Process Evaluation Report

Kenya Phase 1 LLIN Mass Distribution Campaign,

September-October 2014

Proviso

In preparation of this process evaluation report, every effort has been made to represent the most current, correct, and clearly expressed information, as gathered during the evaluation period as per the terms of reference. The evaluation documents represent a summary of the collaborative processes and discussions engaged in between 14th and 30th September 2014 and incorporating discussions from an earlier field visit in July. Nevertheless, as the report is based on interviews that are susceptible to recall and other biases, inadvertent errors in information may occur. The information and data included have been gathered from a variety of sources and through meetings and interviews conducted during the period of this visit, and reflect the authors' and AMP's analysis. As with any evaluation, it is a reflection of the information collected and may not provide the whole picture, but it represents the issues raised and discussed during the process assessment. The goal of the process evaluation is to provide information to the Kenya MCU, PMI-Kenya, Global Fund, partners and donors that will be helpful for future phases of campaign planning and distribution.

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ACRONYMS

ACSM	Advocacy Communication and Social Mobilization
AMP	Alliance for Malaria Prevention
BCC	Behaviour Change Communication
CDH	County Director of Health
CHEW	Community Health Extension Workers
CHMT	County Health Management Team
CHV	Community Health Volunteers
CNO	County Nursing Officer (interchangeable with County Public Health Nurse)
CHPO	County Health Promotion Officer
CMA	Commodity Management Assessment
CMCC	County Malaria Control Coordinator
CPHO	County Public Health Officer
DivPHO	Division Public Health Officer
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
GOK	Government of Kenya

HHR	House hold registration
IEC	Information, Education and Communication
IPC	Interpersonal communication
KEMSA	Kenya Medical Supplies Authority
LLIN	Long-lasting Insecticidal Nets
LPoA	Logistics Plan of Action
MCU	Malaria Control Unit of the Ministry of Health
PHO	Public Health Officer
PHT	Public Health Technician
PMI	Presidential Malaria Initiative
PR	Principle Recipient
PSAs	Public service announcements
SBCC	Social and Behaviour Change Communication
SCHMT	Sub-County Health Management Team
SCMCC	Sub County Malaria Control Coordinator
SCMOH (formerly DMOH)	Sub County (District) Medical Officer of Health
SCPHO	Sub County Public Health Officer

1. BACKGROUND

In May 2014, the Kenya Ministry of Health Malaria Control Unit (MCU) initiated a LLIN mass distribution campaign with financing from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), the President's Malaria Initiative (PMI) and World Vision International (WVI). The LLIN campaign will distribute 12.6 million LLINs to 23 malaria-endemic and epidemic-prone counties from 2014 to 2015 in at least four phases. Kenya's LLIN policy is to achieve and maintain "universal coverage" defined as one LLIN for two people in malaria endemic, highland epidemic-prone and seasonal transmission counties.

The first phase of the campaign took place in counties around the Lake Victoria area consisting of five counties (Migori, Homa Bay, Kisumu, Siaya and Vihiga) where 3 million LLINs were to be distributed. Phase 1 of the campaign started in May 2014. Procurement of LLINs for Phase 2 (West Pokot County, 380,000 LLINs from World Vision International) and Phases 3 and 4 (Global Fund 5.4 million LLINs and Presidential Malaria Initiative 3.8 million LLINs) have commenced and campaign dates will be determined based on LLIN arrival timelines.

The five counties that were involved in this phase are Kisumu, Siaya, Migori, Homa Bay and Vihiga, and the first four are situated in what was formerly known as Nyanza Province while the last was formerly part of Western Province. Migori County has an international land border with The United Republic of Tanzania and the communities around the border are homogeneous in language and culture and are freely mobile across the farmlands. Kisumu and Homa Bay have an international marine border with Republic of Uganda in Lake Victoria. These two counties have islands on the lake in which communities may be nomadic as they follow the migration patterns of the fish on which their livelihoods depend. The sub-counties that have international borders face the perennial risk of having exaggerated population numbers during public health programs that provide attractive services. Homa Bay also has a neighboring county that was not participating in this phase of the campaign. Another county that is not participating in the campaign in this phase borders Vihiga County. The sub-counties at those borders face the risk of populations from neighboring sub-counties attempting to benefit from these services and therefore inflated population numbers.

The campaigns now being planned and implemented are, for the first time, under the responsibility of the county governments with the national level supporting in providing policy, guidelines and standards, carrying out operations research, capacity building, and providing technical assistance. The current mass LLIN campaign in the devolved government setting involves the transfer of funds from the GFATM PR1 (the National Treasury) to the counties, which has been identified as a key challenge to micro-planning and implementation of campaign activities.

Technical / implementation aspects: There was a brief campaign plan of action available that gave a broad overview of strategies that would be used for implementation, oversight and monitoring. A more detailed timeline of activities indicated that all major categories of activity (from coordination through monitoring) were accounted for and are the same as those used during the last mass campaign distribution.

Logistics: The LLINs for Phase 1 distribution arrived overland from Tanzania to Nairobi and then to the counties directly. Kenya Medical Supplies Authority (KEMSA) moved 3,000,000 LLINs to predetermined drop-off points within the five counties of Phase 1. The LLINs were warehoused until campaign date commencement. KEMSA was responsible for the transport of the LLINs in each county to ensure that they arrived at designated distribution points. Kenya has previous experience in LLIN campaigns, with the first integrated campaign having been implemented in 2006 and, subsequently, universal coverage campaigns in 2011–2012. It was accepted that the MCU logistics system was ready and their systems would be utilized. An incorporated (into the campaign plan of action) or stand-alone Logistics Plan of Action (LPoA) was not provided for review, nor was a detailed logistics timeline available.

Advocacy Communication and Social Mobilization: The current campaign is using the same materials as were developed for the last mass distribution in 2011–2012. Analysis of the Kenya

MIS data shows that there is a gap in LLIN use that is not met through improving access only. This gap is greatest in the lake-endemic areas, which is where malaria risk in Kenya is highest.
The process evaluation for phase 1 of the campaign was requested by MCU and partners, with the goal of capturing lessons learned that can be used to guide future campaign phases that have been scheduled for 2014 and 2015 in the remaining 18 counties.

2. PURPOSE AND SCOPE

The aim of the process evaluation is to gain insights into the roll out of the campaign in the first five counties in the new context, including financial mechanisms and management, to ensure efficacy as relates to activity implementation against the county-developed timeline. The process evaluation also seeks to understand what activities could be improved upon to ensure high coverage of LLINs in all households targeted.

The process evaluation will look at the different component parts of the campaign planning and implementation including:

- Macro planning
- Coordination
- Micro-planning
- Orientation and training for all campaign actors
- Household registration and data management
- LLIN pipeline tracking, communication, warehousing and storage at distribution point level
- Prepositioning and oversight of LLIN movement, storage and management to / at distribution points
- LLIN distribution and data management
- Home visits
- Advocacy, communication and social mobilization (ACSM)
- Supervision, monitoring and evaluation
- Financial and narrative reporting

Finally, the process evaluation will also include collection of quantitative data about coverage during each phase of activities and reasons for non-acquisition of LLINs (e.g. missed during the household registration, did not attend distribution to receive nets, etc.). The draft protocol and questionnaire are included as **Annex 1**

3. METHODOLOGY

The AMP evaluation team, consisting of Dr. Dorothy E. Onyango (Technical), Mr. Douglas Mole (Logistics) and Dr. Gregory Pirio (ACSM), was in Migori, Homa Bay, Kisumu, Vihiga, and Siaya

counties between 15th and 28th September 2014. The majority of the evaluation mission was spent in the counties, and during the few days in Nairobi, it was not possible to meet with MCU or KEMSA logistics personnel to get background information or follow up on issues raised during the field portion of the process evaluation.[1]

The evaluation was primarily qualitative. The team conducted face-to-face interviews with representatives of the County Health Management Team (CHMT), mainly the County Malaria Control Coordinators. These interviews lasted one hour.

The CMCC then provided the process evaluation teams with telephone contacts of the Sub-County Malaria Control Coordinators (SCMCC).

The process evaluation teams thereafter visited a sample of the sub-counties, meeting Sub-County Health Management Teams and visiting net storage sites. In most sub-counties, the team was able to meet 2 or 3 members from each SCHMT. The meetings lasted 2 hours.

The process evaluation team also interviewed lower level Public Health Officers (PHOs), health facility-based health workers, and community actors – Village Elders, Community Health Volunteers (CHVs), Community Health Extension Workers (CHEWs) and beneficiaries – as they received their nets.

Documents related to the campaign were also key data sources.

Finally, direct observation of activities was an important source of data.

The process evaluation was originally envisioned to mainly encompass observation of the final pre-distribution processes and distribution days, as most of the campaign preparation and training had taken place. As the distribution was delayed during the whole original process evaluation period, the team spent most of the originally allocated time meeting county and sub-county teams, obtaining their insights into the campaign experience and visiting net stores. The process evaluation was extended for 2 extra days in order for the team to observe the first days of the LLIN distribution.

Process evaluation coverage was:

- 5 counties visited
- 19 sub counties visited
- 13 distribution sites visited (11 health facilities and 2 schools)
- 15 health centres visited before distribution
- 11 health centres visited during distribution

[1] The MCU leadership was aware of the team's in-country mission dates. However, neither MCU technical staff nor KEMSA were available for meetings at either end of the mission.

- 2,259 kms total mileage covered
- 16-day duration of field trip

Therefore, most aspects reflect the feedback on the technical, logistics and ACSM processes as obtained from the field.

4. COORDINATION AND PLANNING

4.1 Coordinating structures and functioning

National level

According to presentations provided to the process evaluation team by the counties, the campaign was to be managed by a structure at the national level that was chaired by the Head of the Division of Disease Prevention and Control and comprised of partners and stakeholders at national level. It was, however, reported to the process evaluation team by one of the donors that there was only one formal meeting attended by all key donors and partners and chaired by the head of the MCU.

County level

The interviewees were not part of a formal committee that was appointed or inaugurated for this process such as a LLIN Campaign Coordinating Network (LCCN). The training for the campaign stated that the CHMT would be the coordinating structure, and it would be chaired by the CDH. This was a vaguely broad structure since not all the CHMT members needed to be involved. The MCU has not provided a document that defined the roles of the individual members of the CHMT.

Four people from every CHMT attended the micro-planning meeting: the County Director of Health (CDH), County Nursing Officer (CNO), County Malaria Control Coordinator (CMCC) and County Public Health Officer (CPHO). This group was considered the core coordination team but had to co-opt the County Health Promotion Officer (CHPO) in order to implement the large ACSM component of the campaign successfully. The county-level teams reportedly had upwards of 8 formal and many informal meetings during the campaign.

The original non-inclusion of the county health promotion officer may have falsely signaled that ACSM was not prioritized, and this was further complicated by his/her exclusion from the county road show budget. This could have undermined his/her leadership in this process, but the counties interviewed intervened and funded the health promotion officer's participation in the road show. CHPOs therefore rode on the trucks ensuring that the messages were interesting, engaging, accurate and consistent.

