Sierra Leone. © United Methodist Church

2: Coordination

2.1 Coordination structures

Coordination can be defined as "the skilful and balanced movement of different parts at the same time"[1]. A successful campaign, whether integrated or stand-alone, begins with partner coordination under the leadership of the Ministry of Health (MoH). Coordination of partners during the planning and implementation of mass LLIN distribution allows for mobilization of in-country skills, personnel and resources to support the country to achieve its malaria prevention objectives.

The MoH and the National Malaria Control Programme (NMCP) must lead campaign planning and implementation and take responsibility for the success of activities. This leadership ensures country ownership and accountability for the campaign, as well as engagement of other government departments where necessary. In many countries coordination mechanisms, such as the Country Coordinating Mechanism (CCM) already exist but may be covering a broader mandate than the LLIN mass distribution. For mass LLIN distribution, a sub-group from the existing coordination structure will often come together, led by the NMCP, to undertake campaign activities.

Where countries are planning integrated campaigns (normally targeting children under five years of age with LLINs during vaccination or nutrition campaigns), the MoH's Expanded Programme on Immunization (EPI) coordination structure (Interagency Coordinating Committee or ICC) is usually expanded to include the NMCP and other malaria-focused partners who would normally not be involved in the vaccination/mother-child health (MCH) campaign.

[1] Usually related to coordination of body parts in sports like athletics, but equally relevant to different organizations working together.

Where countries are planning stand-alone campaigns (targeted or for universal coverage), the NMCP will need to establish a central level coordination structure (National Coordinating Committee or NCC) for campaign planning. This will often be a new coordination structure, or a sub-group of an existing coordination structure, and will need to be validated by the MoH (at the level of the Minister or the Director General). It requires clear terms of reference and a list of organizations that are members of the coordinating body. Early official validation of the NCC is important to the success of the campaign as it allows planning to begin and ensures involvement of key partners in all phases of planning and implementation.

Where the planned campaign is sub-national, coordination remains important at central level but must also be reinforced at regional and district levels to ensure success. Given that many countries have decentralized structures for health, district health management teams (DHMT) and regional health teams exist and are capable, from experience with organizing vaccination and nutrition activities, to plan and implement large scale health activities.

Where the planned campaign is national in scale, coordination is important at all levels and regional and district structures should be strengthened to lead activities in their areas.

In all cases (national and sub-national, integrated or stand-alone, targeted or universal coverage), and at all levels, clear terms of reference, roles and responsibilities and lines of communication need to be established.

For LLIN mass distributions, countries should consider involving a broad range of partners with a variety of different skills, expertise and influence. The range should include public and private sector,

Ethiopia. © Ethiopian Red Cross Society

civil society and faith-based organizations and other technical and financial organizations supporting the MoH. Inclusion of a broad range of partners should be balanced against having a functioning and manageable coordination structure.

In past campaigns, key lessons learned about coordination include:

- late formation and validation of coordination structures delay campaign planning and implementation
- coordination structures put in place without identifying member organizations and committees and sub-committees do not function well
- lack of regular meetings of sub-committees delays development of key campaign supports (for example, data collection tools), thus delaying finalization and reproduction of documents
- although LLINs and financing may come from a variety of sources, it is crucial for all partners to recognize and be bound by the leadership role of the MoH
- where there is a limited number of MoH or partner staff dedicated to the campaign, the number of sub-committees should be limited to the three principal areas: technical/implementation, logistics and communication

Effective coordination requires:

- flexibility
- adaptability
- knowledge of roles and responsibilities
- open and transparent lines of communication
- ability of MoH, NMCP and partners to meet deadlines
- monitoring of activities relative to timelines and schedules
- crediting all partners in private and public settings to encourage ownership and involvement

2.2 National Coordinating Committee (NCC)

LLIN distribution activities require intense and constant action to be successful. Coordination of activities and partners is critical for ensuring that planning and implementation remain on schedule. The National Coordinating Committee should be officially established by the MoH early to allow for timely planning for the mass distribution. A minimum of six months is required for campaign planning, but nine to twelve months is recommended, particularly in the case of universal coverage campaigns where household registration is required to inform LLIN prepositioning and transport plans.

