	72,874	187,831	336,644	72,903	186,449	99.26%
20	Namutumba	270,984	44,465	150,547	383,375	64,416	206,393	384,044	64,539	203,317	98.51%

21	Ntoroko	75,168	13,601	41,760	109,874	19,972	59,580	110,234	20,049	58,967	98.97%
22	Pallisa	413,013	66,802	229,452	606,088	99,676	327,315	606,932	99,753	324,451	99.13%
23	Tororo	555,511	104,366	308,617	733,794	138,740	401,180	734,389	138,883	396,852	98.92%
	Total	7,253,987	1,349,355	4,029,993	10,124,719	1,821,242	5,491,516	10,140,934	1,824,069	5,449,446	99.23%

11.2 CHRONOGRAM OF WAVE THREE ACTIVITIES

Day		Key Activity 1	Key Activity 2	Date	Week Day
Day 1	Full	District entry/travel		2 nd April	Sunday
Day 2	Full	Introduce Activity and partners to DHT and mobilize for district sensitization and training.		3 rd April	Monday
Day 3	AM	Sensitize district leadership	Mobilization of S/County Teams	4 th April	Tuesday
	PM	Task force training	Mobilization of S/County Teams	4 th April	Tuesday
Day 4	AM	Training of district trainers (OP)	Mobilization of S/County Teams	5 th April	Wednesday
	PM	Training of district trainers(Logistics), (BCC)	Mobilization of S/County Teams	5 th April	Wednesday
Day 5	AM	Sensitization of S/County Leaders	Mobilization of Parish Teams	6 th April	Thursday
	PM	Training of S/County Task Force	Mobilization of Parish Teams	6 th April	Thursday
Day 6	AM	Training of Parish Chiefs on 105%	Mobilization of LC1s and VHTS	7 th April	Friday
	PM	Update of list and intensive mobilization of LC1s and VHTS	Mobilization of LC1s and VHTS	7 th April	Friday
Day 7	AM	Sensitization of LC1s		8 th April	Saturday
	PM	Training of VHTs on Registration		8 th April	Saturday

Day 8	AM	Training of VHTs Registration		9 th April	Sunday
Day 9		Household Mapping/Registration		10 th April	Monday
Day 10		Household Mapping/Registration		11 th April	Tuesday
Day 11		Household Mapping/Registration		12 th April	Wednesday
Day 12	AM	Collection of data for the 105% validation by the S/County Technical Campaign Coordinator		13 th April	Thursday
Day 13	AM	Validation of the collected data for accuracy and consistency by the S/County Technical Campaign Coordinator		14 th April	Friday
	PM	Compilation of Village lists for transportation to the centre		14 th April	Friday
Day 14	AM	Teams debrief district		15 th April	Saturday
	PM	Team travel back to the centre		18 th April	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 1		Teams travel back to district for distribution		10 th May	Wednesday
Day 2	AM	District task force meeting		11 th May	Thursday
	PM	Training of VHTs and LC1s for distribution			
Day 3	AM	Pre-positioning of Nets		12 th May	Friday
	PM	Pre-positioning of Nets			
Day 4	AM	Distribution of LLINs		13 th May	Saturday
	PM	Distribution of LLINs			
Day 5	AM	Mop-up	Data Reconciliation	14 th May	Sunday
	PM	Mop-up	Data Reconciliation		
Day 6	AM	Report submission, Debrief of the district task force		15 th May	Monday
	PM	Continue report finalization			
Travel; Back	PM	Team travel back to the centre	Teams deliver Household registers to the data centre	16 th May	Tuesday

