



**FEDERAL MINISTRY OF HEALTH**

**NATIONAL MALARIA ELIMINATION PROGRAMME (NMEP)**

**GUIDELINES FOR REPLACEMENT CAMPAIGNS FOR THE DISTRIBUTION OF  
LONG LASTING INSECTICIDAL NETS IN NIGERIA**

**MARCH 2014**

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## **Foreword**

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The use of Long Lasting Insecticidal Nets (LLINs) has been proven to be one of the most effective malaria prevention interventions. In order to effectively scale up coverage and utilization of LLINs for malaria vector control in the country, Nigeria adopted the mixed model of distribution in the Nigeria Malaria Strategic Plan (NMSP) 2009-2013. This included a “catch up” phase through universal coverage mass campaigns in all the States and the Federal Capital Territory (FCT) to rapidly achieve coverage, while the “keep up” phase through continuous distribution was designed to sustain high coverage by ensuring population access to LLINs through various channels.

In an effort to scale-up malaria prevention coverage in Nigeria, in 2008 the Federal Ministry of Health, through the National Malaria Control Programme (NMCP) and with support from key RBM partners, launched an ambitious initiative to scale up access to, and use of, LLINs through State-wide mass distribution campaigns. I am happy to say that through these concerted efforts, over 57.7 million LLINs were distributed between 2009 and 2013 in the country, representing over 90% of the national target. This no doubt signifies a landmark achievement in the country and, indeed, globally. Data obtained from the 2010 Nigeria Malaria Indicator Survey (NMIS) shows a significant increase in household ownership and use of LLINs when compared to the Nigeria Demographic and Health Survey (NDHS) carried out in 2008. The 2013 NDHS survey shows that 50 percent of households own at least one insecticide-treated net (ITN).

In line with our collective will, Nigeria has strengthened and expanded the distribution of LLINs through multiple continuous distribution channels. The Government, with support from partners in-country, has increased its investment in procurement and distribution of LLINs and developed a comprehensive set of guidelines for continuous LLIN distribution in the country.

To sustain the gains achieved in the past, and to further contribute to effective malaria vector control in the country, the Federal Ministry of Health and partners have planned series of LLINs replacement campaigns that will lead the country to universal coverage in line with recommendations from the World Health Organization (WHO). The upcoming replacement campaigns have necessitated the review of the campaign guidelines to reflect lessons learned from the previous campaigns and to provide proper guidance for campaign implementation.

This document presents a process and a set of well conceptualized steps for the planning, coordination, implementation, monitoring and evaluation of LLIN universal coverage campaigns. I therefore urge you all to make use of it in order to successfully plan and implement the replacement campaigns in the country, while also defining and setting up the systems that will allow us to sustain high coverage through continuous distribution channels.

Thank you

**Professor C. O. Onyebuchi Chukwu**  
**Honourable Minister of Health**

## **Acknowledgements**

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The Nigeria Long-Lasting Insecticidal Nets (LLINs) universal mass campaign commenced in May 2009 and the campaign was concluded in May 2013. Although this process has been concluded successfully, there have been significant delays beyond the original planned completion date of December 2010.

The concept for the past LLIN mass campaigns was to saturate every State with LLINs to achieve 100% household ownership and at least 80% utilization of nets distributed. The strategy targeted all population at risk (97% of the total population) with delivery of 2 LLINs to every household in the country. In addition, the universal coverage campaigns provided an opportunity to develop and sustain net culture in States through advocacy and community mobilization, in an effort to contribute to the reduction of malaria morbidity and mortality in the country.

Despite the delays and challenges encountered, the report of the campaign shows that a total of 57,773,191 of the planned 64,064,949 LLINs have been distributed in the 36 states and FCT, representing 90.2% of the total National target. This no doubt signifies a landmark achievement which is well acclaimed and highly commended globally. We must continue to strive harder to scale up and sustain coverage with LLINs in order to contribute significantly towards our new mission of malaria elimination in the country for a malaria-free Nigeria.

In order to maintain the gains from the previous LLINs distribution in the country, the NMCP and partners plan the replacement of LLINs in States that previously distributed between 2009 and 2010, which are now in danger of having coverage fall to a critically low point given the time since distribution. The replacement campaigns align with the WHO position on the durability of LLINs and timing for net replacement, which should take place every three years until continuous distribution systems are established to sustain high population access to LLINs. The upcoming replacement campaigns have necessitated the review of the campaign implementation guidelines to reflect lessons learned from the past campaigns and refocus the distribution of LLINs in the country through a revised universal coverage strategy with an emphasis on development of capacity at the State and LGA levels.

The National Malaria Elimination Programme deeply appreciates the immense support received from all RBM partners to ensure review of the guidelines. Special commendation to the Carter Center, DfID/UKAid, the Global Fund, the Malaria Action Programme for States (MAPS), the Malaria Consortium, NetWorks, Society for Family Health, State Malaria Control Programmes, UNICEF, USAID/PMI, WHO, World Bank and others.