An effective NCC is normally composed of appropriate staff from the MoH and its partner organizations, personnel who will bring specific expertise from a number of different perspectives. Partners will come from major international organizations and from in-country stakeholders, and should include representation from the beneficiary community or communities.

The National Coordinating Committee may have a different name in some countries, but the overall purpose of the body remains the same. Among its key functions are:

- establishment and oversight of sub-committees (technical/implementation, logistics, communication)
- validation of the campaign plan of action and budget
- validation of the campaign timeline

- liaison with international partners for resource mobilization (human, technical, financial)
- reception and revision of reports from sub-committees regarding progress towards campaign implementation
- monitoring of preparations according to the established timeline and resolution of bottlenecks where these arise
- supervision and monitoring missions to the regions/districts where the campaign will take place before, during and after the household registration, LLIN distribution and hang-up activities
- validation of the results of the campaign (household registration, LLIN distribution and hang-up activities)
- preparation and validation of the final campaign report, including lessons learned, once activities have been completed

The NCC makes many of the technical decisions regarding the campaign and is responsible for the technical review and finalization of the Plan of Action (PoA). Since the NCC makes most of the final decisions regarding the campaign, it is vitally important to hold regular meetings during the planning and implementation phases. During these meetings, sub-committees can present their work for review and approval by the NCC members. To ensure clear communication and follow-up on issues arising, detailed minutes should be taken and action points and recommendations should be highlighted with the person responsible for follow-up identified. An e-mail group should be organized with the addresses of all members of the NCC so that even persons who were unable to attend the meeting are aware of the discussions and outcomes. Minutes are effective for building and strengthening partnerships, documenting lessons learned, and updating the MoH and local and international partners. Minutes are also useful for ensuring that progress around recommendations and action items is monitored and that donors are aware of challenges and bottlenecks affecting planning and implementation.

In addition to making technical decisions about campaign planning and implementation, the NCC should also be responsible for advocacy, especially if there are gaps in resources (LLINs, operational costs). The NCC should be made aware of any gaps in a timely manner and should then approach members of the government and private sector, as well as international partners, to try to mobilize additional support for the campaign. The NCC itself should include a broad range of partners possessing important resources that can be contributed to the campaign.

Technical, financial and human resources are all necessary for the implementation of a successful mass LLIN distribution. Technical partners, such as WHO, are important for assisting with data collection tools and data management, as well as development of training materials. Financial partners will vary from country to country, but should be identified and included in membership of the NCC from the outset, so that they feel involved with the campaign planning and are able to mobilize resources quickly when needed. Non-governmental organizations (NGOs) can often contribute important human resources through community health workers or volunteers working at community level, often at little cost, since they may be seconded from existing activities to work on the campaign.

The NCC is composed of a range of individuals who have responsibilities within their organizations in addition to being part of the campaign planning body. It is vital to ensure open and transparent communication to keep partners informed and engaged in the process. Communication amongst partners must remain strong throughout the entire planning, implementation and post-campaign phases.

Communication is key for mobilizing international partners and for promoting ownership at regional and district levels. Communication is necessary:

- at international level among partners and donors to the campaign

- at national level among partners and across government departments
- at regional and district level among campaign partners
- at community level, to ensure links with local leadership
- between all levels

Communication is key to coordination. Effective coordination of campaigns involving multiple partners will depend on regular meetings, conference calls, information bulletins (print or electronic), and inclusion of all partners on any official communication.

2.3 Sub-committees

Sub-committees are important for the functioning of a campaign: they divide the workload and capitalize on the skills and expertise available among partner organizations. The NCC should determine the number and type of sub-committees required and their membership. There are normally three core sub-committees: technical/implementation (including monitoring and evaluation), communication and logistics. In some countries, the monitoring and evaluation sub-committee may be an independent sub-committee, while in other countries a finance sub-committee may also be established. The number of sub-committees will depend on the number of individuals available within the NCC and their areas of expertise. Generally, in line with the importance of MoH ownership of the campaign, NMCP staff should chair sub-committees and be responsible for organizing regular meetings and keeping activities on track. However, in some cases, a partner organization may be in the best position to chair a sub-committee.

