

## **Mission Report – Liberia**

Technical Support to Liberia National Malaria Control Program

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**Mission dates:** January 16, 2011 to February 2, 2011 (inclusive of travel)

**Location (s):** Monrovia, Liberia

**Date of report:** February, 2011

**Subject of report:** Summary of technical support mission discussions, key findings and status of deliverables

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### **1. Objectives of the mission from consultant TOR**

The consultant will undertake the following activities during the mission to Liberia:

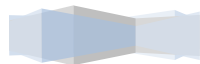
1. Assess the effectiveness of currently used distribution mechanisms in the country, including mass campaigns, routine distribution through antenatal clinics (ANC) and door-to-door distribution. This will begin with meetings at the NMCP and will continue through meetings with key partners, as identified by the NMCP.
2. Review the existing ITN policy (2004).
3. Develop a comprehensive strategic plan and policy for LLINs in Liberia to replace the 2004 ITN policy.
4. Work with the NMCP and partners involved in the upcoming distribution of LLINs (350,000 funded through USAID) to develop distribution, communication and monitoring and evaluation plans.
5. Provide technical support to the NMCP Vector Control Unit as per in-country discussions and requests.

### **Deliverables from the consultancy**

1. Summary of the effectiveness of currently used distribution mechanisms, including a SWOT (strengths, weaknesses, opportunities, threats) analysis.
2. Summary of discussions with NMCP and key partners.
3. Comprehensive strategic plan and policy for LLINs in Liberia that can be used from 2011 – 2015.
4. LLIN distribution plan and supporting plans for communication and monitoring and evaluation (where necessary / possible).

### **2. General overview**

The Liberia National Malaria Control Program has made extensive efforts to improve malaria prevention and control in the country. Approximately 2.7 million ITNs were distributed in Liberia between 2005 and



2010 through three principle channels: door-to-door campaigns, antenatal clinic (ANC) and integrated campaigns. Results for LLIN ownership and utilization have steadily been increasing. For example, the Liberia Malaria Indicator Survey (LMIS) conducted in 2008 showed that household ownership of ITNs was 47%, and 27% of children under five and 33% of pregnant women had slept under a net the night prior to the survey. A 2009 EPI Cluster Survey showed 63% of households owned an ITN and that 57% of children had slept under an ITN the previous night. Results just released from a post distribution survey in Montserrado County show that 84% of households have at least one LLIN and 82% of children under five are reported to have slept under the net the previous night.

One of the primary objectives of the mission was to support the NMCP to develop an LLIN Strategic Plan and Operational Guidelines. The consultants worked closely with the NMCP's Vector Control Unit to develop a draft document that was shared with partners for feedback. A subsequent draft incorporating partner feedback and guidance from international technical experts has been developed. This was a joint mission with Doug Mole who provided additional support to develop logistics tools for the 350 000 LLINs which have recently been delivered to Liberia.

### 3. Situation on arrival

- Upon arrival, the consultant met with the NMCP Director and Deputy Director and Vector Control Unit Coordinator to discuss deliverables for the mission and to organize working approach.
- The Vector Control Coordinator shared background documents that NMCP wished to use as base documents for developing Liberia's LLIN policy (see section 2 above) and provided information that USAID/PMI would be delivering 350 000 LLINs sometime in the coming weeks, however dates for upcoming campaign/s were not available. The Liberia Red Cross and NMCP were identified as implementing distribution of 350 000 LLINs.
- A communication plan for campaigns in general had been developed in draft form, following the Bamako AMP Communication training.

To develop the draft LLIN Strategic Plan and Operational Guidelines a number of documents were reviewed including Liberia's **National Malaria Strategic Plan 2010-2015** and the related **NMCP M&E Plan 2010-2015**, which served as base documents. The NMCP's **2004 Insecticide Treated Materials Policy** was reviewed and after discussions with the Vector Control Unit it was determined that this document was largely out-of-date except for key sections establishing LLIN standards and regulations, which are included in updated form in Chapter 3.

#### **Additional documents consulted include:**

- Global Malaria Action Plan
- Liberia's Global Fund Round 10 Malaria Proposal
- NMCP LLIN M&E Plan Concept Paper
- Liberia's Malaria Indicator Survey 2009
- MOH&SW National Health Policy National Health Plan 2007-2011
- NMCP Behavioral Change Communication Strategy, September 2005
- Alliance for Malaria Prevention *Toolkit for Developing Integrated Campaigns to Encourage the Distribution and Use of LLINs*, Sept 2008



#### 4. Meetings attended (NMCP, partners) and key people met during mission

- **January 18, 2011:** Introduction visit and meeting with Dr Joel Jones, Tolbert Nyenswah, Gracella Cooper and Vector Control Unit
- **January 26, 2011:** NMCP Partners' Meeting
- **February 1, 2011:** Debriefing with NMCP Director, Deputy Director, and Vector Control Unit