The Honourable Minister of Health, Professor C.O. Onyebuchi Chukwu, the Permanent Secretary for Health, and the Director of Public Health are highly appreciated for their immense support in the development of this document.

**Dr. Nnenna Ezeigwe**  
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## **Description of the guidelines**

The National Malaria Elimination Programme provides oversight, coordination and policy direction towards the planning, implementation, monitoring and evaluation of malaria control activities in Nigeria. This document provides a broad guideline for distribution of LLINs through the universal campaign strategy.

The guideline is divided into the following sections:

**Section one** gives background information on malaria including use of LLINs for malaria prevention, malaria and malaria control in Nigeria, previous campaigns and achievements / lessons learned, overall LLIN strategy (linkage between campaigns and continuous distribution, rationale for replacement campaigns) and the goals and objectives of the guidelines.

**Section two** describes planning, the general principles and overview of the approach for the replacement campaigns, quantification, LLIN allocation and beneficiary identification, LLIN mapping by State and partners and procurement and LLIN delivery.

**Section three** provides highlights on budgeting and management of funds

**Section four** examines coordination of activities for the replacement campaign at all levels.

**Section five** provides information on capacity building/ training for personnel at the different levels of campaign implementation process.

**Section six** provides a description of the household mobilization

**Section seven** provides highlights of the LLIN distribution process.

**Section eight** describes the data management processes required at the end of the campaign.

**Section nine** provides insight into the rapid assessment survey (end process monitoring).

**Section ten** is on the post-campaign activities.

**Section eleven** captures the campaign reporting and dissemination.

**Section twelve** describes the post-campaign net retention, ownership and use survey.

**Section thirteen** describes operational research.

**Section fourteen** is focused on the tool kits. The tool kit comprise all tools, forms and templates used for the campaign and is attached to the guidelines in electronic form in a CD.

**Acknowledgements**

The development of the guidelines was made possible through the hard work of experts from the National Malaria Elimination Programme and RBM partners in-country. Inputs into the document were received from a number of stakeholders from the RBM partnership. In addition, previous guidelines and other documents were consulted.

**Purpose and Objective of the Guidelines**

The purpose of the implementation guideline and supporting toolkit is to harmonize the planning, coordination, implementation and follow-up of the LLIN replacement campaigns. The guideline has been updated to reflect the changed strategy (from fixed number of nets per household to full population coverage at one LLIN for every two people) and the lessons learned from campaign implementation between 2009 and 2013.

The objective of the guideline is to provide States and implementing partners with best practices in a step-by-step guide to ensure high quality activities in support of achieving universal coverage through mass distribution campaigns.

These guidelines are to be used by campaign actors at all levels for the implementation of mass distribution of LLINs in Nigeria. The guideline will be subject to an initial review following the first two replacement campaigns.

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## List of Acronyms

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ANC	Antenatal care
BCC	Behaviour change communication
CBO	Community-based organization
CDC	Centre For Disease Control
CDI	Community Directed Intervention
CSO	Civil Society Organization
CORPs	Community oriented resource persons
DFiD	Department for International Development
DHS	Demographic and Health Survey
EPI	Expanded Programme on Immunization
FCT	Federal Capital Territory
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HH	Household
HSS	Health system strengthening
IEC	Information, education, and communication
ITN	Insecticide-Treated Net
LGA	Local Government Area
LLIN	Long-Lasting Insecticidal Net
MAPS	Malaria Action Programme for States
MC	Malaria Consortium
MCH	Maternal and child health
MICS	Multiple Indicator Cluster Survey
MIS	Malaria Indicator Survey
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
NGO	Non-governmental organization
NMEP	National Malaria Elimination Programme
NHMIS	National Health Information System
NMCP	National Malaria Control Programme
NMSP	National Malaria Strategic Plan
NTD	Neglected tropical diseases
PFP	Private for-profit
PMI	President's Malaria Initiative
PNFP	Private not-for-profit
RBM	Roll Back Malaria
SMEP	State Malaria Elimination Programme
SFH	Society for Family Health
SST	State Support Team
UKAID	United Kingdom Agency for International Development
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHT	Village health team
WFP	World Food Programme
WB	World Bank



## Definition of key terms

**Budgeting** refers to the process of aggregating cost estimates of resources required for the series of planned activities related to the campaigns. It provides a forecast of the proposed expenditure requirements and enables the actual financial operations to be measured against the forecast.

**Channel** is the route through which the LLINs (or vouchers or net cards) flow to the end-user. Considering the final point at which the user will receive a LLIN is a good way to get a clear idea of the channel.

**Civil society** refers to non-governmental, not-for-profit groups, including faith-based groups, community-based organisations, and other groups registered as charities or non-governmental organisations (NGOs) (local or international).