Terms of reference

As in the case of the NCC, it is important to define the terms of reference for each of the sub-committees so that members understand their roles and responsibilities. The terms of reference should be agreed by all members of the sub-committee and presented to the NCC for validation and approval. Where appropriate, the MoH should validate the terms of reference for the sub-committees. Examples of terms of reference for each of the sub-committees are included as Appendices 2A—2C.

Once sub-committee terms of reference have been established, members should determine the frequency of meetings to achieve their targets. It is important to set a regular day and time for the sub-committee meetings to allow members to block time in their schedules and ensure maximum participation. In many cases, meetings will become more frequent as activities become more intense and implementation begins. Ideally, sub-committees should meet on different days of the week (because of overlap in membership). Setting regular days and times ensures that sub-committee meetings will actually take place; if they are organized on an ad hoc basis, they often do not occur or have limited representation. As with meetings of the NCC, it is important that minutes are taken during meetings or, where the meeting is a working session, action points are identified (including persons responsible and time) for follow-up.

Each sub-committee must develop a plan, budget and timeline for activities:

- Technical/implementation sub-committee: campaign plan of action including monitoring and evaluation
- Communication sub-committee: communication and advocacy plan, including monitoring and evaluation
- Logistics sub-committee: logistics plan of action, including commodity management assessment

Each of these plans, and the associated activity timeline, should be developed early and presented to the NCC for review, comments and finalization. Once the activity timeline has

Sierra Leone. © Nothing But Nets

been fixed, progress can be monitored by the NCC and action taken if activities fall behind schedule.

Where necessary, or where planning has not started on time, sub-committees may split into smaller working groups in order to achieve planning objectives. For example, the technical sub-committee could divide into different working groups to:

- develop the plan of action and budget
- produce training manuals
- develop data collection, supervision and monitoring forms
- develop the protocol for the post-campaign evaluation

2.4 Regional and district coordination

The size and scope of mass LLIN distributions require decentralized planning. Regional and district health structures are closer to where the campaign will actually be implemented, and more aware of the specific context and situation of households in their areas. While macro-planning necessarily takes place from the central level, micro-planning is the responsibility of the districts and regions in order to ensure sufficient commodities, sites and personnel. Regular communication between the central, regional and district health authorities is key to ensuring information is transmitted and received in a timely manner.

Regional and district health teams should work to identify organizations that are already implementing community-based activities in their areas to involve them in the planning process and capitalize on existing resources. This is especially the case for areas with special populations (such as refugees or nomadic people), areas with geographical barriers (river, mountain or forest areas, remote regions) and areas with socio-economic, cultural or other barriers to accessing

government-run health services. Regional and district coordination structures should be established with terms of reference for the coordinating body and a defined membership.

Campaigns are implemented at the district and community levels and a clear understanding of the needs of the target population is essential to success. The District Health Office (DHO) or equivalent is a critical partner and has to be well informed and included in all planning exercises. The DHO should lead partner coordination within its catchment area. Partners to recruit include health facility staff, civil society organizations, women's groups, political and traditional government authorities, local media or community personalities and religious leaders.

The success of any campaign ultimately depends on the target population. Communities should be involved early in planning the campaign, in order to ensure a sense of ownership, transferability and sustainability. Key partners include community leaders, religious leaders, community/neighbourhood health committees, community health workers, volunteers and representatives from families.

Supporting decentralized planning

Many countries have struggled to find ways to support the decentralized planning process and strengthen the capacity of regions and districts for implementation of mass campaigns. Nigeria, with its large population and geography, developed "State Support Teams" (SST), to provide support to the 36 states in the country as they worked through planning and implementation of the distribution of over 60 million LLINs. Roll Back Malaria and partners worked together to secure a separate funding source for the SST personnel.