An inquiry as to which individual was responsible for logistics did not elicit any specific personnel. Phase 1 logistics planning documents developed centrally did not appear to have

been made available to county level logistics planners (note: as the process evaluation was primarily conducted at the county level and below, this aspect may require further follow-up at the national level to determine the level and scope of logistics planning directives and/or resources). It was not clear whether there was a reverse logistics procedure or post commodity management assessment (CMA) guidelines developed for the Phase 1 distribution (normally these guidelines appear in the LPoA).

Development of Supporting Documents and Guides

This took place at MCU. Historically the MCU worked directly with districts (the former sub-counties) and this relationship was utilized during this campaign. MCU program officers provided documents and guides to the sub-counties that were assigned to them for the campaign. Some of the training presentations were given to the sub-counties quite late (e.g., emailing on Saturday afternoon for a training that would take place on Monday or Tuesday), but overall there was a close relationship between the program officer and sub-county teams and this did not seem to be an issue for the sub-counties. The tools were familiar to the users and, where possible, existing government tools were used such as the S11 form.

The interview team did not receive any specific process guides for the campaign for review.

4.2 Campaign coordination and planning

Finance and resource management

There was a strong implication that MCU micromanaged the implementation process to the point where the sub-counties felt disempowered and the need to push back on the arrangements that had been established by MCU.

The MCU reportedly intended to manage the finances for the activities, to the point of having program officers travel from Nairobi to pay participants their allowances during the first trainings and meetings at the sub-county and lower levels. The counties procured the lorries that were used for the roadshow, but the MCU paid the vendors directly. The sub-counties were requested to start their mobile announcements without funding being available. One sub-county reported that they had to get fuel using a credit facility that was based on a personal relationship between the owner of the petrol station and an individual in the SCHMT. There were other cases of highly resourceful actions taken in the field to support the successful implementation of the campaign

The major concern that was reported to the evaluation team was that the MCU funded the activities by having program officers take an imprest and transfer the money into their personal accounts. As it got increasingly difficult to manage payment of vendors and allowances at the community-level, it was agreed upon between MCU program officers and the sub-county that funds from the personal account of the MCU program officer would be transferred to the personal account of the SCMOH after the latter signed a memorandum of understanding (MOU)

with the former. This was apparently an acceptable method to both parties and was used to fund the lowest-level trainings.

MCU has historically worked directly with the districts (now known as sub-counties) when the districts were the main implementation units of programs and this has appeared not to change despite the existence of counties. There seemed to be very little investment in building capacity at the county level or utilizing county-level systems for the campaign. One example was that a low level, non-technical officer from MCU travelled from Nairobi to a county for the single purpose of handling the finances. This person could not support the county team in technical issues or even provide information about the campaign plans. Neither county nor sub-county official accounts were used for the campaign.

Communication

Communication during the campaign was done by email, phone calls and text messages. As sub-counties were under the responsibility of specific MCU officers, they communicated directly with their MCU program officer concerning training content, activity schedules and supervision reports. The counties were copied on these communications. As far as the counties could report, each MCU program officer oversaw at least two sub-counties within their counties. A county that had 8 sub-counties therefore worked with at least 4 MCU officers but sometimes as many as 7 would show up for activities and they would go straight to the sub-counties.

The result was that with most activities, such as stakeholder meetings and lower-level trainings, in the counties' opinion, they became accountants reconciling financial expenditures rather than taking leadership and driving the processes. After the MCU and sub-counties worked together to successfully conduct an activity, the county's role would be to receive activity reports and collate data for submission to MCU. This caused some resentment at the county level.

The campaign was initially scheduled for August 2014 and was postponed to September 2014 in order to allow the President of Kenya to launch it. However, on the launch day, hecklers assaulted the President and Migori County Governor and disrupted the ceremony, and therefore the launch in the first week of September, though completed, was not considered a successful event. Although county officials were not inclined to discuss the event at length, the launch provided a platform for local politicians to minimize the importance of the campaign in their efforts to criticize and undermine the county leadership. The messages on LLINs and public health programs that went out at the event itself were negative, but the messages were not well disseminated outside the event because the media focus was on the political situation. Therefore, the negative repercussions on the program appeared to have been minimal. The launch event did cause a political crisis in the county. The county health team did not anticipate the political maneuvering and did not have a contingency plan to turn the negative publicity into an opportunity for public health messaging.

The MCU communicated to counties and partners that the distribution would start immediately

after the launch. However, this did not happen. The reason for the delay is unclear, particularly since the launch event had delayed distribution, the actual launch date was known to MCU and the plan to distribute immediately after the launch event had been communicated to the counties. The miscommunication led to the Kisumu County Governor launching the Kisumu County campaign on 18th September and then having a long delay before distribution took place. This was described as a "false start", using a sports analogy, and was a mild embarrassment to the county leadership since the beneficiaries fully and rightly expected the nets to be distributed immediately after the campaign launch. In further discussions with stakeholders, the delays seemed likely due to difficulties in moving funds because of slow reconciliation of earlier disbursements and the inability to move funds directly to the counties or sub-counties necessitating the use of the imprest system.

The distribution date was rescheduled for September 22nd and planned to take place for 5 to 6 days; the distribution date was communicated to the AMP evaluation team and to at least two of the counties, Migori and Kisumu, that were visited before that date. However, the start date of 22nd September was not communicated to all the sub-counties, resulting in the evaluation team inadvertently being the first provider of this information in the first sub-counties covered during the process evaluation. However, as the evaluation progressed, it was clear that the distribution date of 22nd September would not be achieved. The MCU's campaign support team did not travel to the counties on Tuesday, 16th September as planned and communication on a new date was not provided to the counties, resulting in a significant amount of frustration for the counties, sub-counties and communities.

4.3 Micro-planning

An initial planning meeting took place from 3–6 June in Kisumu City and the four county level participants – County Director of Health (CDH), County Nursing Officer (CNO), County Malaria Control Coordinator (CMCC) and County Public Health Officer (CPHO) – became the de facto campaign coordination team at the county level. Three officers from each of their sub-counties accompanied them - Sub-County Medical Officers of Health (SCMOH), Sub-County Public Health Officers (SCPHO), and Sub-County Malaria Control Coordinators (SCMCC). The participants were requested to bring with them demographic information from their sub-counties such as population, number of households, and number of administrative structures down to the village level. They had also been told in advance to identify the Drop-Off Points (DoPs) and Distribution Posts (DPs), and this had been done with the provincial administration (chiefs, sub-chiefs) with the view of taking the nets closer to the beneficiaries.

All the county and sub-county teams were trained on micro-planning and then split up into groups consisting of counties and their sub-counties to conduct the mock exercise and then the real exercise. This exercise resulted in a micro-plan and budget that was given to MCU to review and harmonize, which was returned with minimal but manageable revisions, according to all the counties and sub-counties interviewed. One county informed the team, for example, that the MCU revised their budget upwards to accommodate truck loaders, rationalizing number of days

for some activities and special circumstances. Despite challenges that are mentioned in this report, all counties and sub-counties were satisfied with the budget, calling it “fair” and “reasonable.”

During this initial planning meeting, all the participants were taken through the implementation strategy and trained on all the work streams of the campaign – technical, ACSM and logistics. They all practiced using all the tools.

Micro-planning tools

- Village HH register 1a: To be filled by a village elder and CHV and certified by a chief
- Sub-location summary 1b: To be filled by a Public Health Officer or Technician
- Division summary 1c: To be filled by the Division Coordinator (who was the DivPHO)
- Sub-county summary 1d: To be filled by the SCHMT (SCMCC)
- County summary 1e: To be filled by the CHMT (CMCC)

Distribution Tools

- Voucher:
- Tally sheet 2a
- Division summary 2b
- Sub-county summary 2c
- County summary 2d

Supervision tools

- LLIN distribution supervisors checklist for monitoring and evaluation of field implementation

Final report

This was to be in duplicate – 1 for the county and 1 for MCU. It consisted of a narrative and a workbook containing a dataset, pivot and dashboard.

- Background of the sub-county {population - including pregnant women and children under five years of age (U5)
- Sub-county targets
- Achievements (include social mobilization, LLINs received, LLINs distributed, vouchers used)
- Constraints (challenges)
- Recommendations /way forward
- Financial report (include amounts received for activities as per budget lines and amounts expended and attach supporting documents)

Logistics tools

Interviewees mentioned the following as logistics tools:

- GOK Counter Requisition and Issue Voucher (Form S11)
- Stock Control Card (GOK- MoH)

- Tally sheets

Most counties and sub-counties reported that the initial planning meeting was useful, well organized, and the tools and aids provided for the technical aspects easy to use. One county said that it was a very dense curriculum and quite stressful as they worked with their sub-counties. That county felt that it needed more time and a short break in the middle of the process to gather the additional required information from the community.

The sub-counties attended the meeting with various levels of preparedness for the process. Although there was information needed that most sub-county officers had, the process required a lot of detailed information from low levels of the administrative structure, information that some sub-counties did not have at hand. Sub-counties, however, reported that they were able to contact public health officers at ward and location level and eventually all the sub-counties were able to obtain the information needed. As the evaluation progressed, the consequences of a sub-optimal micro-planning model became evident when the trucks planned for in the budget could not reach the distribution posts and the sub-counties had to urgently find smaller vehicles such as pick-ups and motorcycles that were not originally planned for or budgeted. Repositioning of nets from one DP to another was not planned, and they did not budget to fuel government vehicles that could have conducted rapid-response interventions.

Both counties and sub-counties were consistent in reporting that MCU led and drove the campaign implementation process. However, the impression that the process evaluation team got from counties concerning their experience coordinating this campaign in partnership with the MCU was starkly different from that from the sub-counties.

5. IMPLEMENTATION

5.1 Stakeholders meetings

After the planning meeting, each county hosted a stakeholders meeting that was well attended and by all accounts a success. This was reportedly budgeted for 50 people and the budget covered hotel hiring, with systems for making presentations, lunch and transport. Most counties reported that partners, several line ministries, opinion leaders, some beneficiaries, and journalists attended the meeting and actively participated. One county informed the evaluation team that this event was reported in the newspapers the next day. The counties however would have wanted more than 50 people given the number of stakeholders at county-level. A proposal of a 100-person meeting was given to the evaluation team. Similar stakeholders meetings for 50 persons took place at the sub-counties at the same time.

The Malaria Control Unit treated the counties somewhat similarly to the sub-counties by having them all attend the same micro-planning meeting and handling the finances for the meeting. The MCU then planned for counties and sub-counties to conduct all the stakeholder meetings at the same time, attending those meetings and handling the finances for the same. Some counties

felt that the stakeholders meetings should have been staggered so that county officials could attend and support the sub-county stakeholder meetings. The counties were also not supported within the budget to supervise trainings but were supported for supervision during household registration and actual distribution. This resulted in a common view among the counties that there was a deliberate effort to disregard their presence as a structure through which programs should be implemented.