#### People met during the mission:

- Dr. J. Jones, Program Manager, NMCP (MoHSW)
- Mr. T. Nyenswah, Deputy Program Manager, NMCP (MoHSW)
- Mr. P.K. Nyansaiye, Asst Program Officer, Technical Services, NMCP
- Gracella W. Cooper, Vector Control Coordinator, NMCP
- Mr. C. Williams, Asst Vector Control Coordinator, NMCP
- Mr. R. Benson, Vector Control Supervisor, NMCP
- Mr. K. Pellewuwan, Vector Control Supervisor, NMCP
- Mr. G.W. Gweh, Vector Control Technician, NMCP
- Mr. J. Enders, M & E Coordinator, NMCP
- Mr. D. Somah, IEC/BCC Coordinator, NMCP
- Mr. J. S. Tamba, IEC/BCC Officer, NMCP
- Mr. O. Johnson, Logistics Coordinator, NMCP
- Mr. K.E. Tenbroh, LNRCs Logistics Coordinator

#### Partners in attendance at the January 26<sup>th</sup> partners' meeting included

- Dr Noe Rakotondrajaona, PMI Malaria Advisor
- Moses Jeronlon, WHO NPO HIV/AIDS, TB and Malaria
- Roland Nyanama, UNDP
- Joshephine Freeman, UNICEF
- Teah Doegmah, MOH&SW Rebuilding Basic Health Services (RBHS)
- Representatives from several implementing partners including JSI/Deliver, PSI, Liberian Red Cross, Nets for Life, Starks Foundadtion, and ADAM

#### 5. Mission roll out and main accomplishments

- **Documents Developed (and attached)**
  - Draft Liberia's LLINs Strategic Plan and Operational Guidelines
  - SWOT analysis of door-to-door campaign, integrated campaign, and ANC routine delivery channels
  - Draft Communication and Social Mobilization Plan for the distribution of 350 000 LLINs in 7 counties
  - Debriefing summary of next steps (developed with D Mole)
- In order to understand the LLIN context in Liberia, the consultant undertook an initial desk review of available documents and files and prepared a list of questions which



were discussed with the Vector Control Coordinator. The consultant prepared background notes for reference.

- In collaboration with the logistics consultant, the program consultant prepared a draft outline of the **LLINs Strategic Plan and Operational Guidelines** which was presented to the Vector Control Unit for inputs and suggestions. The consultants referred to a similar document prepared for Uganda.
- Working from base documents, the consultants developed a rough first draft of the **LLINs Strategic Plan and Operational Guidelines** and indicated areas which needed inputs from the Vector Control Unit. The logistics consultant focused on the terms of reference for the coordinating and technical committees as well as the logistics planning section. The program consultant developed the remaining sections. A draft list of questions was developed, which the Vector Control Unit members worked on as a team. Working meetings were then organized to project the document and worked together with the consultants to draft text for the remaining sections.
- The **2004 ITM Policy** was reviewed and following discussions with the Vector Control Unit it was agreed that the majority of the text was out-of-date as it referred to previous policies for
  - Targeted distribution which have been replaced by the NMCP policy to achieve Universal Coverage,
  - ITNs which have been replaced by LLINs, and
  - Full cost or subsidized cost sale of LLINs which have been replaced by primarily free distribution
- In addition to studying documents provided by the NMCP, the consultants conducted a strategic **SWOT analysis** of Liberia's 3 principle LLIN distribution channels with the NMCP Vector Control Unit: door-to-door campaigns. Integrated campaigns, routine distribution via health facilities
- A draft of the **LLINs Strategic Plan and Operational Guidelines** was presented to the NMCP director and deputy director on Tuesday, January 25th and feedback incorporated into the draft which was then prepared for printing and photocopying to be distributed during the NMCP partners' meeting on Wednesday, January 26th.
- The NMCP organized a meeting with stakeholders on January 26, 2011. More than 20 donor and implementing partners attended this 3 hour meeting to provide feedback on the **SWOT analysis** and draft **LLINs Strategic Plan and Operational Guidelines**
- Feedback from the NMCP partners was then incorporated into the **SWOT analysis** and draft **LLINs Strategic Plan and Operational Guidelines**
- The consultant worked with the NMCP IEC/BCC Coordinator to update and revise the generic plan developed following the AMP Communication training in Bamako, Mali and developed a **draft Communication Plan with timeline and budget outline for the upcoming distribution of 350 000 LLINs** (attached).
- The consultant worked with the NMCP M&E Coordinator to submit the existing **LLIN M&E Concept Paper** to the AMP M&E workstream for feedback. David Gittelman, CDC/PMI is summarizing feedback from the group to be sent to the NMCP team.
- **Discussions with NMCP directors, the Vector Control Unit, and partners included:**
  - The importance of including international best practice guidance in the document, to show that Liberia is following strategic guidance.
  - Including a call for partners to position additional funding to support the new initiatives in the strategic plan, which aim to address weaknesses raised in the