11.3 ALLOCATION DATA

District	Sub County	Parish	Village	House holds	Population	Nets allocated	Bales	Return
Bugiri	Buwunga	12	56	11,969	69,134	37,491	938	29
Bugiri	Bulesa	6	41	9,258	52,243	28,447	712	33
Bugiri	Kapyanga	9	56	13,568	82,334	44,136	1,104	24
Bugiri	Muterere	5	32	5,918	36,503	19,707	493	13
Bugiri	Western Division	2	10	4,584	24,631	13,240	331	0
Bugiri	Nabukalu	9	54	9,440	50,806	27,714	693	6
Bugiri	Budhaya	4	31	6,737	35,864	19,497	488	23
Bugiri	Bulidha	6	28	6,230	33,123	18,030	451	10
Bugiri	Eastern Division	2	15	3,954	20,659	11,106	278	14
Bugiri	Buluguyi	5	26	8,253	42,523	23,341	584	19
Bugiri	Iwemba	5	21	5,205	27,184	14,855	372	25
Bugiri	Nankoma	7	55	9,828	56,211	30,651	767	29
		72	425	94,944	531,215	288,215	7,211	225
Bukwo	Chepkwasta	7	46	1,828	9,410	5,179	130	21
Bukwo	Chesower	5	45	1,588	8,103	4,449	112	31
Bukwo	Kaptererwo	6	38	2,423	11,123	6,183	155	17
Bukwo	Senendet	5	40	1,785	9,668	5,312	133	8
Bukwo	Kamet	5	36	1,222	6,019	3,336	84	24
Bukwo	Suam	5	39	3,376	15,010	8,318	208	2
Bukwo	Kortek	5	38	1,119	6,678	3,603	91	37
Bukwo	Riwo	6	60	2,199	10,585	5,828	146	12
Bukwo	Bukwo	6	60	1,857	10,266	5,634	141	6
Bukwo	Bukwo Town Council	5	27	2,137	11,327	6,210	156	30
Bukwo	Kabei	5	49	1,717	7,827	4,358	109	2
Bukwo	Tulel	6	46	1,335	6,804	3,772	95	28
		66	524	22,586	112,820	62,182	1,560	218

Buliisa	Mazimasa	7	63	8,661	52,032	28,164	705	36
Buliisa	Himutu	6	28	4,162	23,491	12,743	319	17
Buliisa	Nawanjofu	4	34	4,804	28,575	15,411	386	29
Buliisa	Butaleja S/C	5	29	3,817	23,485	12,607	316	33
Buliisa	Busaba	4	35	5,878	36,985	19,828	496	12
Buliisa	Busolwe T/C	4	19	4,196	22,701	12,405	311	35
Buliisa	Kachonga	6	52	6,246	38,369	20,663	517	17
		36	260	37,764	225,638	121,821	3,050	179
Busia	Butaleja T/C	6	29	4,917	27,905	15,082	378	38
Busia	Naweyo	6	41	5,238	29,552	16,085	403	35
Busia	Budumba	6	40	7,498	31,807	17,952	449	8
Busia	Busabi	6	29	4,097	24,164	13,148	329	12
Busia	Busolwe S/C	4	24	4,277	21,725	12,074	302	6
Busia	Nawandala	5	31	7,998	46,970	25,330	634	30
Busia	Nabitende	6	26	7,779	52,876	28,547	714	13
Busia	Northern Division	5	14	8,896	47,397	25,458	637	22
Busia	Ibulanku	7	27	8,300	49,730	27,089	678	31
Busia	Busembatia	5	10	3,553	20,699	11,142	279	18
Busia	Makuutu	4	27	7,612	46,427	25,108	628	12
Busia	Nambale	5	24	11,069	65,580	35,489	888	31
Busia	Nawanyingi	4	20	5,996	34,585	18,708	468	12
Busia	Central Division	6	20	9,683	52,562	28,221	706	19
Busia	Namalemba	4	18	5,328	34,802	18,522	464	38
Busia	Nakigo	5	23	11,458	62,096	33,939	849	21
		84	403	113,699	648,877	351,894	8,806	346
Butaleja	Buyanga	7	33	13,352	79,325	42,903	1,073	17
Butaleja	Namungalwe	7	21	8,549	54,097	28,896	723	24
Butaleja	Igombe	4	15	3,850	23,681	12,815	321	25
Butaleja	Bulamagi	5	27	9,082	50,137	27,272	682	8
Butaleja	Nakalama	4	28	13,358	83,657	44,421	1,111	19

