

TRIP REPORT: MALAWI

CONSULTANT NAME:

YVES CYAKA-NKUSI

AMP

TA PERIOD: February 19-March 01, 2015

LILONGWE-MALAWI

REPORT DATE: March 11, 2015

STTA TRIP REPORT: 2015 MALAWI LLINs MAIN CAMPAIGN

1. TERMS OF REFERENCE :

- a. Review and finalize the implementation strategy
- b. Review and finalize the roadmap
- c. Develop the micro-planning templates

2. CONTEXT

Most recently, in December 2014, **1,158,968** LLINs were distributed in the first phase of the current national campaign. Six districts (Nkhotakhota, Mchinji, Likoma, Mwanza, Neno, and Phalombe) were targeted in this mini-campaign based on the time elapsed since they were covered under previous campaigns.

The second phase of the national campaign includes the coverage of four districts by Concern Universal with support from the Against Malaria Foundation. In September-October 2014, Dedza district received 245,489 nets out the 280,057 required to achieve universal coverage. The procurement of remaining nets is ongoing and a mop-up distribution will take place in the coming months. Dowa district is now in the process of registration, verification and data entry phase and the distribution is expected to start in March 2015. For Balaka and Ntcheu districts, distribution is scheduled for mid-2015 (June/August) to reconcile with the main campaign phase.

The main campaign will be carried out in all districts not covered during the mini-campaign or under Concern districts from mid-July to mid-October 2015.

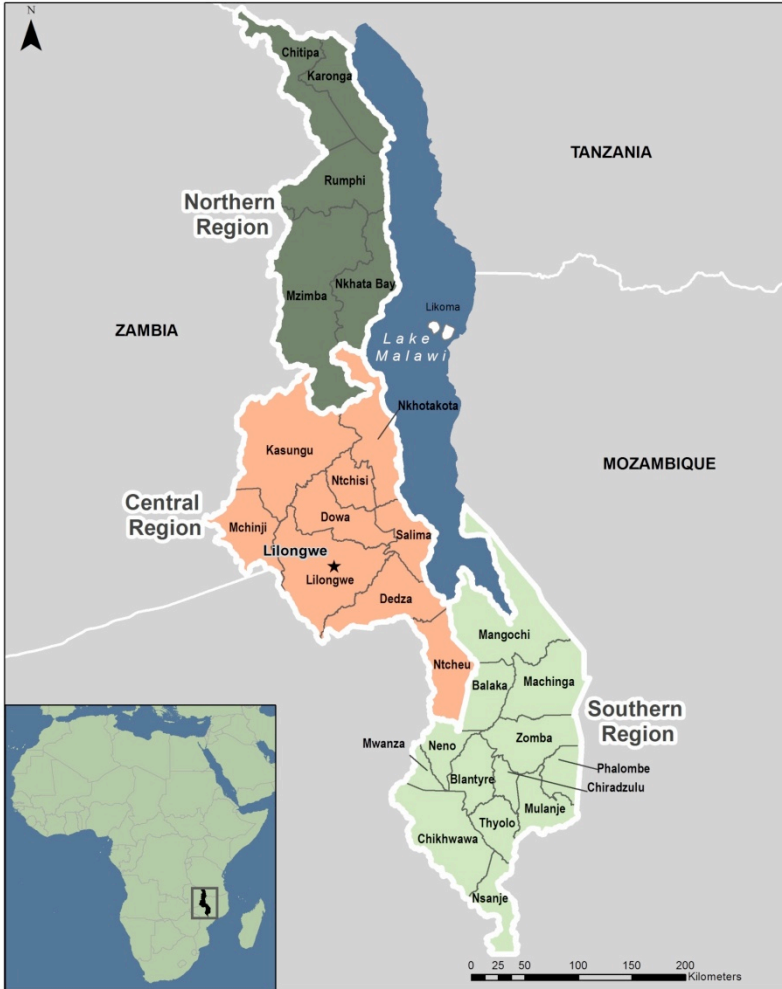
3. OVERVIEW OF THE MAIN CAMPAIGN

The main campaign will cover a total of 19 districts using a phased approach by zone. For this approach, three zones have been identified based on regional demarcations. Due to different weather patterns, the actual distribution exercise will be conducted in three months starting with the southern zone, then central and finally the northern zone. The campaign will cover the three zones as summarized in the table below:

DISTRICT	2015 Projected Population	LLINs Required
ZONE1: SOUTH WEST AND SOUTH EAST		
Blantyre City	884,497	491,387
Blantyre Rural	398,835	221,575
Chikwawa	533,714	296,508

Chiradzulu	318,323	176,846
Nsanje	281,552	156,418
Machinga	608,182	337,879
Mangochi	1,017,070	565,039
Mulanje	572,305	317,947
Thyolo	643,836	357,687
Zomba City	138,583	76,991
Zomba Rural	660,896	367,164
TOTAL	6,057,793	3,365,441
ZONE2: CENTRAL AND CENTRAL WEST		
Kasungu	826,285	459,047
Lilongwe City	1,037,294	576,274
Lilongwe Rural	1,455,501	808,612
Mzuzu City	223,740	124,300
Ntchisi	285,892	158,829
Salima	419,448	233,027
TOTAL	4,248,160	2,360,089
ZONE3: NORTH ZONE		
Chitipa	216,912	120,507
Karonga	337,448	187,471
Mzimba	895,550	497,528
Nkhata Bay	269,069	149,483
Rumphi	208,616	115,898
TOTAL	1,927,595	1,070,887
Total	12,233,548	6,796,417

MALAWI



The main campaign is funded by The Global Fund and coordinated by the National Malaria Control Program, in collaboration with supporting partners through the National Task Force (NTF).

The procurement unit of the Malawi MoH is in process to select different distribution agents for the campaign.

The bid evaluation report will be sent to The Global Fund for their endorsement after which it will be sent to Office of Director of Public Procurement (ODPP). The best bidder will be awarded the contract, based on the required criteria, as per lot basis. A bid negotiation meeting will be held during post-qualification to make sure the bidders can provide the capacities they have promised to provide. After that the draft contracts will be awarded and sent to Global Fund for review.

G4S will be in charge of disbursement of funds during the mass campaign.

KEY CAMPAIGN NUMBERS

Number of health zones: 5

Number of districts: 19

Number of phases: 3

Estimated population of the 19 districts: 12,233,548

Number of nets procured for the campaign (for 29 districts): 9,200,000

Estimated number of LLINs for the 19 districts: 6,796,417

Number of days for registration: 15

Number of people in registration team: 2

Number of HHs visited in Urban/rural areas / day / team: 30

4. ACTIVITIES DONE

- My first activity was to meet with the NMCP coordinator, the NMCP main campaign coordinator and the local consultant to discuss about my ToRs and list the priorities during my stay (almost 8 days). My second meeting was to discuss with the NMCP main campaign coordinator and the local consultant on where we are on the campaign implementation. Then I had different meetings with the NMCP team and some members of the NTF especially on implementation strategy, roadmap, micro-planning, on budget format, etc...
- I also participated on the NTF meeting where I did a presentation on the progress of the work accomplished during my TA mission.

My final meeting was a debrief meeting with the NMCP coordinator, the NMCP main campaign coordinator and the local consultant and also discussed on my next visit, as well as possible distance support if needed.

- On the implementation strategy (see annex 1), it was important to review the strategy to cover the 19 districts. It was decided to implement the campaign in 3 different phases and we organized the 5 health zones in 3 campaign zones as follow:
 - ✓ South zone: South West and South East Zones
 - ✓ Central zone: Central and Central West Zones
 - ✓ North zone: North Zone

- It was decided to plan the LLINs shipments and arrivals in also different 3 phases and plan the total LLINs distribution within 3 months from mid-July up to mid-October 2015. The important second review on the implementation strategy was on how to organize the micro-planning by recommending the below steps:
 - ✓ Preparation and planning for the micro-planning process by sub-committees
 - ✓ Sending of information package to Districts by NMCP
 - ✓ Facilitators orientation at central level
 - ✓ Zones/Districts level micro-planning exercise
 - ✓ Consolidation of data from regional/district level micro-planning exercise
 - ✓ Micro-planning report writing & submission to the GF for approval & funding
 - ✓ Use of data: LLIN allocation and beneficiary definition

- The roadmap (see annex 2) was reviewed and finalized based the different micro-planning steps, on behavior change communication activities, on the registration exercise and particularly on the 3 phases of the main campaign (phase one LLINs arrival & distribution, phase two LLINs arrival & distribution and phase three LLINs arrival & distribution). Important to highlight some key activities and dates from our roadmap:
 - Micro-planning process to be conducted mid-March
 - Review of IEC/BCC materials for the LLINs campaign mid March
 - Registration of beneficiaries to be conducted in May
 - Arrival of LLINs from June & in phased fashion
 - Official launch & actual distribution of LLINs will take place in mid July
 - Arrival of LLINs for zone1: Mid June
 - Nets distribution: Mid July