**Community mobilisation** uses existing social and personal networks to influence collective community action and encourage participation in and promote acceptance of the campaign. This is expected to translate into increased acceptance and use of the LLINs.

**Demand creation** describes planned and targeted activities designed to increase consumer awareness on LLINs and improve demand for and utilization of nets. It involves an integrated communication strategy (informed by evidence-based needs) to promote, reinforce, and sustain positive consumer behaviour around LLIN use. It seeks to create supportive environments and empower communities to recognise and appreciate their rights and responsibilities to encourage, improve and sustain LLIN use.

**Distribution** refers to the period when beneficiaries exchange their net cards for LLINs at distribution points. Distribution takes place once the logistics preparations and the household mobilization process are complete. It comprises of a coordinated series of activities: crowd control, exchange of net cards issued during the household mobilization process, LLIN issuance at “No Cost” to the beneficiary, provision of IEC & BCC messages and recording of quantities of LLINs issued in tally sheets.

**Engagement** identifies and targets key stakeholders at various levels (international, national, LGA, community and individual) with advocacy messages and activities to facilitate ownership of, participation in, and support for the LLIN distribution campaign.

**Follow-up (post distribution) activities** involve communication at individual and community level undertaken after the nets have been distributed to address correct hanging, use and care of nets, and any other concerns that may have emerged during the campaign.

**Household mobilisation** takes place during door-to-door visits, in advance of the distribution of nets, to encourage active participation in the campaigns, register households, issue net cards and give information about collecting and using the LLINs.

**Insecticide-treated net (ITN)** is a net that repels, prevents blood feeding, and/or kills mosquitoes after contact due to the presence of insecticide on the netting material. Insecticide-treated nets are either conventionally treated nets or long-lasting insecticidal nets (LLINs).

**ITN access** refers to when there is an ITN available for that person to sleep under every night. Whether or not the person does sleep under the ITN is an issue of use, not an issue of access, though access is one of the factors that influences ITN use.

**ITN coverage** is a term that can sometimes confuse the issues of 'ownership' and 'use'. In some literature it is used to describe levels of LLIN use (i.e. what proportion of the population are 'covered' by LLINs). In other literature it is used interchangeably with 'ownership'. In this document we avoid the term 'coverage' as far as possible and use 'ownership'.

**ITN ownership** is having possession of an ITN, whether or not it is used.

**ITN strategy** is an overall plan for reaching and maintaining target LLIN levels in the country, which outlines, among other issues, all the mechanisms that will combine to achieve this.

**ITN use** refers to sleeping inside an ITN at night. As an indicator this is usually measured through surveys asking, for example, whether a specific person slept under an ITN 'the previous night'.

**Long Lasting Insecticidal Nets (LLIN)** is a factory-treated mosquito net with insecticide incorporated into or bound around the fibres, or a mosquito net treated with a long-lasting insecticidal treatment kit, that retains its biological activity for at least 20 WHO standard washes under laboratory conditions and 3 years of recommended use under field conditions without re-treatment.

**LLIN Supply Chain (also called logistics chain)** is the successive steps that must be followed in order to make LLINs available at the distribution sites. These are:

- (1) Procurement of the nets
- (2) Shipment (sea freight) from factory to Nigeria
- (3) Reception at port of entry and customs clearing
- (4) Transport from port of entry to State level
- (5) Reception and storage at State level
- (6) Transport from State level to LGAs
- (7) Reception and storage at LGA level
- (8) Transport from LGA to distribution points (DPs)
- (9) Storage at DPs

**LLIN Supply Chain Management** refers to the planning, coordination and execution of all the activities that contribute to an efficient, timely and accountable transit of LLINs through the various steps along the supply chain.

In the context of campaigns in Nigeria, various actors share the responsibility of the supply chain activities. NMCP and partners are responsible for step #1 (procurement). Suppliers are responsible for steps #2, 3 and 4 (procurement contracts stipulate that suppliers must deliver the nets at State central medical stores), whereas States and LGAs are responsible for steps #5 to 9.

Technically, and according to the above definition of “logistics”, the distribution of the nets to beneficiaries is not part of the logistics supply chain. Distribution is a programme activity, which is planned by the technical work stream, although responsibility is shared with the logistics work stream.

**Logistics** is a support service to the programme and as such must provide the programme with goods, materials and equipment “at the right place, at the right time, in the right quantity and quality, and at the right price”. Its key functions are: assessment and planning, procurement, microplanning, transport and storage management, and reporting (i.e.: supply chain management). Logistics must put in place standardised systems and procedures for control and commodity tracking, in order to provide full accountability.

**Macro and Micro logistics** each apply to a specific section of the supply chain. Macro logistics starts with procurement and ends with the delivery of the nets to the LGA stores (step 1 to 7). Micro logistics covers the transport from LGA to distribution points as well as the storage at DPs (steps 8 and 9).