Butaleja	Butagaya	6	67	11,800	66,565	36,109	903	11
Butaleja	Kakira	8	52	12,286	49,402	28,302	708	18
Butaleja	Buyengo	4	35	8,526	48,969	26,633	666	7
Butaleja	Walukuba/Masese	4	30	11,907	53,688	29,837	746	3
Butaleja	Central Division	5	20	4,929	23,433	12,918	323	2
Butaleja	Gadaffi	2	18	2,661	9,883	5,796	145	4
Butaleja	Bugembe Tc	5	16	13,045	66,013	35,612	891	28
		61	362	113,345	608,850	331,514	8,292	166
Buyende	Buwenge S/C	5	47	11,244	62,120	34,091	853	29
Buyende	Mpumudde	4	14	5,208	24,399	13,580	340	20
Buyende	Busede	5	45	8,140	50,289	27,167	680	33
Buyende	Buwenge Town Council	4	18	6,384	33,881	18,578	465	22
Buyende	Budondo	5	38	12,434	67,552	36,762	920	38
Buyende	Mafubira	5	33	21,319	108,254	59,098	1,478	22
		28	195	64,729	346,495	189,276	4,736	164
Iganga	Bukamba	5	49	6,928	37,792	20,553	514	7
Iganga	Gadumire	3	36	4,602	27,961	15,045	377	35
Iganga	Kasokwe	4	19	3,932	22,477	11,808	296	32
Iganga	Kisinda	4	33	4,424	23,458	12,769	320	31
Iganga	Buyinda	3	27	3,989	23,419	12,621	316	19
Iganga	Bumanya	4	42	6,798	37,294	20,322	509	38
Iganga	Budomero	5	51	5,914	34,856	18,318	458	2
Iganga	Kaliro Town Council	5	17	4,917	24,999	13,630	341	10
Iganga	Namwiwa	5	40	4,661	27,798	14,739	369	21
Iganga	Nawaikoke	5	52	5,496	30,702	16,573	415	27
Iganga	Namugongo	8	35	5,387	27,152	14,970	375	30
Iganga	Nansololo	5	38	3,788	22,344	11,416	286	24
Iganga	Kitayunjwa	8	90	10,018	60,896	32,164	805	36
Iganga	Southern	5	38	9,011	53,133	28,520	713	0
Iganga	Kagumba	4	37	7,887	52,796	28,165	705	35

Iganga	Bulopa	5	39	5,162	35,433	18,450	462	30
		78	643	92,914	542,510	290,063	7,261	377
Jinja	Mbulamuti	4	43	6,841	42,310	22,662	567	18
Jinja	Northern	5	42	9,164	49,265	26,816	671	24
Jinja	Wankole	3	45	4,801	29,956	16,103	403	17
Jinja	Bugulumbya	7	67	8,974	59,070	31,548	789	12
Jinja	Butansi	4	48	6,806	41,227	22,125	554	35
Jinja	Balawoli	4	39	5,218	30,943	16,804	421	36
Jinja	Kisozi	6	39	5,999	40,555	20,284	508	36
Jinja	Nabwigulu	3	24	5,331	31,142	16,967	425	33
Jinja	Magogo	5	32	4,778	30,639	16,600	415	0
Jinja	Namwendwa	10	97	15,233	82,366	44,977	1,125	23
Jinja	Nawanyago	3	39	5,346	37,051	18,533	464	27
Jinja	Namasagali	4	43	8,952	56,291	29,951	749	9
Jinja	Tegeres	5	44	2,112	11,996	6,540	164	20
		63	602	89,555	542,811	289,910	7,255	290
Kaliro	Kabeywa	6	43	1,482	9,053	4,846	122	34
Kaliro	Chema	7	48	1,967	11,236	6,110	153	10
Kaliro	Sipi	5	21	1,294	6,268	3,492	88	28
Kaliro	Kawowo	6	52	1,646	9,208	4,992	125	8
Kaliro	Kaserem	5	38	1,223	6,624	3,589	90	11
Kaliro	Gamogo	5	35	1,110	6,442	3,403	86	37
Kaliro	Kapsinda	6	49	1,786	9,551	5,225	131	15
Kaliro	Kapchesombe	6	48	1,936	11,915	6,357	159	3
Kaliro	Amukol	5	43	1,159	5,302	3,022	76	18
Kaliro	Munarya	5	39	1,278	7,047	3,830	96	10
Kaliro	Central Division	6	41	3,932	19,345	10,554	264	6
Kaliro	Kapteret	8	52	2,401	14,245	7,666	192	14
		70	509	21,214	116,236	63,086	1,582	194
Kamuli	Chepterech	5	37	634	4,247	2,274	57	6