The result was a process that, in the counties' views, was wholly organized by MCU and left the counties feeling disconnected and disempowered despite the campaign plan stating that the county was the centre of operations and implementer of activities, which is consistent with the counties' role as implementer of public health service delivery under the 2010 constitution.

Each sub-county, on the other hand, worked directly with an MCU program officer, and this was a positive experience for the sub-counties. There was a sense of coordination directly between MCU and sub-counties that did not necessarily come down through the counties, therefore reducing the inefficiencies of an additional bureaucratic level and the risk that the campaign would be affected by politics, incompetence or lack of capacity at the county level.

After the initial planning meeting, some participants from the sub-counties shared the training materials with their SCHMT colleagues and set up an LLIN campaign team consisting of SCMOH, SCPHO, SCNO, SCMCC and SCHPO. However, other sub-counties did not set up an expanded campaign coordination group. What was notable is that none of the sub-counties established and inaugurated a campaign coordination team or identified themselves strongly as such. They considered the campaign a part of daily business. Membership to the campaign team tended to be quite fluid, with some sub-counties maintaining it to a core team of three – the same people that were trained in Kisumu – and others expanding this function to the whole SCHMT. There was one sub-county where the Laboratories Officer was very active in the campaign.

Some MCU program officers gave their sub-counties the flexibility to conduct activities at their convenience but within a given period, but other sub-counties reported arrangements that were more inflexible. There were discussions concerning scheduling and sometimes the MCU would not change the dates despite the sub-counties explaining their constraints and this was particularly true of the distribution date as will be later discussed in this report.

The next step in the sub-counties after the micro-planning was to conduct a stakeholders meeting and this was deemed by all sub-counties to be a success. Political, traditional, religious and special groups' representatives, other line ministries, partners and some household members attended the meetings. One sub-county stated that the team was grateful for the presence of MCU technical program officers at their stakeholder meetings, as the MCU officers were able to respond to some difficult questions, comments and opinions raised such as:

1. Disposal of nets: There has been little guidance to the sub-counties as to what to do with old nets and the distribution of more nets into a household without taking away

old ones is inconvenient to the beneficiaries. Rural agricultural communities have been using them for fencing kitchen gardens, and fishing communities want to fish with them.

2. The material the nets were made from: The stakeholders expressed their preference for polyester (soft) nets.
3. Shape of the nets: The stakeholders expressed their preference for conical nets in order to better manage the space in their houses.
4. Myths: The insecticide has allegedly killed, nearly suffocated or harmed people in other ways.

There were useful discussions such as how to stop nets from leaking to neighboring countries especially in border sub-counties that have homogenous communities. The stakeholders meetings all ended with promises of support for the campaign.

Polyethylene nets do not need airing before use. This information was not available at the sub-county level and therefore not given to the community workers. The process evaluation team was told by community workers that the beneficiaries were given messages about airing the nets before use. This unnecessary message may contribute to the generation of myths and concerns about the safety of LLINs. Kenya orders polyester nets for routine distribution at Antenatal Clinics (ANC) and Expanded Program on Immunization (EPI) visits, but only polyethylene for campaigns; therefore, messages about airing nets can be limited to the direct communication between healthcare provider and client during ANC and EPI visits, and unnecessary alarming messages can be eliminated during campaigns.

The pace of the campaign was vibrant and dynamic at its onset. There were challenges such as IEC materials not arriving on time and delays in funding activities but, as a whole, the campaign was progressing well until suddenly the process was halted seemingly without any explanation to the already sensitized stakeholders. In some sub-counties, this created misconceptions among opinion leaders that the campaign would not take place. Radio chat shows and public meetings were rife with conspiracy theories concerning the fate of the nets, and this has been a very negative experience for sub-county political and technical leads.

5.2 Cascade Trainings, Household Registration and Net Allocation

The cascade trainings took place in the last two weeks of July. The sub-counties reported that the content was easy to deliver and learn and was useful to them. County personnel were not necessarily involved in the health workers trainings. One county reported that they only attended the training that took place at the sub-county that hosts the county headquarters. There was a 3-day health workers training conducted by the SCHMT in the presence of MCU personnel. Participants at the health workers training were two health workers (mainly nurses) from heath facilities (including private facilities), CHEWs, members of the SCHMT, PHOs at division and location levels and Public Health Technicians (PHTs). This came to approximately 80 people. The venues for health workers trainings were usually hotels or institutions.

The community level training, whose participants were CHVs, Village Elders, Chiefs and Sub-

Chiefs, took place for 2 days and was conducted by the PHOs who are in charge of sub-locations. The agenda included both household registration and net distribution and, therefore, the training had substantial content. As a result of the extensive agenda, there were two consequences: (1) the need for refresher training before the household registration and (2) the absolute need for another refresher training before distribution given that the training was in July and the distribution was at the end of September and first days of October. Both those trainings took place and were extra-budgetary activities. These refreshers had to be conducted as cascaded, on-the-job trainings that were disguised as short "meetings" so as not to incur costs.

This was followed by the first of two social mobilization activities. The first activity was to prepare communities for household registration, and the activity involved meetings with head teachers, word of mouth, and public address systems mounted on vehicles and driven around the sub-counties. The second was to take place later just before distribution.

Registration and net allocation

The plan for household registration (HHR) was as follows:

1. 5 days activities at household level (1 health worker, 1 elder)
2. 1 CHEW to supervise 1 Community Unit: A Community Unit in this region is usually but not always equivalent to a sub-location. It consists of 100 households.
3. Supervision at multiple levels
    a. Divisional Coordination Team
    b. SCHMT
    c. CHMT
4. 2 days report writing at divisional level
5. 2 days report writing at County Level
6. Courier the report to MCU

The HHR took place for 5 days, including a weekend, and by most accounts went relatively smoothly and was completed on time. The registration was a success with very few households complaining to the sub-counties that they were not reached, and with the few that had rejected the registration teams eventually seeking the service.

Messages had already been passed using mobile PA systems that went through the sub-county roads, and face-to-face messages had been passed through CHVs and administrative persons to prepare communities to receive the registration teams. One unique and probably effective method was the passing of messages through schools so that the children took the messages home.

During the household registration, the teams faced challenges such as:

1. Households that were locked up for the day with no occupants available.

2. Households where the head of the household did not have a national identity card and nobody else had national identity cards. This was handled by "fostering" of those households by neighboring households. The registers therefore had some abnormally large households. The registers also did not reflect how many households existed in the communities but rather how many households have ID cards. They may not be useful for other health programs that need quantification at household level. One sub-county, rather than fostering households which did not have conventional ID cards with neighboring households, agreed to use school IDs and other forms of IDs, or have the CHV and elder vouch for them, therefore registering all households in their individual capacities.
3. Resistance from the beneficiaries because of concern that the identity card numbers would be used for political purposes. This myth was dispelled through assurances from village elders supported by the mass messaging efforts.
4. Questions regarding how the households should dispose of old nets given that recycling them into other activities was discouraged. This was not managed well as there was no standard guideline, and the registration teams, consisting of trusted people who were very close to the households, reinforced the discouragement of recycling efforts.

Nets were allocated based on projected populations from the last national census before the completion of the HHR process. As a result, sub-counties did not necessarily receive the correct number of nets to cover the registered households. The differences between the nets required as shown by household registration and that quantified using national census figures was variable, with one sub-county reporting a significant surplus two sub-counties reporting a negligible excess while the rest had deficits, with the worst sub-county reporting a 25% deficit.

When inquiries were made about the projected deficits, all the sub-counties except one said that they had reported it to the county, and they fully expected extra nets either from the county or from MCU. The evaluation team strongly encouraged the county and sub-county teams to assume the worse case scenario and to meet and agree on contingency plans so that the LLINs could be distributed fairly within their sub-counties.

Some sub-counties suspected that the population numbers had been inflated on purpose in order to get more nets and planned to strengthen the integrity of the village elder's role in oversight through additional meetings to communicate the importance of accuracy. One sub-county proposed that the registration teams should have an independent monitor who was not from that village to accompany the village elders and CHVs. One sub-county made the effort to trace all households that claimed to have more than 16 members (required more than 8 nets) in order to confirm the number, and indeed managed to reduce some inflated figures given.

As part of their normal business, CHVs register their households every 6 months. These updated registers may be useful in assessing the results from the program's household registration but were largely unused for this purpose. Only one sub-county stated that they compared the HHR

figures with the regular registers and queried the variances.

In one county that had calculated a deficit, a partner had 70,000 nets for mass distribution in three sub-counties. The organization made the decision to work in partnership with the county for the LLIN distribution effort. Therefore, this county considered the partner's nets as a buffer and was not overly concerned about deficits.

One county had a meeting immediately after the evaluation team demonstrated to them the need for contingency planning and settled on capping the nets to be distributed. They also discussed potential challenges during distribution day. This resulted in a self-reported smooth distribution.

In this campaign, distribution was strictly limited to those registered. This was probably appropriate given the reported high registration rate in communities based on HHR data and known community data, however, a quantitative evaluation would provide some insights as to the estimated coverage of the household registration. The registration teams were instructed to tell those households to expect one net for every two people in the household. However, the household registration teams did not give the vouchers at the household during the registration exercise nor did they fill in the number of required nets during the registration. They merely recorded the names and ID of the household head and the number of people in the household. The supervisor would later fill the number of nets required. The registers were therefore produced for individual villages. The lists in the handwritten registers were not sorted in any order that would make it easier to locate an individual. It was not in alphabetical order, in order of ID numbers, or even voucher numbers because the vouchers were to be issued during distribution.

When asked why the vouchers were to be given at the distribution point minutes before exchanging it for a net, the response was that it was for the audit trail. The beneficiaries were to keep a piece of their voucher. A second reason that was given by the program officers was that beneficiaries may lose or damage vouchers in the period between HHR and distribution so this was a way of ensuring. However, if there is a short time between HHR and LLIN distribution, loss rates are usually very low. The decision therefore sounded like the process was designed for the exception rather than the rule (e.g., if only 5% of the population lost their vouchers, it would not be a good reason for distributing vouchers at the distribution point rather than at the household).

The decision to issue vouchers that did not have a specific value pre-printed on them at the distribution point would later have two consequences: 1) significantly prolonging the distribution process; 2) providing the ability to change the distribution formula, although since households were aware that they would get one net for every two people, capping the number of nets would require careful communication.

5.3 Timelines & Nets Distributed

As noted earlier, LLIN distribution was scheduled for mid August. However, because of the delays in setting a distribution date and executing the activity, it took place from 27th September for five days. Some areas started on 28th and others on 29th September. What was meant to be a 5-day activity in a block of time that included a weekend in reality ended up being anything from 3 to 5 days.