**Macro planning** is the development, at central level, of estimated needs for all aspects of a campaign (coordination, microplanning, personnel for household registration and LLIN distribution, personnel for demand creation and advocacy activities, personnel for supervision and monitoring, campaign evaluation, etc.), including logistics. The macroplan provides the overall strategy and policy for the LLIN distribution campaign.

**Microplanning** is a detailed planning process that takes place from the lowest levels of the distribution chain (e.g. communities and health facilities). The purpose of the microplanning is to translate the macroplanning into an operational plan and budget that reflect the local realities (e.g. hard-to-reach areas) and context (e.g. operational definition of household in areas with a high number of polygamous households). Microplanning is a crucial activity for campaign success as it incorporates the inputs of those most familiar with the State and LGA overall situation.

**Monitoring** includes observing and testing the effectiveness of activities and appropriately reporting to responsible individuals. Monitoring provides an ongoing verification of progress toward achievement of objectives and goals. Monitoring is a feedback process whereby measuring progress against set objectives feeds the supervision mechanism that allows for performance improvement while the activity is ongoing. Monitoring during each phase of activities should ensure that corrective action is taken by supervisors to avoid problems later in the campaign process.

**Public sector** refers to Government sector (e.g. Ministry of Health or Ministry of Education, often with support from international and bi-lateral donors, contractors, and NGOs).

**Repositioning** refers to the movement of LLINs between DPs to ensure that there are limited situations of a surplus or a stockout of LLINs for distribution.

**Reverse logistics** is the process of moving LLINs remaining at the end of the distribution period back from the distribution points to the LGA warehousing to be accounted for and redeployed for distribution through routine delivery.

**Site set up** refers to the organization of sites, including site locations, elements for ensuring crowd control and client flow, as well as safety and comfort, personnel requirements for the distribution and planning for all required tools, forms and job supports.

**Supervision** is a management process for oversight of the performance of an operation by a person or group. Supervision should be on-the-job, regular and supportive rather than critical, and should involve identification of positive and negative elements of activities, assistance with taking corrective action and positive reinforcement. Supervision should include meetings at the end of each day during implementation of activities to discuss progress, share experiences, address challenges and refine approaches for future days based on lessons learned.

**Targeted** means that the commodity is intended for a specific group, with LLIN distribution designed only to address this group. The targeted group may be a specific biologically vulnerable group such as pregnant women, other groups that need particular attention to maintain ownership (e.g. the poor), or specific geographical areas to ensure access (e.g. the most remote).

**Training** is a participatory process involving a variety of learning techniques and methodologies relevant to the audience at hand. Provision of a training guide is not considered training.

**Universal coverage** refers to 100% of the population having access to an ITN to achieve 80% utilization by the population at risk (see definitions of 'ownership' and 'coverage' provided previously) In some cases a reference to the term 'Universal Coverage' may imply ownership or access rather than use. Some documents will specify which issue they are referring to when using the term; others will not.

## **1.0 Background**

### **1.1 Malaria and malaria control in Nigeria**

Malaria is endemic in Nigeria and constitutes a major public health problem. Up to 97% of the country's over 174 million<sup>1</sup> people are estimated to be at risk of the disease. Nigeria's National Malaria Elimination Programme (NMEP – recently changed from National Malaria Control Programme) has made significant strides over the past decade towards a formal policy framework for malaria control based on globally accepted best practices.

Through a multiple stakeholder consultative process, NMEP is currently developing and validating the 2014 – 2020 National Malaria Control Strategic Plan (NMSP) and defining the framework that will guide the country from 2014 through to 2020 in its efforts to combat and eliminate malaria. The goal of the new NMSP is to reduce the malaria burden to pre-elimination levels and bring malaria-related mortality to zero.

To reach this target, the NMSP outlines a comprehensive package of internationally accepted and cost-effective prevention, diagnostic and treatment strategies to be used throughout the country. Given the endemic nature of malaria in Nigeria, the NMSP further stresses the need to reach “universal coverage” with all prevention, diagnostic and treatment interventions. The universal coverage objectives for malaria interventions are aligned with international recommendations from the WHO.

### **1.2 Previous campaigns: achievements and lessons learned**

The use of long-lasting insecticidal nets (LLINs) has been proven to be one of the most effective malaria prevention interventions. In 2008, the National Malaria Control Programme (NMCP), with support from key RBM partners, launched an ambitious initiative to scale up for impact (SUFi), increasing access to and use of LLINs through Statewide mass distribution campaigns. The country adopted a mixed model, comprising of ‘catch-up’ (through mass universal coverage campaigns) and ‘keep-up’ (through routine/continuous distribution) phases as described in the Nigeria Malaria Strategic Plan (NMSP) 2009-2013.