Kamuli	Kaptanya	6	49	2,432	14,621	7,871	197	9
Kamuli	Bweyale Tc	3	18	8,263	51,086	27,401	686	39
Kamuli	Kiryandongo Town Council.	2	7	1,603	8,405	4,594	115	6
Kamuli	Mutunda	3	65	17,180	96,677	52,572	1,315	28
Kamuli	Masindi Port	2	15	2,979	15,636	8,581	215	19
Kamuli	Kigumba	3	47	10,477	62,709	33,631	841	9
Kamuli	Kigumba Town Council	3	9	4,417	26,488	14,282	358	38
Kamuli	Kiryandongo	4	72	21,904	127,017	68,669	1,717	11
Kamuli	Kaptum	6	46	2,022	12,731	6,793	170	7
Kamuli	Kitawoi	6	29	1,686	11,563	6,140	154	20
Kamuli	Kiriki	5	44	1,984	11,264	6,044	152	36
Kamuli	Binyiny Tc	3	11	866	5,169	2,744	69	16
Kamuli	Kaproron	4	22	1,067	6,356	3,446	87	34
Kamuli	Moyok	5	45	1,201	6,815	3,717	93	3
Kamuli	Binyiny	5	28	1,101	6,287	3,410	86	30
		65	544	79,816	467,071	252,169	6,312	311
Kapchorwa	Kwosir	5	51	2,854	17,320	9,282	233	38
Kapchorwa	Benet	10	48	2,424	14,928	7,946	199	14
Kapchorwa	Ngenge	10	74	4,438	23,204	12,478	312	2
Kapchorwa	Kaptoyoy	6	36	2,286	10,935	6,030	151	10
Kapchorwa	Kwanyiy	5	58	2,122	13,248	7,103	178	17
Kapchorwa	Luuka Tc	5	14	3,072	16,105	8,829	221	11
Kapchorwa	Waibuga	5	36	9,027	54,149	29,309	733	11
Kapchorwa	Nawampiti	5	23	5,043	30,844	16,623	416	17
Kapchorwa	Bukooma	6	46	10,912	66,268	35,743	894	17
Kapchorwa	Bulongo	6	26	6,479	42,314	22,581	565	19
Kapchorwa	Bukanga	6	44	9,523	63,739	34,156	854	4
Kapchorwa	Ikumbya	5	32	11,489	59,310	32,650	817	30
Kapchorwa	Irongo	5	37	6,979	39,108	21,438	536	2
Kapchorwa	bwijinga s	5	74	13,485	71,322	39,060	977	20

Kapchorwa	Kimengo	1	7	2,103	10,121	5,574	140	26
		85	606	92,236	532,915	288,802	7,226	238
Kibuku	Nyangahya	2	20	3,464	16,503	9,210	231	30
Kibuku	Kijunjubwa	1	15	2,411	16,582	8,858	222	22
Kibuku	Miirya	3	21	5,440	27,328	15,118	378	2
Kibuku	Kigulya Division	3	18	3,722	18,413	10,204	256	36
Kibuku	Karujubu	3	20	6,172	31,486	17,321	434	39
Kibuku	Budongo	5	59	12,568	66,978	36,698	918	22
Kibuku	Pakanyi	5	64	15,442	79,076	43,147	1,079	13
Kibuku	Central Division	3	23	12,699	63,310	34,724	869	36
Kibuku	Northern Division	5	40	15,890	87,108	46,763	1,170	37
Kibuku	Bukasakya	5	24	11,146	60,685	32,724	819	36
		35	304	88,954	467,469	254,767	6,376	273
Kiryandongo	Bukiende	7	59	6,852	35,619	19,550	489	10
Kiryandongo	Bumasikye	4	35	2,996	18,493	9,941	249	19
Kiryandongo	Lwasso	4	27	2,265	13,239	7,146	179	14
Kiryandongo	Bungokho-Mutoto	6	43	10,448	64,863	34,024	851	16
Kiryandongo	Namanyonyi	4	47	9,721	51,154	28,091	703	29
Kiryandongo	Bufumbo	7	48	3,323	20,049	10,972	275	28
Kiryandongo	Nakaloke	9	35	6,456	37,874	20,225	506	15
		41	294	42,061	241,291	129,949	3,252	131
Kween	Budwale	4	23	1,673	9,633	5,158	129	2
Kween	Bubombi	4	25	5,011	23,813	13,280	332	0
Kween	Wanale	5	44	2,983	14,798	8,083	203	37
Kween	Busiu	7	58	6,383	34,345	18,554	464	6
Kween	Lukhonge	4	35	2,252	12,144	6,637	166	3
Kween	Bubyangu	10	60	4,887	32,362	17,299	433	21
Kween	Busoba	4	76	6,164	31,766	17,539	439	21
Kween	Bungokho	5	37	8,301	44,673	24,262	607	18
Kween	Wanale Division	5	25	5,368	32,294	17,146	429	14