MCU communicated a distribution date with an unrealistically short timeline for the execution of the final activities before actual distribution. The rushed start of distribution following all the delays and communication problems had the following potential consequences:

1. The nets were still being moved to distribution points during the distribution period, delaying distribution by a day. The evaluation team observed nets on a boat at a beach and was surprised to hear that they were brought in from an island more than an hour away. The process evaluation team expected nets to be moving from the centre to the peripheral islands for distribution. The county and sub-county officers that met the team at the beach explained that a full container had been taken to that island creating a surplus but it was not clear why the logistics plan was not followed.
2. Starting distribution at an urban area on a weekend is discouraged as it can potentially attract uncontrollable crowds, provoke riots, and lead to injury and loss of commodities. It is best to start on weekdays when some beneficiaries will be at work and will later show up during the weekend.
3. The crowds on the first day were not as big as expected probably a result of inadequate execution of the final pre-distribution communication activities. Beneficiaries reported that they did not know that distribution had started and only began to trickle in after observing people walking around with nets. Even then, the distribution was highly inefficient, as will be described below.

Four people worked at the distribution points: 1 village elder for security, 1 CHV for tallying, 1 CHV for distributing and 1 supervisor – a health worker.

A weakness in the distribution process was evident on the first day of distribution. The individuals, who were trained on their roles, had practiced what they would be doing during the training and adhered strictly to their roles during the distribution day. The village elder, having organized a queue, invariably sat on the side and watched the process. The supervisor, waiting to advise the two CHVs whenever necessary, hovered around. Meanwhile, the CHV in charge of tallying sat waiting for the moment when tallying will be required. This left a single CHV whose workload was as follows:

i. Greet the beneficiary
ii. Receive the national ID card
iii. Search through the original handwritten registration forms for the name and check the ID number
iv. Look up the number of nets to be given and write it on the voucher

v. Rewrite the name and ID number in the columns provided
vi. There was also a column for number of vouchers issued which was pre-filled as "1" all through
vii. Strike through that beneficiaries' line to show that he has been served
viii. Hand the voucher and ID to the tallying CHV who will give the beneficiary his nets and tally.

This process took upwards of 10 minutes per beneficiary in most of the distribution points visited on the first morning of distribution. Therefore, each distribution site could only serve four to six people per hour. Beneficiaries interviewed at some DPs had waited for 1-3 hours for nets even though the queues were seldom longer than 20 people.

During the pre-distribution phase, the evaluation team, on assessing the process, advised the county and sub-county teams about the potential difficulties during distribution, strongly encouraging contingency planning before the distribution day. Later, during the distribution itself, when that challenge was observed within the distribution teams, the evaluation team advised that they urgently innovate and open more service tables, but this was met by initial resistance with supervisors on the ground citing budgetary reasons that limited the DP staff to four and the strict training that they were given. This went on until the beneficiaries lost patience and the distribution teams learned that they all had to help with the inward processing of beneficiaries. Most distribution teams were later observed to collect a large number of IDs at a time and then organized the beneficiaries to sit under trees and socialize while they split village registration books amongst themselves and were able to work together until they had a significant number of processed vouchers set up for a quicker distribution. Some DPs benefitted from the assistance of the Chiefs and Sub-Chiefs both of whom were campaign staff and did not require additional financial motivation.

The process evaluation team visited three counties on September 27th and 28th. One of those counties had not benefitted from a pre-distribution visit to the sub-counties while the evaluation team had covered the others in the preceding week. In all three counties, the distribution points did not have enough nets and the supervisors knew it. Since there had been no communication on how to manage a lack of nets, the teams distributed nets according to the registration information with no consideration for how they would manage the shortage.

The evaluation team visited a distribution point that served a largely mixed Muslim and Christian community that was notoriously difficult. It had been reported that in the previous campaign, the beneficiaries had invaded the distribution point and made off with the nets after a rumour went around that one community had an unfair advantage in the sharing of this commodity. It was therefore quite surprising that: (1) the distribution took place outside a building on a lawn; (2) this was an urban centre and distribution was slow; (3) there was no queue of any sort and the distributors were completely surrounded by the impatient crowd; and (4) the supervisor chose a point when the crowd had began to grumble to announce that they would not distribute

1 net for every 2 people in a household as earlier announced, but a maximum of three nets for all households because of the shortage. Fortunately, the crowd accepted that plan since it seemed fair to them and it sped up the distribution.

The process evaluation team also observed a distribution point that used different vouchers from the standard type that was found in all other centres. The distribution team explained that they had a stock out of vouchers the previous day and was supplied with smaller-sized vouchers.

One county held a meeting immediately after the evaluation team had worked with them. This county made certain critical decisions such as capping the number of nets that could be given to a single family at 3 in some sub-counties and four in others and using surplus nets to cover boarding schools and hospitals within the sub-counties. This was implemented throughout the county.

Future campaigns could benefit from a more realistic method of organizing distribution points utilizing best practices for the process.

One voucher per household was issued at the distribution post after identification of names in the village register and the number of nets due to each household was filled by the CHV on the voucher and on the stub.

The vouchers arrived in cartons that had pieces rather than booklets. It was difficult to count them on delivery and therefore the number of vouchers that was delivered was unconfirmed. This became difficult to manage by the counties and sub-counties during distribution whereby reports of stock outs and urgent requests for more vouchers would be received.

The role of the vouchers is lost to the M&E effort when: (1) distributed at the distribution point instead of the household; and (2) not exchanged at a defined ratio that is, a voucher being redeemable for a standard number of nets e.g. one voucher per net. The vouchers do not even serve as the best documentation trail because counting them will only communicate how many households were served. To know how many nets were distributed, one would need to scrutinize individual vouchers for the handwritten number of nets and add up the number of nets. Generally, the vouchers were a significant inconvenience during distribution.

There are several advantages to issuing vouchers at the household level during the registration process:

- The household is where there is more time for interpersonal communication. There is no time at the distribution point where there is a valuable commodity (nets) at risk and crowds of impatient people.
- Issuing at the household enables the distribution team to later locate names in the register by voucher numbers because the lists would be in clusters of consecutive voucher numbers.

- In case of perceived shortages and if capping is found to be necessary, the household can later redeem nets using their unused voucher if it is indeed found that there were left over nets after the campaign and the voucher numbers could easily be checked against the register.
- The use of the register can be eliminated altogether and vouchers exchanged for nets rather quickly on distribution day.
- The program would print enough vouchers to cover the nets so that no voucher-bearer misses a net.

The nets were distributed in their original sealed plastic packaging with the trade name and written "GOK - NOT FOR SALE" which may not be a deterrent against selling the nets in the market. The more likely scenario is that the packaging encourages the storage, rather than usage, of the nets. It is common for people in the lake region to use new nets as part of the hospitality offered to valued visitors. They may therefore store the nets in the event that an in-law visits the home rather than use it for the health and comfort of the regular occupants. Another issue is the waste produced by distributing commodities in plastic bags. The plastic bags containing LLINs are not recommended for recycling into shopping bags for food and the sight and presence of discarded plastic bags in the environment undermines the health intervention being implemented.

5.5 Human resources, supervision and monitoring

The SCMCC, who is a member of the SCHMT, supervises Division Coordinators who are usually division-level public health officers.

Location supervisors were Public Health Officers and Public Health Technicians. Sub-location levels were supervised by CHEWs, although some CHEWs supervised more than one sub-location. A "community unit" is mostly equivalent to a sub-location and consists of approximately 100 households. The evaluation team visited one such sub-location – Got Regea Sub-location of Yala Ward in Gem Sub-county. Got Regea was a Community Unit that had 14 villages. Two Distribution Posts were set up for Got Regea. The village elder's role is to supervise community members during HHR as well as when they came for their nets. As the supervisor for the beneficiaries, he would receive feedback from them and participate in resolving issues at that level.

The HHR was conducted by teams consisting of the village elders and CHVs with sets of about 20 of those teams supervised by a CHEW. The location supervisor would fill in the required number of nets and the document would be stamped and signed off by the Chief or Assistant Chief.

Division Coordinators and a team of PHOs supervised the movement of the nets.

A team of four conducted the distribution: elder, 2 CHVs and health worker as the supervisor.

One county informed the process evaluation team that they had been visited by a monitor from Global Fund in Geneva who conducted an evaluation that included a visit to some drop-off points to assess the nets storage facilities.

6. LOGISTICS

The evaluation of the *2011 Mass LLIN Distribution Campaign: Phase 1 & 2 Report* (provided for review) does not address the logistics components of the 2011–2012 campaign. Therefore, there are no logistics follow-up recommendations to consider from the prior campaign.

However, some key logistics recommendations based on lessons learned from previous LLIN campaigns in other countries (source: AMP Toolkit Second Edition, 2012) are:

- Ensure participation of experienced logisticians at the national level
- Ensure there are completed logistics budgets to guarantee funds are released early in the campaign cycle
- Develop a detailed timeline of logistics events and activities
- Ensure adequate logistics training at all levels
- Early identification of appropriate personnel to be involved in logistics and supply chain management at all levels
- Correct use of tracking tools through practical, hands-on training is essential
- Undertake advance planning to facilitate reverse logistics activities (in case it becomes necessary to move nets back from distribution points)
- Assure logistics supply chain documentation to support/validate reconciliation of distributed LLINs versus quantities delivered is collected and appropriately managed

6.1 Logistics Overview

Overall, the macro level of the transportation methodology of moving the LLINs from the supplier by KEMSA appeared to go relatively smoothly, but the delivery times from the perspective of the counties were reported to have taken longer than originally scheduled and communicated. The development of the planning for the LLIN drop-off storage sites in the five counties worked well as a delivery strategy. Central control of storage points within sub-counties seemed to provide greater security, especially as the storage period was longer in duration due to unexpected delays.

It was not clear whether there were a campaign reverse logistics procedure or post commodity management assessment (CMA) guidelines developed for the Phase 1 distribution. (Normally these guidelines appear in the LPoA.)

The AMP team was told that the campaign logistics training was part of the micro-planning workshop held from 3-6 June 2014 in Kisumu City, which occurred prior to the process

evaluation team being on the ground. The workshop PowerPoint presentation was provided as a resource for review, but no other resources specifically addressing logistics training aspects were made available. Detailed instructions on developing logistics micro transport plans and tracking tools for sub-counties could have been covered during this workshop but did not appear in the PowerPoint presentation. Structured training is a priority at the micro level to eliminate potential losses and/or leakage when positioning LLINs at DP sites. Sub-county logistics staff should gain a thorough understanding of the campaign logistics tools during the training.

Delivery of Information, Education, and Communication (IEC) materials to counties and sub-counties was very limited in quantity and all indications were that there was no issuing process followed or accountability in terms of a documentation trail of distributed IEC items.

Logistics planning communication from MCU to county/sub-county levels was limited at times. The lack of clear communications from the central level appeared to cause confusion. LLIN delivery and campaign kick-off dates were difficult to confirm and/or changed repeatedly, causing reported logistics storage cost overruns beyond the originally budgeted 30-day period. The campaign delays also meant that multi-function facilities used as temporary storage sites (e.g., a hospital classroom used as an LLIN storage area) were not available for their primary function.