The Nigeria LLINs universal mass campaign commenced in May 2009 and the campaign was concluded in May 2013. The concept was to saturate every State with LLINs to achieve 100% ownership and at least 80% utilization. The strategy targeted all population at risk (97% of the total population). A common set of principles, methods and tools were developed for the planned distribution of over 64 million LLINs through universal coverage campaigns beginning in 2009. The net distribution campaigns were implemented with a policy to deliver 2 nets to every household across the country. LLIN requirements for each State were based on projected 2006 population census data for 2009 and 2010, an estimation of the number of households based on average household size, and a calculation of 2 LLINs for each household.

The strength of the Roll Back Malaria (RBM) partnership in the country was a major factor in the success of the campaigns. Coordinated through the NMCP, partners that supported the LLIN mass campaigns include: DfID/UKAID/SuNMaP; the Global Fund (GF); the Malaria Action Programme for States (MAPS); the Ministry for Local Government and Chieftaincy

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<sup>1</sup> 2013 population estimate based on 2006 census and projected population growth.

Affairs in each State; Society for Family Health; the State Malaria Control Programmes; State Ministries of Health; The Carter Center (TCC); UNICEF; USAID/PMI; the World Bank Malaria Booster Project (WBMBP); and others.

Based on reports of the State campaigns, Table 1 shows that a total of 57,773,191 of the planned 64,064,949 LLINs were distributed in 36 States and FCT, representing 90.2% of the total national target.

**Table 1: Overview of Campaign Status in All States (As at 20<sup>th</sup> May 2013)**

<b>Sn</b>	<b>State</b>	<b>LLINs distributed</b>	<b>% Target coverage</b>	<b>Status of campaign</b>
1	Abia	710,530	54.86	Completed – 2012
2	Abuja-FCT	524,157	79.61	Completed – 2011
3	Adamawa	1,274,911	89.73	Completed – 2010
4	Akwa Ibom	1,566,974	90.39	Completed – 2010
5	Anambra	1,613,141	90.40	Completed – 2009
6	Bauchi	2,004,085	96.91	Completed – 2010
7	Bayelsa	576,192	73.30	Completed – 2011
8	Benue	1,850,550	94.39	Completed – 2011
9	Borno	1,859,638	94.70	Completed – 2011
10	Cross River	1,159,061	80.79	Completed – 2011
11	Delta	1,744,109	88.07	Completed – 2013
12	Ebonyi	942,148	97.00	Completed – 2011
13	Edo	1,157,307	78.63	Completed – 2012
14	Ekiti	889,762	82.00	Completed – 2009
15	Enugu	1,367,506	93.00	Completed – 2011
16	Gombe	1,013,394	97.93	Completed – 2010
17	Imo	1,451,209	78.11	Completed – 2012
18	Jigawa	1,859,662	98.07	Completed – 2010
19	Kaduna	2,434,916	89.15	Completed – 2010
20	Kano	4,016,614	97.08	Completed – 2009
21	Katsina	2,656,251	99.04	Completed – 2010
22	Kebbi	1,322,174	93.38	Completed – 2009
23	Kogi	1,364,844	87.16	Completed – 2013
24	Kwara	1,040,943	97.50	Completed – 2011
25	Lagos	4,194,464	99.39	Completed – 2011
26	Nasarawa	842,324	97.47	Completed – 2010
27	Niger	1,663,559	96.24	Completed – 2009
28	Ogun	1,372,261	85.20	Completed – 2009
29	Ondo	1,555,380	93.99	Completed – 2012
30	Osun	1,497,152	90.51	Completed – 2013
31	Oyo	2,347,783	86.0	Completed – 2013
32	Plateau	1,424,254	98.04	Completed – 2010
33	Rivers	1,794,906	78.32	Completed – 2010
34	Sokoto	1,195,467	74.12	Completed – 2009
35	Taraba	990,871	93.32	Completed – 2011
36	Yobe	1,023,957	97.70	Completed – 2011
37	Zamfara	1,470,738	92.84	Completed – 2011
<b>Total</b>		<b>57,773,191</b>	<b>90.18</b>	

### **1.3 Overall LLIN strategy and rationale for replacement campaigns**

Nigeria's NMEP has adopted a "catch up" and "keep up" approach for LLINs. The "catch up" phase began with the statewide campaigns and was designed to rapidly scale up household coverage with LLINs in line with the WHO universal coverage policy. The "keep up" phase is a long-term approach, which will eventually lead to continuous population access to LLINs without using mass distribution campaigns as a channel.