Kween	Busano	4	44	2,681	15,366	8,313	208	7
Kween	Industrial Division	4	39	13,959	80,226	43,058	1,077	22
Kween	Nakaloke Town Council	7	30	7,925	51,392	27,419	686	21
		63	496	67,587	382,812	206,748	5,173	172
Luuka	Bukonde	4	66	4,482	23,019	12,541	314	19
Luuka	Nyondo	4	32	3,301	17,069	9,399	235	1
Luuka	Sigulu	5	33	5,680	22,388	12,942	324	18
Luuka	Bukana	3	19	2,617	11,828	6,648	167	32
Luuka	Buyinja	5	32	9,099	35,589	20,474	512	6
Luuka	Lolwe	3	19	5,650	23,255	12,836	321	4
Luuka	Banda	5	51	11,057	65,860	35,509	888	11
Luuka	Mutumba	6	42	13,874	64,429	35,759	894	1
		35	294	55,760	263,437	146,108	3,655	92
Masindi	Buswale	7	41	10,883	42,316	24,523	614	37
Masindi	Namayingo Town Council	5	28	5,461	28,728	15,703	393	17
Masindi	Buhemba	5	33	8,553	42,244	23,437	586	3
Masindi	Nabweyo	6	50	4,700	27,079	14,624	366	16
Masindi	Mazuba	6	41	2,914	19,935	10,417	261	23
Masindi	Ivukula	9	47	7,957	46,236	24,841	622	39
Masindi	Namutumba Town Council	3	11	4,988	30,321	16,254	407	26
Masindi	Kibaale	6	47	3,588	24,657	13,079	327	1
Masindi	Namutumba	5	40	9,670	54,205	29,320	733	0
Masindi	Nsinze	5	58	7,008	35,642	19,650	492	30
		57	396	65,722	351,363	191,848	4,801	192
Mayuge	Bulange	7	49	10,962	66,972	36,054	902	26
Mayuge	Magada	6	58	8,174	51,660	27,706	693	14
Mayuge	Nangonde	6	31	4,472	26,626	14,433	361	7
Mayuge	Bweramule	5	21	1,626	10,131	5,456	137	24
Mayuge	Rwebisengo	6	20	997	6,687	3,536	89	24
Mayuge	Karungutu town council	5	18	3,377	16,584	9,246	232	34