- Arrival of LLINs for zone2: Mid July
 - Nets distribution: Mid August
 - Arrival of LLINs for zone3: Mid August
 - Nets distribution: Mid September
 - Synthesis of data and report writing at national level: Second week of October
- The micro-planning exercise is the first campaign activity contact with the district staff and a crucial activity for the campaign success which. On micro-planning, the micro-planning (MP) process was reviewed with the NMCP campaign team and the GFA team for a common understanding of micro-planning. Then we worked closely with the NMCP campaign coordinator, the local consultant and some members of the National Task Force on micro-planning tools, listed below:
- Micro-planning template:
 - Assumptions list
 - Basic information
 - Zone summary
 - District summary
 - List of health facility
 - List of schools
 - List of markets
 - Recording forms
 - List of groups
 - List of influencers
 - Communications
 - Micro-planning guide
 - Micro-planning facilitators team ToRs
 - Facilitators orientation agenda
 - Micro-planning exercise agenda

5. RECOMMENDATIONS

- Due to the fact that the time is not in our favor, follow very closely the progress of the roadmap. In case of any challenges which may cause a delay of the campaign implementation, the main campaign coordinator in collaboration with the local consultant should bring this to the NMCP coordinator (and NTF meeting) for discussions and immediate solutions;
- For proper monitoring of the campaign activities, designed every 10 days before end of the month a detailed monthly action plan based on the roadmap;
- Follow appropriately the micro-planning steps agreed with the consultants;
- Closely work with GFA (and G4S) on fund disbursement to avoid any delay of activities due to availability of fund;
- Inform, as soon as possible, the NMCP plan on LLINs arrival dates to The Global Fund team (Malawi PPM focal point);
- Prepare appropriately on orientation facilitators for micro-planning;
- Work closely with the LLINs suppliers on clearance documents;
- Review and finalize the developed micro-planning tools;
- Evaluate the roadmap progress during each National Task Force meeting and come back with clear and key recommendations.

6. NEXT STEPS

- Preparation and planning for the micro-planning process by the taskforce
- Sending of information package to zone and districts levels
- Districts facilitators orientation at central level
- Zone level micro-planning exercise
- Consolidation of the data from zone level micro-planning exercise
- Micro-planning report writing & submission to GF for approval & funding of the campaign
- Work on registration process

7. CONCLUSION

As agreed with the NMCP coordinator, the consultant will continue working closely with the main campaign team coordinator and the local consultant by distance until his next visit in May. A weekly call will be also organized between NMCP and AMP teams and AMP will facilitate this organization (access to the call conference and linking in of participants in Malawi to reduce the cost of the international call).

8. PEOPLE MET

NAME	ORGANISATION	E-MAIL ADRESS
Doreen Ali	MoH/NMCP	alidoreen@yahoo.com
John Zoya	MoH/NMCP	zoya2003@yahoo.co.uk
Flora Kalimba	MoH/NMCP	konkalimba@gmail.com
Charles Yuma	Local Consultant	charlesyuma@gmail.com
Kalenga Jere	NMCP Volunteer	lengajere@yahoo.com
Alvin Chidothi Phiri	MOH/HEU	phiriac@yahoo.com
Elizabeth Chingaipe	MoH	elizchingaipe@yahoo.co.uk
Peter TROEL	PMI/USAID	ptroell@usaid.gov
Gomezgani Genda	PMI/USAID	gjenda@usaid.gov
Lilia Gerberg	PMI/Washington	lgerberg@usaidd.gov
Terry Acherman	GFA Consulting Group	terry.acherman@gfa-groop.de
Kirthi Ram	GFA Consulting Group	kirth.ramesh@gfa-groop.de
Antonia Powell	PSI	apowell@psimalawi.org
Zach Mangochi	PSI	zmangochi@psimalawi.org
Chancy Mauluka	SSDI-Communion	chancy@ssdi-communication.com
Nelson Coelho	Concern Universal	nelson.coelho@concern.universal.org
Jean Demarco	Peace Corps	jeandemarco.phd@gmail.com
Elizabeth Kaziya	Peace Corps	ekaziya@peacecorps.gov
Monica Mmanga	MBC	mmangamonica@gmail.com

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