COUNTRY CASE STUDY

Nigeria's coordination structure involves a Federal LLIN Campaign Coordination Network (LCCN) at central level with each state forming a LCCN at the beginning of the planning process. At federal and state level, there are three work-streams (equivalent of sub-committees in this toolkit): technical, logistics and demand creation (equivalent of communication in this toolkit).

In order to support states adequately with the planning and implementation process, the federal level formed three expert teams focused on the three work-streams. The expert teams were composed of members drawn from federal level and technical assistance. Two team leaders head each expert team (see figure 1).

From the three expert teams, four[2] State Support Teams (SST) were created which are multidisciplinary and able to support LLIN campaign planning and implementation across work-streams for holistic support. Each SST has a team leader who has been selected from one of the expert teams. Note that in figure 1, national staff are paired with a technical adviser. This was done to ensure the highest technical quality and build the capacity of the Nigerian national staff. It is intended that the role of the technical adviser will be reduced as the capacity of the Nigerian national staff is increased.

Each SST is responsible for a limited number of states based on the schedule of LLIN distributions in the country. The SST reports to the LLIN campaign coordinators who, in turn, provide updates to the Federal LCCN.

[2] Note that this was revised to six State Support Teams to match the volume of work for achieving the universal coverage targets with LLINs.

Figure 1: Support for national LLIN campaigns in Nigeria

			Coordinators • One NMCP • One technical adviser (TA)	
		Expert team Technical • Lead technical adviser • One TA	**Expert team Demand creation** • Lead demand creation adviser • One TA	**Expert team Logistics** • Lead logistics adviser • One TA
State Support Team 1	Team 1 Manager One national	One national One TA	One national One TA	One national One TA
State Support Team 2	Team 2 Manager One national	One national One TA	One national One TA	One national One TA
State Support Team 3	Team 3 Manager One national	One national One TA	One national One TA	One national One TA
State Support Team 4	Team 4 Manager One national	One national One TA	One national One TA	One national One TA

Nigeria's SST structure is one example of a way to reinforce decentralized planning. The Nigeria context is unique, but the need to ensure support to regional and district level planning is general across countries. Where resources (human or financial) do not exist to support decentralized planning occurring at the same time as national planning, countries should consider planning region by region to ensure that adequate support could be provided by the central level staff available.

