Mission Report – Republic of Uganda

Technical Assistance for LLIN Mass Distribution Campaign

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Mission Dates	:	June 24th to July 7th, 2012
Location	:	Kampala, Republic of Uganda
Report Date	:	July 10, 2012
Subject	:	Mass Distribution Campaign of LLINs in Uganda

1. Mission Terms of Reference

a) Work with the NMCP and partners to review possible strategies for Phase 2 of the LLIN distribution. Different ideas have been discussed in the country, in terms of pros and cons, but it is necessary to settle on the implementation strategy (ies) in order to revise the implementation guidelines.
b) Work with the NMCP and partners to determine gaps in LLINs to achieve the campaign objectives based on the implementation strategy chosen.
c) Work with the NMCP and partners to revise the existing implementation guidelines (plan of action) to clearly lay out the strategy for Phase 2 of the LLIN distribution, including beneficiary identification and LLIN allocation.
d) Work with the NMCP and partners to develop a timeline for all campaign activities, based on the implementation strategy and the procurement timelines.
e) Work with the NMCP and partners to develop an operational budget for the campaign (as needed / possible). Identify funding gaps for resource mobilization.
f) Work with the NMCP and partners to develop a list of required documents, tools and supports for the implementation of the campaign. Assess current documents and revisions required and ensure timing for final versions included in the campaign timeline.
g) Work with NMCP and partners to develop a data management and monitoring plan for the campaign, identifying data to be collected, key periods when monitoring is crucial, the level from which monitoring should take place (central, regional, parish, etc.) and the tools that will be required for implementation of monitoring activities. Share monitoring tools from other countries with the Uganda team for adaptation to the local context.
h) Follow the priority planning and implementation activities each month (to be determined in the monthly work plan). Ensure that the campaign timeline is followed and activities take place on time.

2. General Observations

- This is AMP's second mission to Uganda; it follows a Phase I Logistics mission in Feb. 2010. The original mission report is available on AMP's website.

- The AMP mission came during a busy time for NMCP staff who were busy on non-LLIN activities. It took a few days before schedules could be harmonized and productive work began on both sides. Given the short timeframe of the mission, it was not a very strategic use of all parties' time and contributed to mission deliverables not being addressed.

- The current climate inside MOH is not conductive to the organization of a difficult nationwide LLIN mass distribution campaign. An investigation remains open from Phase I use of GF funds. Current staffs involved in the planning of Phase II campaign are unsure about their future following auditors and police involvement; as well as the proper financial procedures to follow.

3. **Context**:

- Uganda is planning to reach Universal Coverage with Long Lasting Insecticide Nets (LLIN) in 2012 – 2013.
- Various donors are contributing LLINs for the national campaign: 11,003,054 nets from GFATM Rd7 Phase II and 650,000 nets from USAID/PMI; (for a total of 11,653,054 LLINs).
- The Phase II grant was signed upon the consultant's arrival. The exact timeframe for LLIN arrival was not yet known, but the first delivery in Uganda is expected around Sept 2012, with the order completed by February 2013, as per VPP tender terms.
- The Ministry of Health is the Principal Recipient for GFATM Rd7 (through the Ministry of Finance). The official selection of sub-recipients (which were extremely involved in Phase I distribution) has not begun, though CSOs which participated in Phase I are ongoing organizational evaluations to judge whether they were qualified to participate in Phase II.
- The Coordinating instances have not started meeting to plan for the upcoming LLIN distribution campaign. Though a number of quality tools exist from the successful Phase I, these tools need to be adapted from a targeted to a universal distribution campaign.