Mayuge	Rwebisongo Town Council	4	12	915	4,431	2,476	62	4
Mayuge	Karugutu sub-county	5	21	2,146	11,096	6,080	152	0
Mayuge	Kanara	6	23	2,697	16,508	8,736	219	24
Mayuge	Kibuuko Town Council	4	12	601	3,652	1,961	50	39
Mayuge	Nombe sub-county	4	24	2,044	11,399	6,159	154	1
Mayuge	Butungama	6	25	2,014	13,661	7,249	182	31
Mayuge	Kanara Town Council	4	16	3,555	15,725	8,681	218	39
Mayuge	Palisa	3	27	3,943	23,720	12,843	322	37
		71	357	47,523	278,852	150,616	3,773	304
Mbale	Kabwangasi	5	46	6,677	45,880	24,354	609	6
Mbale	Kibale	4	25	3,328	23,744	12,767	320	33
Mbale	Akisim	4	15	3,104	20,204	11,142	279	18
Mbale	Olok	4	22	3,537	23,482	12,673	317	7
Mbale	Butebo	4	42	6,969	43,735	23,480	587	0
Mbale	Opwateta	4	29	3,378	24,581	13,048	327	32
Mbale	Kanginima	4	18	2,260	13,466	7,201	181	39
Mbale	Gogonyo	4	43	6,721	49,919	26,634	666	6
Mbale	Kameke	4	15	4,104	28,704	15,297	383	23
Mbale	Aponong	6	44	5,928	40,643	21,673	542	7
Mbale	Chelekura	4	15	4,079	18,801	10,884	273	36
Mbale	Kakoro	6	37	4,467	26,040	14,182	355	18
Mbale	Kasodo	5	25	5,324	21,633	12,338	309	22
Mbale	Puti	4	51	7,120	35,952	19,546	489	14
Mbale	Palisa Tc	5	40	10,250	57,644	30,864	772	16
Mbale	Agule	4	21	4,030	27,968	15,064	377	16
Mbale	Kamuge	4	30	7,720	34,316	19,195	480	5
Mbale	Petete	5	41	6,690	45,256	23,928	599	32
Mbale	Magola	4	44	5,781	26,865	14,841	372	39
Mbale	Nagongera Town Council	4	11	3,491	18,753	10,243	257	37
Mbale	Sop-Sop	4	28	3,852	18,319	10,223	256	17

Mbale	Paya	4	53	8,471	41,970	23,467	587	13
Mbale	Osukuru	4	85	12,150	63,998	34,920	873	0
		100	780	129,431	751,873	407,964	10,210	436
Namayingo	Mella	4	52	4,116	24,493	13,335	334	25
Namayingo	Molo	4	36	5,733	27,959	15,653	392	27
Namayingo	Nabyonga	4	56	7,921	43,448	23,711	593	9
Namayingo	Nagongera	3	57	6,740	36,379	20,025	501	15
Namayingo	Malaba T C	6	18	5,894	27,722	15,355	384	5
Namayingo	Kisoko	4	30	4,985	26,867	14,792	370	8
Namayingo	Iyolwa	4	43	5,365	30,818	16,344	409	16
Namayingo	Eastern Division	4	19	6,158	30,448	16,822	421	18
Namayingo	Merikit	5	46	6,382	33,522	18,297	458	23
		38	357	53,294	281,656	154,334	3,862	146
Namutumba	Kwapa	4	59	5,078	27,834	15,219	381	21
Namutumba	Petta	4	28	4,966	22,252	12,382	310	18
Namutumba	Western Division	4	13	5,971	33,883	18,362	460	38
Namutumba	Kirewa	5	58	5,930	36,317	19,503	488	17
Namutumba	Mulanda	3	80	9,816	55,277	29,758	744	2
Namutumba	Mukujju	6	65	9,999	52,442	28,632	716	8
Namutumba	Rubongi	5	34	9,861	53,832	29,081	728	39
Namutumba	Bulangira	4	41	5,140	34,158	18,053	452	27
Namutumba	Kibuku Town Council	4	13	2,270	13,343	7,264	182	16
Namutumba	Buseta	4	22	4,430	25,956	14,150	354	10
		43	413	63,461	355,294	192,404	4,815	196
Ntoroko	Kabweri	4	22	3,793	23,878	12,786	320	14
Ntoroko	Kagumu	4	27	6,182	48,342	25,406	636	34
Ntoroko	Kirika	4	26	4,308	31,610	16,768	420	32
Ntoroko	Tirinyi	6	34	8,704	57,020	30,582	765	18
Ntoroko	Kasasira	4	33	4,912	34,410	18,398	460	2
Ntoroko	Kadama	4	24	4,572	40,474	21,375	535	25