6.2 Delivery of LLINs & Warehouse Assessments

In some locations, sub-county personnel indicated that KEMSA deliveries could not reach the designated drop-off locations due to oversize trucks and limited accessibility into warehouse/storage sites. This caused some LLIN deliveries to be positioned in different, more accessible sites. At drop-off points visited, contact persons indicated that they had planned micro deliveries of LLINs to specific DPs, with each DP being responsible to distribute to a certain number of villages within their catchment areas. Not having the planned (correct) quantity of LLINs delivered to the planned locations caused sub-counties to realign quantities to support movement plans down to distribution points. In only one of the sub-counties visited did the coordination team push KEMSA to honour the delivery to the planned positioning points, which KEMSA complied with through accessing smaller trucks to reach the designated locations.

It was observed as well that some pre-designated drop-off points were not duly assessed by MCU or the counties / sub-counties to confirm suitability prior to start of KEMSA macro deliveries. In these cases, sub-counties incurred additional costs with transport and personnel involved in moving items (e.g., general labour). A thorough warehouse assessment process is critical in ensuring a smooth movement of nets down to county / sub-county storage sites and to ensure site suitability (e.g., proper storage area/space for quantity of nets). Warehouse assessment guidelines and forms are available in the AMP resource toolkit and a copy is attached to this report. **See Annex 2: Sample Warehouse Assessment Guideline**

6.3 Logistics Training & Tracking Tools

After review of the PowerPoint presentation for the micro-planning workshop, conducted from 3–6 June 2014 in Kisumu City, and discussions with sub-county personnel, it became apparent that the level of training concerning logistics tracking tools was limited.

There is no mention in the MCU presentation of the logistics tracking tools, such as the GOK Counter Requisition and Issue Voucher (Form S11) or the Stock Control Card (GOK- MoH). This lack of training appeared to become a concern during the actual logistics activities of transport/movement of LLINs from designated drop-off points down to selected distribution points. In a minority of sites visited during this evaluation, it was observed that tracking tools were used (S11 form), but in most cases the S11, warehouse stock-cards, and any inventory tracking tools were not visible nor provided. In two sites, personnel in charge of warehousing and movement of LLINs were not aware of this tracking tool (S11) and, in one site, the staff had developed their own tool to accomplish the LLIN movement down to distribution points.

The limited training and capacity building on logistics security, accountability and tracking tools during the micro-planning training meant there was limited logistics knowledge passed on during the cascade system of training. During the field evaluation, the first 13 days were pre-distribution and there was no evidence that logistics personnel were planning or training for the distribution logistics. From informal interviews with members of the sub-county LLIN campaign team, the level of training provided on the LLIN tracking process and tools was minimal. The long delays between the micro-planning training in early June to the actual distribution of LLINs in late September was also cited as potentially hindering the campaign logistics.

6.4 Storage of LLINs & campaign delays

Due to delays in the planned campaign launch date, the initially budgeted period of 30 days of storage at drop-off points became insufficient; most storage duration periods exceeded 60 days. This was a concern for sub-county teams as it resulted in extended storage and security costs for this unplanned prolonged storage period.

In some cases, the 30-day period had been the allowable (contracted) duration by the storage facility owner, and the bulk of the LLINs for the campaign had to be moved out and relocated due to the owner having planned commitments after the agreed upon original 30-day period (e.g., crop or sugar storage). In two cases, the storage extensions at warehouses required sub-counties to move existing LLINs to another warehouse/storage location at their own cost. In one unusual case, a health facility had to re-locate medical students (due to unforeseen costs based on campaign delays) since classrooms were still storing LLINs for the campaign and the LLINs storage period was encroaching on the start of the teaching year and/or lessons.

It was anticipated by the sub-counties that any extra cost occurred would be adjusted and provided by MCU. At the time of this process evaluation, no actual specific amounts were discussed or provided, and this matter appeared to still need clarification and resolution.

6.5 LLIN security & storage space requirements

In general, security seemed adequate in most of the health facilities and hospitals designated as drop-off storage locations. A common observation in these storage locations was the maximum usage of all available space, thus not enabling SCHMT to conduct weekly inventory control counts of the LLIN quantities. In some cases, storage rooms were jammed tightly into limited space with no access for verification of stock at all. Losses or leakage could not be determined during this 60-day plus storage period through regular verification of stock (e.g., weekly or monthly inventory report). Although MCU staff conducted the warehouse assessment in some sites, the process did not appear to anticipate the correct amount of storage space needed for quantities of nets delivered to various drop-off sites.

It was indicated that once LLINs were moved down to DP levels they would be secured by either hired security or become the responsibility of the chief or village elder. In some cases, where schools were being used as DPs, if security was not available LLINs were to be moved back to the linked health facilities for security at the end of each distribution day. The logistics budget for activities was not provided, but the team was advised during informal interviews that costing for these activities was incorporated into the sub-county budget based upon a fixed amount per LLIN.

See Annex 3: AMP team visit-Drop-off points

6.6 Disposal of old LLINs

The messaging on LLIN disposal is covered under the ACSM observations and recommendations section, but it is also mentioned here due to logistics aspects of any campaign policy decision and the resulting implications. The plan and messaging with regards to the use of old nets was not clear. In order to support the campaign, logistics staff require clarification and direction as to the recommended guidelines and, especially, how the guidelines and plans will be implemented. There was confusing information with no clear direction from the county level or MCU. If old LLINs were to be gathered up, a logistics process of pickup and proper disposal would need logistics planning and budgeting for future LLIN campaigns.

6.7 Information, Education and Communication (IEC) material distribution

Again, this area is not primarily a logistics activity but requires clarification and direction as to the logistics supply chain tracking, issuing and accounting for IEC materials. In virtually all areas visited during this process evaluation, there seemed to be no traceable system for delivered IEC items by the issuing MCU staff to sub-counties. In this campaign, quantities appeared to be

minimal, with all materials being issued without any observed documentation or formalized issuing process.

7. ACSM PROCESS EVALUATION

7.1 General overview

Overall, the ACSM strategy, as implemented, focused on registration and distribution and appears to have missed many opportunities to promote knowledge and incentives to overcome attitudinal and practical barriers to consistent and universal net use. The development of a comprehensive SBCC strategy would help bring coherence to the LLIN communication efforts. Different component parts already exist that would contribute to the strategy. A comprehensive strategy that can be used by all the different players would facilitate planning and funding.

7.2 ACSM Planning and Training

Although a few of the county and sub-county level health promotion officers and other public health officer assigned to handle ACSM issues said that they attended the micro-planning and training workshop that took place in Kisumu, the Health Promotion Officers, both at county and sub-county level, were not invited and did not attend the micro-planning meeting. Inclusion of Health Promotion Officers would likely have strengthen ACSM, which was an important component of the campaign, especially since the very next step after the micro-planning was a series of ACSM activities (i.e., stakeholder meetings). The majority of those occupying health promotion positions said that it would have been helpful if they also attended, in order to be able to better plan and implement community mobilization and mass media activities. The evaluation team uncovered little information as to the ACSM content of the micro-planning training except for generalized concepts contained in a PowerPoint presentation. Review of the PowerPoint presentation, entitled ACSM FOR LLLIN CAMPAIGN MICROPLANNING June 2014, suggested that ACSM issues likely did not receive the in-depth treatment that they merit, and that there is likely a need for greater planning and training on ACSM issues.

It is clear, nonetheless, that public health officials possess a wealth of experience in mobilizing their communities for public health campaigns, which have included the 2011–2012 LLIN distribution campaign, as well as vaccination and indoor residual spraying community mobilization interventions. This is according to data extracted during the numerous interviews and discussions conducted with public health officials at the county, sub-county, and ward-levels.

Informants said that this prior experience enabled county and sub-county malaria coordination teams to readily begin organizing community mobilization activities. These activities occurred first at the county and sub-county levels with the roll out of stakeholder forums. These

stakeholder sessions consisted of advocacy and social mobilization directly related to registration and distribution mechanisms and processes.

At the county level, invited stakeholders reportedly included county officials, provincial administration officials, religious leaders, civil society organizations, partner health NGOs and, at times, locally-based journalists. Informants in some counties also reported holding an official county launch presided over by county-elected officials that generated valuable media, particularly radio, coverage.

Some county malaria team members noted that they could not invite all these categories of stakeholders to the county forums because of budgetary constraints, saying that if they had received the amounts in their budget projections, the stakeholder meetings would have been more inclusive of key stakeholders.

Informants said that the stakeholder forums were used to provide stakeholders with an update of the malaria situation in the area and the country and the ACSM plans that were elaborated during the micro-planning sessions. According to the planning tools distributed to county and sub-county public health officials by the MCU, these sessions sought to:

- Explain the aims and benefits of the LLIN campaign
- Explain to stakeholders what activities and actions were specifically needed of them to support the campaign
- Secure firm stakeholder support for the campaign and ensure visibility of the campaign

Some of the informants involved in organizing these stakeholder meetings praised the PowerPoint presentations provided to them by the MCU.

Typically, chiefs and sub-chiefs were asked to organize community meetings (i.e., *barazas*) in their communities at which community members would be informed of what to expect in terms of registration and distribution.

Similar stakeholder forums took place at the sub-county level, with active participation of liaisons from the national MCU who had been assigned to work with sub-county malaria coordination teams. The sub-county forums reportedly included CHEWs, chiefs, sub-chiefs and local public health officers, whose responsibility was then to engage in cascade training of CHVs and community elders, who would carry out the household registration under supervision of the CHEWs.

In general, members of the county malaria teams said they felt excluded from activities at the sub-county level that were supervised and financed by funds distributed by MCU liaison officers from the MCU. Although it is difficult to assess what impact this sense of exclusion had on the registration and distribution outcomes, it may be worthwhile for the MCU to assess if outcomes

may be positively impacted by greater involvement of county public health officials. County malaria teams appear to possess a wealth of public health knowledge about their areas that can be channeled into the communication aspects of the campaign.

7.3 Empowerment of Local SBCC Agents in Interpersonal Communication

Community channels, including household visits, were the primary sources of knowledge about LLINs according to the 2011–2012 campaign evaluation. This type of interpersonal communication was playing a similar role in the 2014 campaign, according to information gathered during the process evaluation through interviews with CHEWs, CHVs, community elders and ward-level public health officers.

Both in the 2011 campaign and the just-completed 2014 registration and distribution activities, there were either no or very limited support materials available to those conducting household registration and informational visits. **There was no evidence found of any materials, job aids or any other means of conveying ACSM messages that include key benefits, tools or training in ACSM.** Only one CHV said she was given a one-page hand out after her one-day training but couldn't remember what was written on it.