4. Mission rollout and main accomplishments

Quantification (*see document in Annex*):
The distribution strategy is based on reaching UC nationwide.
- The quantity of LLIN required to reach UC is: **19,298,893**
- The expected LLIN gap to reach UC is: **7,645,839**

The gap previously communicated from Uganda came from the results of Phase I registration (which took place in 2010 in only 2/3rd of the country) versus currently available LLINs. Upon further discussion, a revised LLIN quantification was drawn from 2012 and 2013 expected population data to have a fresh look at UC in Uganda.
Assuming that there are no valid nets currently in Uganda, the total LLIN need would be slightly less than 19.3 million units. This assumption is made because by the time the Phase II would be ready for distribution, almost the entire stock of Phase I LLINs (7,289,921 distributed in 2010) would have reached the end of their valid life (estimated at 3 years). Furthermore there are no plans to account for existing nets within individual households, but only to rely on old data that was never verified, evaluated or centralized. Giving this situation, it was decided that to reach UC in 2012/2013, the country should base its needs on no nets being present currently in the field.

The current gap remains sizeable. Mobilizing quickly the missing 7,645,839 will be no easy task. Though all partners should actively strategize to cover this gap, plans should also be made to reach UC in as many districts as possible with the currently available stock of

LLINs. It is expected that the savings from the originally planned 11M LLINs in Phase II could be used to procure an additional quantity of close to 4 million LLINs.

With the influx of additional nets, it no longer makes sense to base the quantification on unverified 2010 Phase I results. A fresh registration based on reaching UC with 1 LLIN for every 1.8 persons (accounting for rounding down odd household members) should be undertaken in Uganda. With regards to the existing LLIN gap, NMCP should consider which areas of the country should be prioritized based on existing prevalence, past LLIN distribution and other planned vector control activities. In addition, the specific case of Kampala and its urban distribution should be taken into consideration. For ease of implementation, the distribution of a set number of nets per household could be studied.

Personnel quantification will be finalized following micro-planning, but already based on past and current strategy a few points can be noted:

- The number of volunteers at all levels planned for the upcoming Phase II distribution seems extremely high (it is currently estimated at 262,000 Village Heath Teams members),
- 6 members come from a single village (2 VHTs, 1 local leader, 1 woman leader) though distribution sites are often combined with an average of 3 villages, making for an average of 18 volunteers per distribution site,
- The household registration would not take more than a few days to complete, but supervision would be nearly impossible (there are only 2 supervisors per sub-county, or a total of less than 2,000 for the country). It would make more sense to reduce the number of workers but increase the number of days each is schedule to work,
- Quality of training for so many volunteers need to be closely monitored as there are numerous complicated forms to utilize and key messages to communicate

Key campaign numbers:

- ✓ Number of Regions in Uganda: **4**
- ✓ Number of Health Districts: **112** *(all participating in the campaign)*
- ✓ Number of Sub-counties: **955**
- ✓ Number of Parishes (est.): **7,560**
- ✓ Number of Villages (est.): **65,500**

- ✓ Number of LLINs available: **11,653,054**
- ✓ Estimated 2013 population: **35,013,616 persons**
- ✓ Estimated 2013 number of HHs: **7,443,889** (@ 4.7 ppl/ HHs)
- ✓ LLIN specificity: **180x160x170 cm, White or Blue, 100 Deniers, 6 hooks & strings**

- ✓ Estimated number of HVTs *: **262,000**
- ✓ Estimated number of distribution sites *: **25,000**

** These numbers are from macro estimates. Micro-planning will confirm real needs.*

Timeline (*see document in Annex*):

The campaign timeline is based on current factors and will need to be revised should an important quantity of additional nets be committed to Uganda. Under the current circumstances, it remains a challenge to distribute existing nets in acceptable conditions in a short timeframe, given the amount of planning that took place. It is not anticipated than more than 1 region (out of 4) could distribute LLINs in 2012. In all likeliness the household registration can happen in 2012 nationwide, and preparations made for a rotating distribution beginning in early 2013 and covering all 4 regions at least a month apart from one another, in order to fully finish all activities before moving on to the following region.