Ntoroko	Kibuku	2	11	2,612	18,657	9,927	249	33
Ntoroko	Biiso	4	32	4,547	21,680	12,138	304	22
Ntoroko	Buliisa	4	12	4,613	27,862	14,854	372	26
Ntoroko	Kigwera	5	15	4,721	26,799	14,621	366	19
		41	236	48,964	330,732	176,855	4,427	225
Pallisa	Buliisa Town Council	4	8	3,134	16,534	9,264	232	16
Pallisa	Kihungya	4	22	2,867	16,399	8,916	223	4
Pallisa	Ngwedo	5	16	5,749	25,424	14,076	352	4
Pallisa	Butiaba	4	21	9,835	49,111	26,553	664	7
Pallisa	Wairasa	4	18	4,569	22,327	12,368	310	32
Pallisa	Jagusi	6	30	5,743	20,003	11,624	291	16
Pallisa	Imanyiro	5	30	7,808	42,037	22,749	569	11
Pallisa	Mpungwe	5	29	7,912	35,080	19,470	487	10
Pallisa	Buwaaya	5	25	6,766	32,223	17,521	439	39
Pallisa	Bukatube	5	39	11,122	57,567	31,120	778	0
Pallisa	Kityerera	6	50	14,166	71,583	38,420	961	20
Pallisa	Busakira	5	32	9,246	39,198	22,108	553	12
Pallisa	Magamaga TC	4	23	7,112	28,713	16,266	407	14
Pallisa	Bukabooli	6	43	12,332	59,205	32,649	817	31
Pallisa	Malongo	7	114	30,519	162,437	86,613	2,166	27
Pallisa	Kigandalo	6	47	9,212	46,495	25,242	632	38
Pallisa	Baitambogwe	8	32	11,747	52,219	29,086	728	34
Pallisa	Mayuge T/C	4	16	6,281	28,602	15,821	396	19
Pallisa	Buyende Town Council	5	31	6,111	35,791	19,514	488	6
		98	626	172,231	840,948	459,380	11,493	340
Tororo	Kidera	8	62	15,351	92,751	49,792	1,245	8
Tororo	Kagulu	7	82	17,602	108,640	58,533	1,464	27
Tororo	Nkondo	4	26	8,080	46,013	25,122	629	38
Tororo	Bugaya S/C	9	103	19,917	125,355	66,497	1,663	23
Tororo	Buyende subcounty	6	53	10,992	68,221	37,275	932	5

Tororo	Western Division	3	10	6,749	37,834	20,399	510	1
Tororo	Buyanga	4	28	4,313	24,447	13,308	333	12
Tororo	Buhehe	3	59	5,360	27,203	14,836	371	4
Tororo	Lumino	4	37	3,610	20,292	11,033	276	7
Tororo	Masafu	4	26	4,684	27,559	14,935	374	25
Tororo	Masaba	3	58	7,579	29,289	16,735	419	25
Tororo	Majanji	4	29	2,928	18,403	9,830	246	10
Tororo	Busiime	4	40	4,715	25,812	14,165	355	35
Tororo	Masinya	4	23	6,208	31,618	17,114	428	6
Tororo	Busitema	4	26	4,742	23,420	13,042	327	38
Tororo	Lunyo	4	40	5,106	24,156	13,563	340	37
Tororo	Buteba	4	33	7,456	39,109	21,062	527	18
Tororo	Sikuda	4	31	7,709	26,865	15,980	400	20
Tororo	Eastern Division	5	15	7,786	45,076	24,322	609	38
Tororo	Dabani	5	52	6,714	38,558	20,957	524	3
Tororo	Bulumbi	4	31	5,653	21,806	12,535	314	25
		97	864	163,254	902,427	491,035	12,286	405
		1,427	10,490	1,821,044	10,123,592	5,490,940	137,414	5,620

11.4 DISTRICT PERSONNEL TRAINED

No.	Districts	DTF	District & Sub county Technical team	Sub county Task Force	Parish Chiefs	LC 1	VHTs	Store managers/security
1	Bugiri	17	54	179	71	441	878	36
2	Pallisa	17	76	285	85	587	1176	57
3	Namutumba	17	44	40	57	436	872	30
4	Kiryandongo	17	32	105	28	238	476	21
5	Masindi	17	44	120	30	342	725	30
6	Ntoroko	17	44	150	49	200	800	30
7	Bukwo	17	52	180	66	524	1052	36
8	Tororo	17	88	315	89	915	1864	63
9	Butaleja	18	52	180	64	423	846	36
10	Buyende	17	94	94	39	357	706	18
11	Iganga	17	84	240	83	364	802	48
12	Namayingo	17	40	161	44	298	598	27
13	Jinja	17	56	189	62	433	866	39
14	Kween	17	52	187	70	492	947	36
15	Kapchorwa	17	64	225	86	639	1282	45
16	Kaliro	17	68	240	56	439	791	36
17	Mbale	20	96	345	122	952	1932	69
18	Luuka	17	36	120	43	258	505	24
19	Mayuge	17	60	210	76	526	1052	42
20	Kamuli	17	68	240	80	762	1522	48
21	Busia	17	68	245	63	538	1080	48
22	Buliisa	17	32	105	30	126	252	21
23	Kibuku	17	44	150	40	253	559	33
Sub-Total		395	1,294	4,305	1,437	10,574	19,535	873