In other settings, support materials such as flip charts, picture codes and other job aids with photographs help keep those conducting the Interpersonal Communication (IPC) on message and enhance understanding, especially of usage and net hanging. Though the household visits may be successful in terms of the immediate goal of registration, this opportunity to motivate consistent use, especially by the most vulnerable, could be better exploited with the use of messaging tools that empower those conducting the household visits to be effective communicators of messages and motivators of behaviour change.

Messaging that seeks to motivate the target audience to move beyond knowledge to practice is critical, as past research indicates that considerable barriers to consistent usage exist. A Population Services Kenya evaluation on barriers to usage undertaken after the 2011 campaign aptly pointed out that there is a gap between knowledge and practice. Survey respondents generally understood that there was a link between malaria and mosquitoes and knew the vulnerability of children under age 5 years and pregnant women. However, even though 93% of respondents in that evaluation were found to use nets, only half of them used them consistently. Only 57% of parents were found to have slept under a net the night before the interview in the 2011 evaluation, and only 31% of children of all ages and 22% of children under age 5 years did. The evaluation of the 2011 campaign concluded that more behaviour change communication is needed on use to ensure that those who get nets hang and use them properly. The evaluation recommended that more effective communication strategies were needed on hanging, tucking in, protecting by tying up and care and repair, including washing.

An examination of the PowerPoint presentation reportedly provided as a teaching aid on ACSM issues for use at stakeholder forums and cascade training devoted scant attention to messaging,

and little, if any, attention to benefit messaging designed to inspire the target audience to overcome barriers to net use. Existing messages, furthermore, tended to provide facts and tell people what is expected of them. Messaging of this kind run the risk of promoting a top-down feel, with those in authority or an expertise capacity, indicating what behaviour should be adopted. The effect is that a sense of self-agency may be diminished.

When there is a gap between knowledge and behaviour, generally a more subtle approach that motivates people to adapt positive behaviours is better employed. This approach is implemented by providing reasons to change or key benefits. This approach also takes into consideration existing, locally specific obstacles and overcoming them. For example, if there is no room for a rectangular LLIN, community members can be shown how to convert them to cone shaped ones with simple materials like pail lids. If the same room is used for other purposes, promote the tying up of LLIN during the day in a knot.

From conversations with CHEWs, CHVs and elders, it was also apparent that there is a remarkable level of initiative at the local level to solve problems and surmount obstacles to achieve the objective of universal LLIN use. Enhanced BCC training and planning that can further empower local-level implementers and encourage local initiative and problem solving should be undertaken.

The provision of IEC materials to sub-county malaria teams for use in the campaign appeared haphazard and limited, giving the impression that the campaign lacked a coherent strategy for the use of IEC materials to achieve behavior change goals. Sub-county public health officials generally indicated that they received a few dozen T-shirts while hundreds of volunteers could have used the gear during their activities. One county malaria coordinator said that there were only enough T-shirts for one in four volunteers. Others said the ratio was greater than that. In addition, there was minimal accountability for materials received since only one person reportedly signed that they had received t-shirts.

We encountered no evidence of banners having been distributed, something that was lamented at the county and sub-county level. Informants said that banners were not available for use at *barazas*, for use on vehicles used as part of county-sponsored road shows, nor at distribution points. In an example of what might be called a good practice, one enterprising county MoH overcame the lack of banners for placement on the road show lorry by putting into the operator's contract the requirement that the operator produce and mount signage on the lorry.

A future ACSM strategy development effort would be well advised to consider the provision of campaign T-shirts (or aprons) and caps to those engaged in and supervising household visits as an integral part of the strategy. The provision of T-shirts and caps to those registering households and staffing distribution posts would likely enhance their stature and authority among community members and motivate local actors by reinforcing a sense of belonging to something larger. The use of T-shirts and caps as well as banners on road show vehicles, at

barazas and at net distribution points also conveys a message to the community that this is an important, serious activity and those carrying out the activity merit respect and attention.
It is highly recommended that community health volunteers and their allies, such as elders, be provided with toolkits with BCC job aids and T-shirts (or aprons) and caps to strengthen their communication abilities.

7.4 Message Confusion and the Need for Greater Clarity

There appears to be some confusion in key areas of message assimilation by community members. The provision of BCC toolkit for those conducting household visits and other activities would likely help clarify issues for community members.

- Those conducting and supervising household registration (CHVs, elders and CHEWs) told the process evaluation team that sleeping patterns and habits pose a serious barrier to consistent and effective LLIN use. It appears, in particular, that at the local level, the explanation that a household would receive one net for every two household members was causing a certain degree of consternation and confusion, as it was being interpreted that two persons had to sleep under each net. In situations where sleeping patterns and social practices prohibited this, such as when husband and wife do not sleep together, or when a household may consist of a mother and adult son and would receive only one net, it was not acceptable for them to sleep together.

  These and other similar stories from those conducting household visits are indications that enhanced BCC training for CHVs and elders designed both to help households solve such issues and give advice on challenges to hanging nets would be important step to motivating universal and consistent usage. Some of the CHVs interviewed said that in response to the shortage of nets in a household they advised the household to purchase subsidized LLINs from a partner NGO to assure that all household members use a net. In any event, enabling CHVs and elders to address and help solve such problems appears critical to achieving the goal of universal usage. In addition, messaging should focus on the protection of people who are not under the net as long as the nets available are used. It should, in addition, touch on the priorities in households where the number of nets does not meet the number of sleeping spaces, e.g. most vulnerable as a priority.

  Overall, it would appear that to achieve the desired outcomes, the development of a plan is imperative to help households strategize on obtaining additional nets when there are net shortages given sleeping patterns and habits, so that universal coverage is achieved. This is, in part, a communication and information planning issue. Partner NGOs in routine LLIN distribution should be a part of the planning process and problem solving, for their community knowledge and capacity to provide nets at a subsidized cost will be valuable to households seeking to assure protection from transmission of malaria for all community members.

- In addition, there appears to be a need for more effective communication strategies to inform the target audiences on hanging, tucking in, protecting by tying up and care and repair including washing. One County Nursing Officer pointed out that there needed to be more concentration on how to use nets. “There is no consistency in using nets. We are not dealing well with net use.”

  Informants reported that net hanging demonstrations were held at the *barazas*, which are good opportunities to communicate with large numbers of people. These demonstrations were conducted by CHEWs and CHVs in those communities that have CHEWs and CHVs; some communities do not have CHEWs and CHVs. However, we did not hear of plans to incorporate net hanging demonstrations or displays at distribution points, which would have been an opportunity to reach all households acquiring nets with further net hanging information.

  According to a MCU-generated PowerPoint presentation on lessons learned from the 2011–2012 campaign, one of the lessons learned was the need for a hang-up campaign to ensure that people use nets appropriately. It appeared that “the how-to of net” use remain a barrier to use, suggesting that a hang-up campaign may be necessary to ensure that people use nets appropriately. **A rapid follow-up survey would be instructive with regard to the necessity of a hang-up campaign for the 2014 LLIN campaign.**

- Several informants also expressed uncertainty about how to assure that individuals in congregate settings, such as jails, boarding schools and orphanages, would acquire nets to assure the goals of universal coverage in their communities. Some informants said that in the case of boarding schools, the policy was for the students to bring a net with them from home to be used at school. These same informants were concerned that this would leave siblings at home who shared the same net unprotected.

- Some informants said they could not answer questions from household members about the disposal of old nets, as they were unaware of a policy with regard to the disposal of old nets. There was widespread ignorance among interviewees of any protocol or policy regarding net disposal.

- CHV informants also said that they encountered the challenge of registering child-headed households because the children did not possess a national ID. In one case, the CHV said that they improvised by using a neighbors ID for registration, but this then might raise some issues on distribution days. If a discussion of such circumstances were not included in the training curriculum, it would be good to do so in the future.

- Nowhere did the process evaluation team find evidence of a communication plan for dealing with the possible shortfall in nets, even though many counties and sub-counties

reported that they did not receive enough nets to provide all households with the number of nets that they were to be allocated in accordance with the registration count. This left the prospect that in some sub-counties many households would be left short or would not receive nets at all. The evaluation team was asked for advice on how to handle such a situation, and examples of how net shortages in other distribution campaigns were handled were provided to the public health officials. Clearly, there is a need to develop a strategy for addressing shortages on distribution days that includes messages explaining the shortage and how households might overcome a shortage of nets.

7.5 Postponement of LLIN Distribution and Need for a Rapid Response Communication Strategy

A searing topic of discussion and interest for all interviewed public health officials and volunteers was the postponement of the net distribution. Virtually all informants at the county, sub-county, ward and community levels expressed considerable concern about the postponement of net distribution and the information void that followed concerning when distribution would begin and the reason for the delay. Clearly, there is a need to develop a communication strategy for updating the public about changes in distribution plans. This means the creation of a plan with clear channels of communication to county and sub-county levels with authoritative information on the delay, reasons for the delay and new dates for distribution. This will allow local officials to use, in turn, their channels to inform the community. The MCU would also be well advised to release official statements to the mass media, especially radio, so that the public can be updated and reassured about distribution.

In interviews, county and sub-county public health officials expressed concern that due to the considerable delay in net distribution, there was a need to alert the public of the delay and, eventually, of the dates when distribution was to take place. There was apparently no centralized media campaign to alert the public on what to expect after the delay in distribution. Once sub-county malaria teams eventually did receive dates for distribution, the social mobilization channels were deployed to get the word out; some local public officials that were interviewed said that after confirmation of the new distribution dates they would ensure that announcements were made at schools as well as by criers mobilized by traditional authorities.

Informants said that the lack of a communication strategy on dealing with the delay had multiple negative effects, with the potential to impact negatively on desired behavior change.

- Members of the community reportedly began to suspect that there were political motivations around the delay, especially as it followed the Presidential launch, which

was marred by a rowdy political protest. In one version of the rumors that were in circulation, the postponement was a form of political pay back for the protests.

- The delay reportedly aggravated existing fears among some elements of the community who suspected that the registration campaign, especially obligatory registration of ID numbers, had negative political motives.

- Local public health officials said that their credibility within the community was put into jeopardy, because they had communicated to the public about what to expect in the distribution process, and this was not happening. The informants were concerned that the trust that the community placed in them was being eroded, as a result, and that they depended on this trust to mobilize communities for other public health actions, not just LLIN distribution.

7.6 Use of mass media – good practices and lessons learned

The registration and distribution campaign plan called for the design and development of mass media messages to be developed at the "national level." Additionally, the national level was given responsible for "mass media communication through radio for publicity and information dissemination." Accordingly, the MCU reportedly arranged for the broadcast of Public Service Announcement (PSAs) in Luo and the Maragoli dialect of the Luhya language group. These PSAs advised the public of actions to expect and undertake as part of the MoH-sponsored campaign.