With the aim of long-term, sustained high coverage with LLINs through multiple distribution channels, the NMEP and RBM partners have finalized guidelines and work plans for continuous LLIN distribution in the country. The guideline and work plans are in line with the current Malaria Elimination Policy and with the National Malaria Strategic Plan 2014 – 2020. Through pilot projects and implementation research, as well as modeling, a number of continuous distribution channels have been identified in Nigeria, including: provision of LLINs to pregnant women and children under five through routine health services (antenatal clinic, EPI and maternal, neonatal and child health weeks); school-based distribution; community-based distribution to individuals and households; and private and commercial sector sales.

The replacement campaigns that are currently being planned will be implemented to ensure that high coverage with LLINs for malaria prevention is achieved while continuous distribution channels are strengthened to sustain the gains achieved through mass distribution. The replacement campaigns are being planned in alignment with WHO policy recommendations around timing for replacement of nets in households, which are in turn based on data and modeling around LLIN decay. Where a country (or State) has not yet identified and built sufficient channels to ensure continuous population access to LLINs and sustain population coverage over 40%, it is recommended that a mass distribution campaign takes place after every three years to replace nets that are becoming ineffective for malaria prevention.

The NMEP strategic direction on LLINs is being supported by Federal and State Governments and RBM partners, who are focusing resources on both the replacement campaigns, where these are necessary, and on continuous distribution in all States. The interim funding from The Global Fund, combined with funding from DfID/UKAID, PMI and the World Bank, allows for a focus on the campaign distribution of LLINs without detracting from Federal, State and partner planning for LLIN distribution through continuous distribution channels.

The mass distribution campaigns will complement and add value to local initiatives that are taking place at State and LGA levels to promote malaria prevention. In many States, there are civil society organizations (CSOs), faith-based organizations (FBOs) and non-governmental organizations (NGOs) implementing activities focused on malaria prevention, diagnosis and treatment behaviour change communication (BCC). The replacement campaigns will ensure that LLINs are present in households, increasing the effectiveness of BCC activities that are taking place.

There is extensive expertise and operational capacity in Nigeria for the replacement campaigns. Both of the Global Fund Principle Recipients (PRs) (NMCP and SFH), as well as the State Malaria Elimination Programmes and RBM partners, have campaign distribution

experience stemming from the distribution of the over 57.7 million nets in the previous mass campaigns in all States. For the past mass campaigns, the NMEP and RBM partners put in place the State-Support Team (SST) structure, which has supported capacity building to implement campaigns in the States. Nigeria has a strong and coordinated RBM partnership, which provides the potential for leveraging additional expertise, where needed to enhance the country's efforts to increase LLIN coverage.

## **2.0 Planning**

### **2.1 Macro planning**

#### **2.1.1 General principles and overview of the approach for the replacement campaign**



- Mass LLIN distribution replacement campaigns will be used as a strategy to 'catch-up' with national targets in States where the mass campaign took place more than 3 years ago and where continuous distribution channels have not been established to sustain population coverage above 40%.
- State campaign reports, in and end process data, lessons learned and recommendations, and any other data available from each State campaign will be reviewed to inform the planning for the replacement campaign, particularly for post-distribution (follow up) activities to increase LLIN use.
- The high coverage achieved through the replacement campaigns ('catch-up' phases) will be sustained through focused efforts on continuous distribution as described in the recently developed guidelines (National Guidelines for the Implementation of Continuous Distribution Systems for the Delivery of Long-Lasting Insecticidal Nets Through Routine and Other Channels in Nigeria, 2013).
- States and implementing partners, to ensure successful LLIN distribution campaigns, will use these guidelines, which provide a step-by-step overview of the campaign planning and implementation process.
- The ITN expert group, under the Integrated Vector Management (IVM) Sub Committee will oversee the campaign planning and implementation process, including the work of the SST across the work streams of technical, demand creation and logistics.
- States will establish a coordination structure, the LLIN Campaign Coordination Network (LCCN), within which will be embedded an operational State Team that will move the planning and implementation forward. The State Team will be comprised of individuals from the three work streams (technical, demand creation and logistics). The SST of NMEP will support the State LCCN and State Team.
- In each State, regardless of the number of funding partners, there will be a single campaign to saturate the State. The principle of the 'three ones' will apply: one plan, one coordination, one monitoring.
- The LLIN need for each State has been estimated using the projected population for 2013 and dividing by 1.8, in line with WHO recommendations. Operationally, LLINs will be allocated to households at 1 LLIN for every 2 people, rounding up in the case of an uneven number of household members and not exceeding a maximum of 4 LLINs per household.
- While the official definition of a household is respected for the purposes of planning, the operational definition of a "household" shall take into consideration local peculiarities and context.
- Strong engagement with leaders at all levels will occur throughout the planning and implementation period to promote full acceptability of the campaign and the use of LLINs.
- Household mobilization will be a key process to determine the number of LLINs needed at each household. This process will involve registering the household, determining the number of people in the household and the number of nets needed, issuing net cards (1 net card = 1 LLIN) and disseminating key messages about malaria prevention and the importance of using LLINs.
- Demand creation will include advocacy with important individuals and influencers, and mobilization of beneficiaries, which will take place at community and household levels. Specific focus will be placed on information, education and communication (IEC) and behaviour change communication (BCC) to promote hanging, use and care of LLINs received in households.
- Fixed distribution points, open for 5 days, will be established for households to exchange their net cards for LLINs. A 2-day mop up period at the end of the distribution is added for any people who have not redeemed net cards, as well as registration of missed persons and communities and distribution of LLINs to them.
- The State Team and the State LCCN will produce campaign reports, with support from the SST, to ensure lessons learned are documented and communicated.
- In and end process monitoring, according to specific protocols, will be implemented to generate data about the household registration and the LLIN distribution, including immediate post-distribution hanging and use, that will inform programmatic directions and