11.5 105% VERIFICATION SUMMARY

DISTRICT	Sub County			Parish			Village			Population			Variance (Var)		
	Reg-Data	105% Ver	% ACH	Reg-Data	105% Ver	% ACH	Reg-Data	105% Ver	% ACH	Popn	VHT Popn	PC Popn	Var	% Var	% Ver
Bugiri	12	12	100%	72	61	85%	425	241	56.7%	531,215	11,903	12,052	149	1.24%	2.27%
Bukwo	12	12	100%	66	61	92%	524	395	75.4%	112,820	12,907	13,087	180	1.38%	11.60%
Buliisa	7	7	100%	30	30	100%	126	108	85.7%	183,809	5,432	5,491	59	1.07%	2.99%
Busia	16	15	94%	63	44	70%	538	242	45.0%	462,099	9,173	9,651	478	4.95%	2.09%
Butaleja	12	11	92%	64	51	80%	424	288	67.9%	360,791	15,123	15,436	313	2.03%	4.28%
Buyende	6	6	100%	39	29	74%	357	223	62.5%	476,787	10,995	11,892	897	7.54%	2.49%
Iganga	16	16	100%	83	74	89%	364	279	76.6%	804,636	10,551	10,818	267	2.47%	1.34%
Jinja	13	13	100%	61	52	85%	431	315	73.1%	663,724	15,346	15,527	181	1.17%	2.34%
Kaliro	12	11	92%	56	45	80%	439	284	64.7%	339,996	15,171	15,531	360	2.32%	4.57%
Kamuli	16	16	100%	80	56	70%	762	240	31.5%	732,371	13,374	13,513	139	1.03%	1.85%
Kapchorwa	15	15	100%	86	59	69%	639	358	56.0%	147,152	14,427	14,423	(4)	-0.03%	9.80%
Kibuku	10	9	90%	40	27	68%	253	134	53.0%	328,194	6,531	6,813	282	4.14%	2.08%
Kiryandongo	7	6	86%	20	14	70%	233	30	12.9%	388,018	5,622	5,666	44	0.78%	1.46%
Kween	12	10	83%	70	50	71%	492	299	60.8%	139,820	11,122	11,190	68	0.61%	8.00%
Luuka	8	8	100%	43	43	100%	258	206	79.8%	371,837	19,700	19,948	248	1.24%	5.36%
Masindi	10	10	100%	31	28	90%	320	112	35.0%	401,119	5,593	5,141	(452)	-8.79%	1.28%
Mayuge	14	14	100%	76	51	67%	526	354	67.3%	698,489	13,858	14,110	252	1.79%	2.02%
Mbale	23	23	100%	122	103	84%	952	629	66.1%	812,074	26,875	27,140	265	0.98%	3.34%
Namayingo	9	8	89%	44	39	89%	298	152	51.0%	336,637	7,231	7,444	213	2.86%	2.21%
Namutumba	10	10	100%	58	56	97%	433	375	86.6%	383,375	24,036	24,619	583	2.37%	6.42%
Ntoroko	10	8	80%	50	29	58%	193	77	39.9%	109,874	4,052	4,437	385	8.68%	4.04%
Pallisa	19	19	100%	83	79	95%	586	469	80.0%	606,088	23,008	23,411	403	1.72%	3.86%
Tororo	21	21	100%	89	69	78%	915	337	36.8%	733,794	17,994	18,539	545	2.94%	2.53%
Total	290	280	97%	1,426	1,150	81%	10,488	6,147	59%	10,124,719	300,024	305,879	5,855	1.9%	3.02%