Per the radio spots designed at the national level for airing in vernaculars, the guidance sent to the media houses did request that messaging have a behaviour and benefits component to it. However, the English-language transcript of the radio spot that was provided by MCU did not do so; it was limited to encouraging the public to register, to cooperate with those conducting the registration and what to expect in the registration process. Nonetheless, some sub-county public health officials said they had heard these PSAs on the air and thought they were well done.

Some county and sub-county public health officials expressed concern that their campaign budgets did not contain funding for radio PSAs. Other officials, however, worked with journalists and media houses to supplement the MCU's media intervention by working with local radio stations and their journalists to broadcast additional messaging. Notably, one county MoH held a press conference for the launch of the registration and invited journalists to attend the county-level stakeholders meeting, generating a number of radio reports. In addition to the reporting by journalists, radio stations did feature local public health officials on live call-in shows answering the public's questions about registration and distribution. The counties and sub-counties that managed to supplement the national mass media effort reportedly did so at no cost.

This type of county and sub-county initiative with the media appears to have reflected a long-term willingness by county and sub-county public health officials to cultivate relationships with

local radio station representatives and other journalists. Other local officials appeared, however, not to have the contacts and experience to engage in this type of media intervention, though the ACSM interventions would likely be strengthened by such activity. Given this variable ability to mobilize the local mass media, in planning for subsequent registration and distribution campaigns, it may be advisable to incorporate a best practices section for using mass media, especially important via radio in rural areas.

It is recommended that encouraging a strategy of local initiative with the local media outlets should be part of an enhanced ACSM planning and training exercise as part of a best practices and lessons-learned review. It may also be worthwhile to build in a budget line in county and sub-county budgets for local radio stations, as in some sub-counties it appears that local radio stations required payment for providing such services.

In future campaign preparation, it may be very worthwhile to hold a workshop that includes media professionals, particularly journalists and broadcasters, and county and sub-county health promotion officers as a way to encourage working relationships between local health promotion officers and members of the media. Such a workshop can present best practices in coverage of the campaign and will help the media to better understand the array of messages. In addition, the workshop would be an opportunity to encourage the types of messaging and formats likely to promote the desired behavior among community members.

Given the fundamental orality of Kenyan culture, interactive radio formats, such as call-in shows and interviews, are likely to be the best for achieving message assimilation. We heard that some county and sub-county malaria team members participated in call-in shows, which are an excellent way to communicate to the public, and in Siaya County, a radio station interviewed the governor, director of health and chief of health in conjunction with the county's officials.

It is also recommended that future campaigns consider creating programs and PSAs with the voices of those from communities that are experiencing the benefits of consistent and universal net use. In past research into malaria communication in Kenya, the ACSM expert came across powerful testimonies from people in rural areas as to these benefits. Capturing these testimonials and relaying them to the public through the mass media would likely have a great motivational impact. Kenya, moreover, has a large corps of talented and experienced media professionals capable of engaging in such creative program and PSA development.

The MCU itself may wish to consider better using this talent pool in creating additional types of radio formats to bring to the public's attention the household registration and LLIN distribution campaigns as well as to encourage consistent net usage. For instance, the radio script for the campaign radio PSA was read by one person, giving a unidirectional, authoritative feel to the communication. In other settings, PSAs feature a conversation between a mother and a father to impart the essential campaign information but also to provide a greater degree of interactivity and pathos among the listener as a way of motivating the public to participate and protect household members from malaria.

The evaluation team did not hear any accounts of song being used as a messaging tool. If this is, indeed, not the case, a song, particularly a song with call and response, would be a powerful vehicle for BCC, given the fundamental orality of Kenyan culture.

8. QUANTITATIVE EVALUATION

To complete this process evaluation, a routine monitoring and evaluation component that is a quantitative assessment will be conducted. This activity will provide feedback on how well the project targets were achieved.

The proposal covers 20 clusters of 10 households in each of the five counties that implemented the mass campaign. This will align with where the qualitative information was collected.

The clusters would be selected randomly based on a listing of villages for each county.

Within each selected village, it is proposed to randomly select 10 households using a segmentation method.

Each household would be administered a questionnaire, which will be uploaded on a mobile phone, that is based on the MIS and new BCC indicators, with the addition of questions that target different aspects of the distribution process to assess where there were gaps that be addressed in the planning for the next campaign phases.

The information collected on the mobile phones will be sent directly to a database, where it can be rapidly cleaned, analyzed, and made accessible to the appropriate users for decision-making.

9. PROCESS EVALUATION RECOMMENDATIONS

The following table outlines the key recommendations that came from the Kenya LLIN Campaign Phase 1 Process Evaluation**.**

Item Area	Issue/Concern	Recommendation	Additional Notes
Technical	Micro-planning done almost entirely in Kisumu resulting in gaps at the lower levels.	Micro-planning should have been bottom-up (i.e. starting from the local level and building into ward, sub-county and county plans). This would have ensured the information gathered reflected the context for the implementation. The process would begin with training of the county teams, then training of sub-county teams, followed by a period to collect the information, meeting to consolidate information and develop a budget consistent with the micro-plan.	
Technical	Staff trained on household registration and on distribution at the same time. There was a long gap between the trainings and the activities e.g. the trainings were in July and the distribution in the last days of September	The sub-counties conducted refresher courses before HHR and also before distribution. We would recommend that the trainings take place at two separate times just before the activities	

Technical	Some activities such as stakeholders meetings and trainings would be scheduled at the same time in all the sub counties or in both counties and sub counties. Though efficient, the result was the inability of the county to attend and participate in these activities at the sub county level and it was disempowering and does not build capacity at county level.	These activities should be staggered over a few days in order for the county to be involved in activities at the sub county level. The sub counties can be staggered or clustered then staggered so that county teams can cover them.	
Technical	Inflation of household membership	Review HHR using the registers that are regularly updated by CHVs. This may require an enhanced supervision and monitoring element that would include spot-checking - supervisors and monitors collecting HHR data at randomly selected households and comparing with CHV data during evening or morning meetings	
Technical	Some houses empty during the day.	Such persons can be encouraged to go to the CHV and register themselves or, within reason, the CHVs could make a late visit.	
Technical	The nets do not need airing and the whole airing issue probably adds to beneficiaries' concerns and the creation of myths about LLINs in general. The campaign	Focus groups or survey to determine whether changing the message would be advantageous at the Coast, where the communities are known to highly distrust the insecticide.	

	decided to maintain the messages from previous campaigns and instruct them to air the nets.		
Technical	Lack of national IDs in some households	It is best to register and identify the households in their own capacity using other existing forms of ID. Child headed households can use a school ID or no ID at all. They can be identified by their CHV.	
Technical	MCU has historically worked directly with the districts when the districts were the main implementation units of programs and this has not changed despite the existence of counties. Case in point: The counties were not supported to provide oversight of the trainings.	MCU should adapt itself to the new system that has been established by the new constitution, by empowering the counties to work with the sub-counties.	
Technical	The MCU would bring money to the field in order to fund activities. This was disempowering to county teams to a very high extent and to the sub counties as well, and sometimes a cause for delays in implementation	The model was good for fiscal prudence but it was entirely possible to send the money to the sub counties and get the same result.	

Technical	MCU personnel took imprests and channelled campaign funds to the field through personal bank accounts	The funds should be channelled through counties' and sub-counties' bank accounts	
Technical	There was no contingency planning for the management of problems on the distribution days given the already confirmed net deficits.	Those issues should be discussed in advance at the sub-county level and decisions made as to whether to allow for any measures that will bring about the sharing of resources equitably. The campaign registration figures should be checked against regular household registers. Deficits can be managed by: • Reducing every household's number of nets proportionately by the percentage deficit. • Leaving out a geographical area so that the area that required mop-up campaigns could be easily identified and covered later. • Set a cap on the highest number of nets that every household could take home. The latter may be fair given the sizes of the rural houses and lack of space to hang more than four or five nets, but would be a problem for fostered/lumped households. The village elders would have to handle these on a case-by case basis.	

Technical	Time management, pressure: Case in point - there was no break between movement of nets to DPs and distribution. Distribution was rushed such that there was lack of vouchers, lack of tools such as vouchers in some centres. So rushed was the process that nets were being moved at night causing rumours that the nets were being sold. Sometimes the supervisors had to ride on the trucks therefore they did not have time to coordinate the next activity.	After each major activity, it is critical that there be a short break of 1 or 2 days in order for the teams to meet and consolidate information and prepare adequately for the next activity.	
Technical	Public activities involving politicians such as launches being interrupted by hecklers	The program team should undertake a situation analysis, analyse intelligence from those political offices and anticipate the challenges and develop contingency plans Another option is to not wait for a political launch before starting the activity. The distribution could have started on schedule with a large launch at the time convenient for the politicians.	
Technical	The vouchers were in individual cards with a tear-off section	Vouchers booklets similar to chequebooks (50 per booklet, tear off section, serially numbered, designed with some security features, with some county-specific	

		branding) are easier to work with in terms of storage and accountability.	
Technical	The vouchers were issued at the distribution point, increasing the distribution teams' workload and time taken.	We recommend that vouchers should be issued at the household because there is more time at that interface with beneficiaries for the dissemination of messages and front-loading the clerical work. The importance of keeping the voucher in a safe place can be communicated at this time and reinforced through mass media. The use of the register would only be for confirmation or mop-up activities We would recommend that vouchers be eliminated altogether if household registers are to be used to verify household requirements. We do not recommend the regular use of both vouchers and registers at the distribution point.	
Technical	The vouchers were not redeemable for a set number of nets	One voucher should be redeemable for one net. This makes the vouchers more useful during auditing.	
Technical	No net demonstration in the distribution points	A distribution point should set up a demonstration for beneficiaries	

Technical	Difficulty locating names and ID numbers on the registration list	Need for some sort of order. One way is to issue serialized vouchers at the households; therefore registration lists would be sorted by voucher number as long as they were filled by the same CHV.	
Technical	Length of time to serve a beneficiary	Use best practices to organize the distribution points. Some issues can be resolved by changing the model by choosing between using vouchers or registers. If vouchers are issued at the households then they can be exchanged for nets with no reference to the registers.	
Technical	Perceived lack of staff for distribution	We believe that four competent people would be enough to manage this activity and do not recommend the addition of more staff except in urban centres where two more people would be useful. However, we also believe that community activities like this one are learning opportunities for the youth and the program should utilize high school health clubs to provide a few hours of assistance in processing beneficiaries	
Technical	The nets were distributed in their original sealed plastic packaging with the trade name and written GOK - NOT FOR SALE that may not be a deterrent against selling the nets. The more likely scenario is that the packaging encourages the storage rather than usage of	▪ The country can change its specifications and request for nets that are packed in bales without individual packaging. In some cases, this has been found to be cheaper, particularly with mass procurement, and the savings can be used to procure a significant number of additional nets or fund disposal of old nets and other emerging issues. ▪ On the other hand, the distribution teams can	

	the nets. Another issue is that the waste produced by distributing commodities in plastic bags is worth considering. The plastic bags are not recommended for recycling into shopping bags for food yet they are given to the households to keep. The sight and presence of discarded plastic bags in the environment also undermines the health intervention being implemented.	open up the plastic packets and give out nets without the packaging. The distribution team would remain with all the plastic bags and would be responsible for disposal of waste, an activity that would be funded in the budget. ▪ At the very least the distribution team can rip each bag in an inconvenient way before giving them to the households thus giving the household no option but to dispose of the bag.	