Household registration is required in 3 out of 4 regions, even with accepting Phase I data since not all districts were involved in Phase I. This activity, along with its required training and the district-based micro-planning exercise, will add significant amount of time in the chronogram, and should be closely followed by the CCC.

Budget (*see document in Annex*):
Developing a new budget based on revised (but not final) distribution strategy was not possible. Nonetheless a series of comments and notes were given on the approved GF Phase I budget with regards to key activities that were under (or over) budgeted. As such we can state that in addition to a gap in LLIN, operational gap will exist in the budget for the following areas:

- Micro-planning: This key activity was not part of the Phase II budget
- Training for HH registration: Only 1 day budgeted for all key activities to undertake
- Warehousing: Current nets will likely require long term warehousing
- Transport: newly acquired nets to distribution sites
- HH registration: all costs associated with new round of registration
- Supervision: additional resources to closely monitor planned activities
- BCC: tools for campaign volunteers, additional radio spots

Allocation of funds during Phase I proved lengthy and not free of reconciliation troubles. The flow of funds should be taken into consideration from the very start of campaign planning and deal with both release of funds to CSOs for planned activities as well as release of funds to MOH staff on approved monitoring and supervision activities.

Training :
The planned number of campaign actors raises some questions about the ability to properly train them all. In addition, a single day of training is planned for all campaign actors. Given the need to conduct a fresh household registration nationwide, it is impossible to properly gain ownership of the campaign strategy and key activities and be confortable with all campaign tools including registration and LLIN distribution, in a single day. Is it highly recommended that a second day of training be added at all levels to ensure that the concepts are properly explained and the tools understood and used correctly.

The current training guide and associated tools will need to be revised from Phase I and adapted to the different population target involved in Phase II.

There is also a need for logistics training, in collaboration with the transporter selected by the VPP to deliver LLINs at sub-county levels. Each district health official and sub-county officer in charge of receiving LLINs and organizing their distribution to individual sites should be trained on the use of standard tools and procedures.

Micro Planning:
Micro-planning was not included in final Phase II documents. This activity involves meeting district and sub-county personnel, communicating campaign strategy and keys points, sharing tools and most importantly adapting the national guideline to a locally specific reality. The outcome will be site-specific information about population, LLINs, volunteers, budget, warehousing and all necessary tools required to conduct the registration and distribution in the best possible manner.

Micro-planning during Phase I was highly decentralized with no standards among all CSOs. More central level involvement would ensure consistency of information, planning and tools across all health zones in Uganda. During Phase II, micro-planning should become a key activity. AMP personnel is readily available to assist the country develop or refine a micro-planning tool that will help gather all required data from the field and its collection and

analysis at central level. This information will ultimately inform the LLIN quantities being dispatched to individual distribution sites.

Human Resources and Supervision :
Comments were already made regarding the high number of volunteers being considered for Phase II activities. The consultant's recommendation is to lower the number of volunteers and increase their number of days worked. This will have no effect on the budget, but will make training and supervision much more manageable. Household registration needs to be closely followed by supervisors to ensure high data quality and ongoing verification. This task is easier to carry out with fewer volunteers to supervise.

5. Recommendations

a) Coordination:
- Meet regularly with CCC, all sub-committees and start planning for UC campaign
- Agree on distribution strategy with addtl LLINs, urban distribution allocation, key LLIN areas
- Ensure close & frequent coordination between MOH, VPP and LFA
- Consider delivering nets in districts as they become available locally, if ready
- Consider requesting additional TA from RBM, AMP, PMI and partners
- Look into extending current Phase II grant to allow time to distribute LLINs in all 4 regions
- Submit concept note to GF to request reallocation of procurement savings, addtl purchase

b) Communication:
- Start communicating at all levels around the LLIN campaign; new objectives
- Review mass & IPC communication resources / strategy and timing for maximum impact
- Contact Comic Relief and other donors to request assistance reaching UC in 2012/2013