## **Box 1: General principles and overview of the replacement campaigns**

For successful campaign implementation, there are four core activities that must be implemented at high quality:

- 1. Microplanning** involves early planning at the lowest possible levels to collect critical operational information to guide the campaign implementation. Microplanning involves: detailed planning for the storage and transportation of the LLINs from LGA to distribution point (DP); identification of human resource and material requirements, as well as existing assets (organizations, storage spaces, advocates, other resources); mapping of existing opportunities for continued demand creation around promotion of LLIN hanging and use; modified planning for areas that are hard-to-reach to ensure that they are adequately planned for in both the household mobilization and the LLIN distribution. Microplanning has two main purposes: (1) refining the macro planning into an operational plan that reflects the local situation and (2) finalizing operational budgets for activities.
- 2. Household mobilization**, which involves training mobilization teams to visit every household, based on a plan for reaching all areas of a ward, and register the name of the household head, the number of people living in a household, the number of LLINs required and to distribute the correct number of net cards to the household based on the number of people present. The household mobilization data must be collected and collated as quickly as possible as this information will guide the positioning of the LLINs at distribution points. Supervision and monitoring are key aspects of the household mobilization process to ensure accurate data collection and coverage of all households.
- 3. LLIN distribution**, which will take place approximately ten days following the household mobilization at fixed distribution points where beneficiaries bring their net cards to exchange for LLINs. The accountability of the commodity is key, and the data collected during the LLIN distribution allows for an accurate reconciliation of nets received and distributed, as well as for progress against set targets at a particular distribution point to be assessed in case there is a need for modifications to how things are organized.
- 4. Advocacy, social mobilization and behavior change communication**, which will be focused on ensuring high level political buy-in at the State, LGA and ward levels; engagement of community leaders (traditional, religious, etc.); high participation of households in the mobilization and distribution activities; and high net ownership, hanging and utilization post-distribution. Activities related to advocacy and social mobilization is critical for promoting participation and ownership of the campaign process among individuals, households, communities and all other stakeholders.

### **2.1.2 Quantification, LLIN allocation and beneficiary identification**

The replacement campaigns have been planned using the WHO-recommended quantification for reaching universal coverage. Based on the experiences of multiple countries, as well as an analysis of Demographic and Health Survey (DHS) data sets, a global recommendation was adopted that macro quantification for mass distribution campaigns should be based on the total population divided by 1.8. The factor of 1.8 is used because in most countries, the choice is to round up instead of down in the case of an uneven number of people in a household in an effort to increase the intra-household ownership of LLINs. It has been shown in some cases that high use of LLINs is a result of high access within the household, so making more nets available to the household is one means of promoting utilization by all household members.

For the Nigeria replacement campaigns, quantification of needs takes place in a number of steps:

1. Macro quantification at National level for procurement purposes: In order to ensure timely procurement of LLINs for the replacement campaigns, an initial quantification, based on population projections from the last national census for each State, has already taken place. This quantification is based on the projected population for 2014 divided by 1.8. Given the time since the last national census, the population figures must be assessed and modified with information from lower levels to implement a successful campaign.
2. Quantification of estimated needs based on microplanning: Microplanning is a crucial process, particularly for assessing the real needs for LLINs in each State based on local information versus the projected need. The microplanning process allows for inputs from the local level (State, LGA, ward) to be incorporated into the overall quantification. Inputs from the local level will highlight quantification changes, due to population movement (including urbanization) or other factors, which are not taken into account in the macro quantification done at the Federal level. The microplanning process and determination of population is key, since these population figures provide the basis of the planning for positioning of LLINs at the LGA level.
3. Quantification of actual needs based on household mobilization: The household mobilization process involves a door-to-door registration and distribution of net cards, following, which the actual needs for LLINs at each distribution point should be known. Net cards are issued to households based on the number of people normally living there divided by 2. In the case of an uneven number of people in the household, the number of LLINs needed should be rounded up (e.g. for 3 people, the household should receive 2 net cards). No household should receive more than 4 net cards for redemption at a distribution point. The results of the household mobilization process (number of net cards distributed to households in a distribution point catchment area) provide the actual need in LLINs for each distribution point. The data from the household mobilization process is used to establish the final LLIN needs for each distribution point for positioning of LLINs prior to net card redemption.