Item (Area)	Comments	Recommendations	Additional Notes
Logistics - Logistics Plan of Action (LPoA)	Throughout the process evaluation, at county and sub-county locations, there appeared to be a lack of information, direction and timelines on the process of the LLIN movements, logistics practices, etc. LPoA for the 2014-2015 campaign was not	Develop an LPoA that is shared with all levels and KEMSA, partners, etc. Having a developed LPoA will provide important guidance on tools, logistics direction, logistics process and details as to the flow of the supply chain and measures for limiting loss/ leakage during the storage and movement activities of the LLINs to distribution sites.	LPoA must be aligned with the campaign PoA guidelines to ensure logistics functions are accurately supporting the direction and goals of the overall campaign implementation plan. It

	available for review, nor was a detailed LPoA (or similar document) for the Phase 1 LLIN campaign circulated to county/sub- counties health medical teams.		is also an important document to keep updated as campaign timelines, planning, etc. evolves.
Logistics - Communications and coordination with and between National / MCU level and county and sub-county level in support of the logistics implementation cycles.	The logistics communication and coordination links between sub-counties and county, and MCU and county appeared not to be effective and timely always. Lack of timely delivery knowledge for LLINs to designated storage sites, clear start date of campaign, etc., limited information and capacity to accurately plan and advance logistics details at the sub-county/DP levels.	Review the flow and process of logistics planning and communication, and develop a clear system for tracking, updating and coordinating logistics information for all implementing levels and partners. Counties should work to develop procedures and practices for the logistics campaign support with MCU and their sub- counties.	As well, the improvement of coordination and communication within logistics activities could contribute to improving overall campaign implementation.
Logistics - Logistics training	There was minimal logistics micro-planning details found in the training material provided. Responsibilities for logistics personnel, tracking tools and how to use them, good security practices (both in storage locations and during LLIN movement down the supply chain to DP sites) were not found in any detail. The critical importance of providing knowledge and sound processes for LLINs storage/movement are	It is recommended that a more detailed logistics training module be developed (with hands on training) and delivered to the targeted logistics personnel at the county and sub- county levels, who will be directing and implementing the LLIN storage, movement, and tracking of the LLIN commodity. If appropriate, a separate workshop for logistics training may be considered.	Knowledge and hands-on practice with logistics tools such as the S11 form and the storage inventory stock card will improve and limit loss and/or leakage during the LLIN movement through the supply chain.

	paramount to the success of any campaign.		
Logistics - logistics tracking tools.	It was observed that most sub-counties had not received the campaign logistics tracking tools and/or were not using them. Logistics tools consist of the S11 form, stock-cards and tally sheets. In some cases, sub- counties did have the standard GOK- S11 transit tracking form but this was not consistent across the 5 counties visited.	Ensure that all campaign logistics tracking tools are available at county, sub-county, DP levels and that all personnel fulfilling logistics functions are aware of the tools and trained on their correct use to ensure accountability of commodities.	The logistics S11 form and the stock card are both standard systems already in use within MoH in Kenya.
Logistics – Sub-county storage cost overruns due to utilizing storage locations beyond the budgeted 30-day period.	Virtually all counties/sub-counties voiced this concern of 30 days storage overruns. It was a major concern for some sub-counties since some had to relocate LLINs to new storage sites due to contracted warehouse owners having new commitments after the 30 day agreed to period. This was reported by sub- counties to county levels and then passed to the National/MCU level.	Develop and implement a system that ensures communication and coordination of key logistics and campaign timelines. With a shared campaign timeline with key dates and activities, and a process by which key changes are updated (such as the change in the campaign start date), the proposed lengths of storage contract dates might be more accurately forecasted and, as necessary, extensions or negotiated. The second recommendation is to improve the storage assessment methodology prior to the macro movement of the LLINs to drop-off points or warehouses.	The sample storage assessment guideline (attached to report) includes capturing the information on the period of availability for each warehouse facility under consideration.
Logistics - Warehouse assessment methodology prior to LLIN delivery to drop-off points in sub-counties.	1. Some of the drop-off point deliveries were rerouted to other drop-off points due to unsuitable access for KEMSA transport trucks. 2. The second concern was actual	Warehouse assessment is an important function in the logistics supply chain activities. Dedicated teams must investigate and determine acceptable space for proposed LLIN deliveries. Specifications of the LLIN bales must be used to ensure cubic volume of bales delivered will fit in cubic volume of storage space(s).	Attached to this report is a “SAMPLE” warehouse assessment guideline.

	warehouse storage space. Most selected storage spaces were packed to the limit with no accessibility to enter storage areas for inventory stock counts to minimize losses or leakage. There did not appear to be a systematic and thorough process to gather the accurate information and details needed to identify the storage and warehouse space requirements for the LLIN deliveries.	This volume must allow physical access to verify commodity (inventory count) on a regular basis. This is particularly important when commodity will be warehoused for a long period.	
Logistics - Warehouse /storage suitability and criteria.	It was observed that storage space was limited in most sub-county locations, and standards of storage varied greatly. There seemed to be little standardization as to proper structure, accessibility for loading/unloading and who had access control.	It is recommended that guidelines and parameters be developed for selecting suitable storage space for LLINs at county, sub-county, and DP levels. These general guidelines and parameters must be developed and established prior to selection of storage locations to ensure acceptable levels of security and commodity safety is available. Training needs to be budgeted for and provided to individuals fulfilling the logistics functions at county, sub-county and DP levels.	Refer to AMP Toolkit, Chapter 5 for some recommended standard guidelines.
Logistics - Disposal of old LLINs.	The process and procedures for disposal of old, worn LLINs was not established or communicated from a logistics planning point of view.	Logistics procedures need to be developed to support the direction and guidelines developed by MCU for disposal of old LLINs. Logistics will need to incorporate systems, budget, etc. to support any returns or mass disposal method(s) that may be implemented.	
Logistics - IEC Material Distribution Methods.	IEC materials did not appear to have a proper issuing and tracking system to account for the materials.	It is recommended that the issuing authority document and provide proper receipts, indicating quantities of items received, with signatures as proof of delivery and acceptance of these IEC items, by counties / sub-counties.	

Logistics - Reverse logistics and stock ruptures.	Reverse logistics and stock rupture practices were not reviewed since the LPoA was not available for review. No documented process was seen at county / sub-county levels since this would normally happen near or at the end of the distribution cycle. This is a critical aspect in the logistics planning activities.	It is recommended that all future LLIN campaign phases have a clear component developed for reverse logistics and the handling of ruptures in stock.	Filling unexpected LLIN short falls or ruptures and reverse logistics activities involves manpower, transport and security that must be planned for and included in the logistics budgeting process from the outset.
Logistics - CMA	Commodity Management Assessment (CMA) was not observed to be a part of the Phase 1 campaign logistics planning.	It is recommended that a CMA be planned for and budgeted for in future campaign activities.	Refer to AMP Toolkit, Chapter 5 for some recommended standard guidelines.

Item (Area)	**Comment**	**Recommendation**	**Additional Notes**
ACSM	Noted very little if any communication designed to motivate target audiences to overcome barriers and beliefs that may be hindering consistent use of nets.	Re-strategize communications to ensure that strategies are focused less on imparting knowledge and more on inspiring specific changes in behaviour and overcoming obstacles. Also ensure that key benefits are included.	
ACSM	Implementation of communication activities appeared to lack a strategic vision	To accelerate the development of SBCC strategies, consolidation of messages and the preparation of draft materials and radio scripts consider holding a	

	that took optimal advantage of communication opportunities and appeared to lack an overriding and well-articulated behavior change approach.	workshop bringing together different actors including ACSM specialists, malaria specialists, county level staff and creative types like radio producers and graphic artists who produce and pre-test prototypes. The strategy should address issues discussed this report among others.	
ACSM	Noted a lack of participation of ACSM officers in micro-planning event, though much of the subsequent activity at county and sub-county level was devoted to ACSM.	Reinforce ACSM planning and training, perhaps through separate workshop that includes all county and sub-county public health personnel involved in health promotion.	
ACSM	Much of the mass-media communication effort can take place at the local level, as there was indication of county and sub-county initiative in this area. This initiative should be encouraged and supported.	In either the same workshop or a subsequent one, bring media representatives (broadcasters and journalists) together with health promotion officers to promote an effective role for the media in issues of registration, distribution and usage.	Maximize the use of interactive and other effective radio formats.
ACSM	Research ranked that community-level interpersonal communication at the top of the list for sources of information net distribution and use. Yet, little investment was made to enhance the capacity of IPC agents to	Accelerate development of support materials in the form or flip charts, picture codes and/or job aids to enhance interpersonal communications by, Community Health Volunteers and Community Leaders. Also, provide cap and T-shirts (or aprons) to these community activists to brand and promote the campaign.	Also make sure that county and sub-counties receive banners or provide a budget for local production.

	perform their roles effectively.		
ACSM	Delays in the distribution schedule caused suspicion and confusion for implementers and consumers alike. A strategy anticipating possible future delays with prompt and direct communication through multiple channels will help avert a repeat of this situation	Develop a communication strategy to deal with possible delays in distributions that may be encountered in future campaigns.	
ACSM	A key area of confusion was the erroneous idea that two people were supposed to sleep under one net, because this was discordant with sleeping patterns and habits.	Review the issue of message confusion and lack of messages on key issues, training CHVs, CHEWs and Elders to respond better to community questions and doubts.	Job aids would be helpful in this regard.
ACSM	Those engaged in Interpersonal Communication are often called upon to help think though and come up with solutions to barriers to consistent net use.	Through training on ways to overcome barriers to net use, empower CHVs, CHEWs and Elders to help households encounter solutions to the shortage of LLINs.	
ACSM	Even with the distribution of LLINs, households will frequently still be short of nets for all members to use at night, given sleeping patterns and habits, as well as underestimation of what needed to be supplied.	Collaborate with partner NGOs involved in routine net distribution to help make up the shortfall in household access to nets.	

ACSM	No displays were seen at distribution points, thereby missing an opportunity to educate the net consumers.	Include net hanging displays at distribution points and have personnel available to answer questions about use and care.	This is a common practice in other countries.
ACSM	Some sub-counties received fewer nets than the number of nets promised through the registration process.	Develop a communication plan for dealing with the possible shortfall in nets at distribution points.	
ACSM	CHEWs, CHVs and elders were concerned that they did not know how to answer questions from community members about net disposal or for those sleeping in congregate settings.	Incorporate messaging reflecting policies on net disposal and distribution for those sleeping in congregate settings as part of ACSM training	