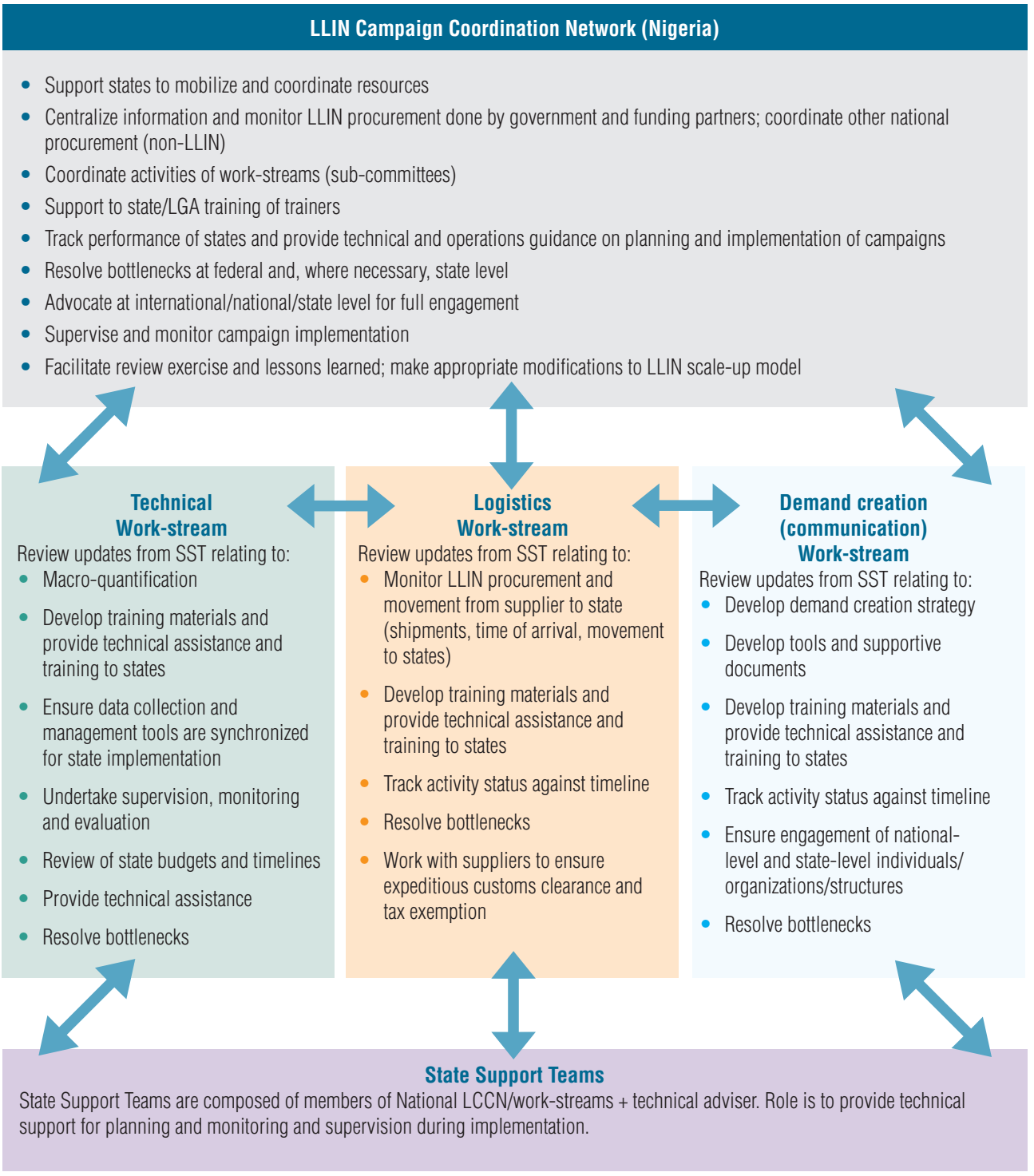
2.5 Coordination of available support

In many countries, strong coordination structures exist and technical and financial partners are present to support the MoH with achieving its objectives. In-country partners, such as WHO, UNICEF, PMI and PSI (among others) should be engaged in the planning and implementation of the LLIN distribution as they are able to contribute technical guidance to the MoH.

Engaging the private sector in campaign activities can be useful, especially to support the logistics activities, since private companies often have extensive experience of moving goods through the country. Support for communication activities is also welcome. In some countries, mobile phone companies have been approached and have provided free text messages to their customers about the campaign or about the importance of using LLINs.

In addition to technical, financial and private sector partners, countries should seek to engage NGOs, particularly community-based and faith-based organizations. Such partners may provide support for implementation. Where they are already involved in ongoing activities, they can both provide additional resources to the campaign itself and ensure continuing behaviour change communication following the distribution. Community and faith-based organizations can be instrumental in ensuring community participation and engagement in the campaign, and can assist with dispelling negative rumours about the campaign or the LLINs.

It should be recognized that a partnership of such a wide variety of organizations and individuals requires skilful handling for all to remain



equally committed to the mass distribution campaign. That skilful handling requires good coordination in order that the participation of partner organizations is maximized, and that communication between all is inclusive and transparent. Roles and responsibilities of partner organizations must be clearly defined at all levels, as well as lines of communication.

Once the coordinating infrastructure is in place, the planning process can begin. Chapter 3 recommends that planning begins as early as possible and that it takes place with the active involvement of all partners, coordinated under the leadership of the MoH and the NMCP.