- SWOT (eg allowing CHVs additional time to return to HH during the assessment phase to reduce number of HHs missed)
- A suggestion to undertake mapping exercises of LLIN coverage by county, district and community with NMCP, CHTs, and local leaders in order to assess estimates of LLIN age and quality prior to new distributions
- A discussion of key issues regarding LLIN replacement and possible pull-back: operational difficulties and guidance from WHO.
- The importance of clearly mapping steps and key messages for CHVs during the HH assessment process to avoid confusion and subjective counting of available sleeping spaces.
- The consultant also provided written feedback to the Vector Control Coordinator regarding the current **ITN Training manual**
- In order to further inform strategic decisions in **the LLINs Strategic Plan and Operational Guidelines**, the consultant obtained additional international technical support and guidance from a number of sources, which included:
  - Technical guidance from WHO on Liberia’s strategy for LLIN “Mop Up” and replacement campaigns (see attached)
  - Background information and tools for routine distribution from Kenya and Tanzania experience
  - Support of the AMP M&E working group to provide feedback on LLIN M&E concept paper.

## 5. Key challenges and recommendations

### Key Challenges include

- **Challenge 1:** Scaling up distribution of LLINs via health facilities
- **Recommendations:**
  - Conduct assessments at ANC HFs, and with MOH&SW FHD, and NMCP to evaluate routine distribution to-date including numbers of LLINs delivered, quality of reporting information received at central level, effectiveness of LLIN re-supply efforts
  - Assess feasibility of adding new beneficiaries to routine distribution, eg children under 1 via routine EPI
  - In collaboration with MOH&SW FHD, develop detailed implementation guidance and training modules for HF staff as an appendix to the LLINs Strategic Plan and Operational Guidelines
  - Advocate for additional resources to support scale up of routine distribution
- **Challenge 2:** Implementing LLIN “mop up” and replacement campaigns
- **Recommendations:**
  - Following guidance from WHO-GMP, the NMCP directors could convene an internal meeting with the Vector Control Unit to review field experience to date and develop an interim decision.



- From this interim decision, draft training tools may be developed and tested with the training of campaign supervisors and CHVs in advance of the next door-to-door campaign
- Lessons learned from the implementation of the next campaign can then provide information to modify and finalize the NMCP decision

## 7. Next steps / Future planning

From the above summary and recommendations, the next steps following the consultants' mission are proposed to include:

- 1) Decide on the strategy for LLIN replacement in pending campaigns: As suggested above, this can include a review of the WHO guidance sent by Jonathan Lines and internal discussions with the NMCP Vector Control Unit to support the NMCP directors in making a policy decision
- 2) Finalize and validate Liberia's **LLINs Strategic Plan and Operational Guidelines**: As discussed during the debriefing with NMCP directors and the Vector Control Unit, steps and calendar to ensure this can include:
  - a. Send document to partners for feedback (by Feb 2, 2011)
  - b. Organize a validation meeting (by Feb 15, 2011)
  - c. Finalize document and disseminate
- 3) To support successful implementation of future campaigns, more detailed training modules and key messages can be developed for campaign implementation teams. These can build on experiences in other countries to ensure efficient and successful implementation of future campaigns
- 4) Reinforce routine distribution, as proposed in section 6 above
- 5) Review and update LLIN quantification: This can take into consideration the updated decisions of NMCP and any changes to context since the last quantification



## 8. Conclusion

The consultant wishes to thank the NMCP of Liberia, RBM, WHO, AMP and all partners who provided support during the mission. The support provided favourable conditions for advancing on many fronts to complete the deliverables of the TOR.

## List of Acronyms

CHT	County Health Team
CHV	Community Health Volunteer
FHD	Family Health Department
GFATM	The Global Fund to fight HIV/AIDS, Tuberculosis, and Malaria
HH	Household
HF	Health Facility
IEC/BCC	Information Education Communication/Behavior Change Communication
LLIN	Long Lasting Insecticide-Treated Net
LMIS	Liberia Malaria Indicator Survey
M&E	Monitoring and Evaluation
MOH&SW	Ministry of Health and Social Welfare
NMCP	National Malaria Control Program
PMI	President's Malaria Initiative
SWOT	Strengths, Weaknesses, Opportunities, Threats
TOR	Terms of Reference
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

## List of Annexes:

- Draft Liberia's LLINs Strategic Plan and Operational Guidelines
- SWOT analysis of door-to-door campaign, integrated campaign, and ANC routine delivery
- Draft Communication and Social Mobilization Plan for distribution of 350 000 LLINs
- Debriefing summary of next steps

### Proviso

*In preparation of this report and related "draft" documents, every effort has been made to represent the most current, correct, and clearly expressed information possible. Nevertheless, inadvertent errors or omissions in information may occur. The information and data included have been gathered from a variety of sources and through collaborative meetings, but are subject to change as Liberia NMCP program decisions are made at various levels.*

*This report represents a summary of the collaborative process/discussions engaged in and reflects decisions taken by the MOH&SW/NMCP of Liberia during the mission from January 20 to February 2, 2011.*