c) Data Management:
- Revise or update Phase I tools and the daily flow of data from field to central level
- Develop micro-planning tool, revised training and distribution guides

d) Logistics:
- Confirm with VPP the updated LLIN delivery schedule (in case of addtl nets)
- Remember that all bales will contain 40 LLINs
- Submit to all CSOs a template of transport plans to be completed after micro-planning
- Draw lessons from Phase I distribution. Ensure proper documentation and tracking of nets
- Identify logistics focal points at district, sub-county and parish level; offer training if possible

e) Budget:
- Finalize GF communication on procurement savings to cover LLIN and operational gaps
- Plan for activities not covered under latest Phase II budget (and districts)
- Finalize district budgets following micro-planning; ensure prompt transfer of funds

f) Supervision:
- Review supervision budget and develop plan for supervision of activities at all levels
- Create a small & dedicated central level campaign team to manage campaign activities

6. Next Steps

I. Communicate with GF and other partners to close LLIN gap for Universal Coverage in Uganda. Liaise with VPP for prompt delivery of additional LLINs to revised appropriate locations.

II. Revise or draft and validate all campaign documents. Past management, training and evaluation and supervision tools need update and approval.

III. Discuss options on how best to reallocate LLINs based on available quantity, urban distribution strategy and epidemiological data.

IV. Select CSO and begin contractual negotiations for Phase II sub-recipient agreements. Liaise with VPP's transport company in country to plan for LLIN arrival at all levels.

7. Conclusion

Uganda possesses a wealth of experience and tools from a number of previously successful LLIN distribution campaigns. This will be a huge advantage for the country. Nonetheless appropriate planning for the campaign is yet to begin and should take place quickly to set up the proper mechanism for its implementation. A number of key discussions about the scope and means available to the current strategy need to happen at country and international level to ensure all stakeholders are on the same page and planning for the same 2012/2013 Universal Coverage campaign.

It is likely that Uganda will require additional technical assistance to organize this important campaign. Once key discussions have taken place, the normal production of tools and documents should promptly begin.

We would like to thank all of the colleagues who collaborated during this mission, especially NMCP, WHO and USAID/PMI. AMP wishes good luck for the implementation of the recommendations and next steps and remains available to provide additional technical assistance should it be desired.

Documents attached in Annex :

1. LLIN Macro UC Quantification
2. GF Rd7 Phase II Budget Savings
3. GF Rd7 Phase II Reallocation Budget
4. LLIN distribution Timeline

Documents available but not attached to report :

5. GF Concept Note for Procurement Savings Reallocation

List of Acronyms :

AMP	Alliance for Malaria Prevention
BCC	Behavior Change Communication
CCC	Central Coordinating Committee
CDC	Center for Disease Control and Prevention
CSO	Civil Society Organization
DS	Distribution Sites
EPI	Expanded Program on Immunization
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HH	Households
HVT	Health Village Team
IEC	Information, Education and Communication
LFA	Local Fund Agent

LLIN	Long Lasting Insecticide Net
MOH	Ministry of Health
NGO	Non-Governmental Organization
NMCP	National Malaria Control Program
PMI	President's Malaria Initiative
PR	Principal Recipient
RBM	Roll Back Malaria
TA	Technical Assistance
UC	Universal Coverage
UNICEF	United Nations Children's Fund
USAID	Unites States Agency for International Development
VPP	Voluntary Pooled Procurement
WHO	World Health Organization

People Met during Mission :

- Dr Peter Okui, NMCP Programme Manager
- Dr. Jim Arinaitwe, MOH GF Coordinator
- Dr. Vincent Bagambe, MOH GF Quality Assurance Manager
- Connie Balayo, NMCP LLIN Coordinator
- Mary Byangire, NMCP Advocacy & Communication
- Phellister Nakamya, Uganda CCM
- Susie Nasr, PMI CDC Resident Advisor
- Henry Semwanga Lule, PACE
- Ronald Luyera, Feed the Children