Appendix 2A: Terms of reference for the technical sub-committee

1. Develop and review detailed operational plan.
2. Develop global budget for approval by the NCC.
3. Develop macro operational budget and timeline.
4. Determine human resource needs for beneficiary identification (and household LLIN allocation strategy) for LLIN distribution, for post-distribution activities, and for monitoring and supervision of activity implementation.
5. Calculate requirements for all management tools (household registration forms, vouchers, tally sheets, indelible ink markers, supervision checklists, monitoring tools, etc.) and ensure they are finalized, validated and reproduced on time.
6. Support other sub-committees to develop and reproduce training materials, including campaign background, basic logistics, social mobilization/behaviour change communication (BCC) training, monitoring and supervision. Ensure that materials are produced for all phases of activity:
   a. logistics training manual and instructions for planning and implementation, as well as commodity management assessment guidelines for post-campaign audit
   b. social mobilization training manual and messages, as well as supervision and monitoring tools (or additions to existing tools)
   c. manual for implementation of campaign (mapping for household registration, guideline for household registration, distribution site set-up, supervision, messaging, technical forms, etc.)
   d. guidelines for monitoring, notably where and how end process monitoring will take place
7. Develop and reproduce supports for trainers (central level), supervisors (regional/district level) and health workers and volunteers (community or health facility level).
8. Develop detailed training schedule for training of trainers (ToT), training at district level, etc. Determine the number and type of training sessions, personnel to be be trained, how many people at a time and for how long.
9. Monitor and supervise implementation of all activities from initial regional and district coordination meetings through micro-planning and recruitment and training of personnel, to the household registration, LLIN distribution and post-distribution activities.
10. Develop coverage and utilization evaluation protocol and questionnaire to assess effectiveness of all elements of campaign implementation, as well as the work of the sub-committees.

Appendix 2B: Terms of reference for the communication sub-committee

1. Develop communication plan of action, including communication objectives and target audiences.
2. Develop timeline of activities and responsibility for tasks. Develop a rational budget to support activities.
3. Develop key messages and supports (radio, television, posters, banners, etc.) for pre-, during and post-campaign.
4. Prepare briefing documents for advocacy aimed at:
   a. government structures, beginning with the office of the state leader
   b. regional and district health and political structures
   c. partners, private sector businesses, stakeholders, religious and traditional authorities, etc.
   d. press/media
5. Organize campaign launch events (agenda, invitees, resource requirements, etc.) at national and district levels.
6. Develop guidelines for community mobilizers, traditional and religious leaders, health facility staff and others involved in the campaign to provide information and key messages. This should include BCC/IEC strategies and key information about the campaign and how it will be organized.
7. Ensure that all materials are produced, pre-tested and validated on time for reproduction and transport to the lowest levels of the supply chain.
8. Organize media coverage for launch and first days of campaign. Where applicable, organize media coverage for handover of LLINs from donor to government.

Appendix 2C: Terms of reference for the logistics sub-committee

1. Develop a logistics plan of action (LPoA) based on national plan of action.
2. Estimate needs for commodities in partnership with the technical sub-committee (LLINs, indelible ink, vaccines, syringes, vitamin A, mebendazole, safety boxes), depending on integrated or stand-alone campaign.
3. Estimate transport requirements, including fuel for redistribution of supplies during implementation of campaign.
4. Establish district level logistics team (four to five people) who will be responsible for development of plans, control of finance and reporting.
5. Examine situation for warehousing and stock control and suggest possible solutions to problems encountered. Examine requirements for cold chain, incineration or disposal, if appropriate.
6. Support district level micro-planning.
7. Compile all district level plans and requirements into global, national logistics plan for the distribution campaign.
8. Develop global logistics budget based on 7 (above) and submit to the technical sub-committee.
9. Develop manual for logistics teams at district level (including supply and cold chain management, LLIN requirements, district micro-planning with questionnaires).
10. Develop detailed positioning and storage templates by districts, storage points and villages.
11. Develop a preliminary transport plan for LLIN movement.
12. Develop a Gantt chart (timeline) of logistics events and harmonize with national Gantt chart.
13. Develop training guidelines for district logistics teams.
14. Conduct field assessment trips as needed prior to LLIN deliveries.
15. Confirm physical security measures are developed and in place prior to LLIN movement/storage at all levels.
16. Conduct commodity management assessment to assess the efficiency of the logistics operation.