At steps 2 and 3, there are likely to be population changes (from the macro quantification) that will require decisions to be taken about how to proceed to ensure universal coverage

with the LLINs available. If, for example, the microplanning figures show an increased need for nets in the State, it may be necessary to determine which LGAs will be covered with the nets available and which will be covered at a later date with LLINs mobilized through the Government and partners. Given that the number of net cards is equal to the number of nets procured for the State campaign, it is not ideal to achieve sub-optimal coverage in all LGAs during the campaign by distributing net cards until they run out, leaving a potentially large number of households unregistered and, therefore, uncovered with LLINs. It is easier to fill gaps in the State; if these are in defined areas (such as an entire LGA) versus if these are everywhere (such as missing some households in all wards, but which households is unknown). Supporting partners may also be required to make up the gap prior to campaign implementation.

Any changes arising in steps 2 and 3 will require strong, effective and clear communication to the population to avoid challenges during the period of the LLIN distribution.

### **2.1.3 LLIN mapping by State and partners**

As part of the process of planning a robust LLINs distribution strategy for the country, the Integrated Vector Management subcommittee of the National Malaria Elimination Programme carried out a process of estimating the level of coverage in all the States and then classified the States into four categories as follows:

1. States with projected poor coverage and previous campaigns (<40% coverage of households with any ITNs)
2. States with projected low coverage and previous campaigns (41-59% coverage of households with any ITNs)
3. States with projected moderate coverage and previous campaigns (61-80% coverage of households with any ITNs)
4. States with projected high coverage and previous campaigns (>81% coverage of households with any ITNs)

Based on this classification and the number of LLINs available for the replacement campaigns (without affecting the LLINs planned for continuous distribution), a list of priority States was developed, around which the Federal and State Governments and RBM partners have pledged support.

Planning for the replacement campaigns will reflect the lessons learned from the first campaigns, with a particular focus on improving the involvement, participation, engagement and ownership of individuals, households and communities targeted by the LLIN mass distribution campaigns, particularly around the hanging, care and use of the LLINs distributed. While improving intra-household access to LLINs is one factor related to use, there are also behavioural factors that influence whether individuals and households will or will not hang and use LLINs. An analysis of data from Nigeria shows that behavioural barriers to net use are higher in the southern part of the country than in the northern part of the country, which does not negate the importance of communication to reinforce this positive behavior in the north, but may require a different strategy from what is done in the southern part of the country. Existing data will be used to determine whether the factors affecting utilization in a particular State are primarily related to access, behaviour or a

- Procurement is in accordance with timelines, regulations and procedures that have been agreed to
  - Procurement should be in bulk to ensure economies of scale
  - Bidding process must be competitive and transparent
  - Quantities should have been determined during microplanning and should be ordered based on a reliable estimate of overall need
- 2.1.4 Procurement and LLIN delivery**
- For 2014, a number of RBM partners will be supporting the NMEP with LLINs for the replacement campaigns. For the bulk of the LLINs, which are financed by the Global Fund, procurement will be through Voluntary Pooled Procurement (VPP), with delivery to the State level. Procurement of the approximately 26 million LLINs from the Global Fund began in September 2013 and delivery timelines given the size of the delivery, will be confirmed and updated over time to allow for State level planning to begin a minimum of four months before the LLIN distribution with the goal of starting The President's Malaria Initiative (PMI) will specifically contribute 5.25 million LLINs to the replacement campaigns and these nets will be procured through the DELIVER project, with delivery to State level. The World Bank Booster project will contribute 11.4 million nets to the replacement campaigns, and these nets will be procured through International Competitive Bidding (ICB), with delivery to States. The Department for International Development (DfID) / UK Agency for International Development (UKAID) will procure 4.5 million LLINs for the replacement campaigns, with delivery to State level.

Given that the timeline of arrival of the LLINs affects the distribution dates for the campaigns, pipeline monitoring will be one of the key tasks of the logistics work stream and the procurement and supply management (PSM) staff at NMEP. A template has been developed and filled in showing the State, the shipments of nets and name of partner supplying them, estimated date of arrival, estimated time for clearing and estimated date of arrival in the State storage (Annex 1). This pipeline-monitoring tool will be updated every two weeks and will flag serious issues with LLIN delivery that risk a campaign being delayed so that NMEP and partners can take action to communicate with the State MEP and implementing partners for planning purposes.

**2.1.4.1 Local procurement of goods and services**

For the procurement of all goods and services, whether at National or State level, best practice shall be applied using an agreed tendering process. Criteria for procurement are outlined in Box 2 below.

**Box 2: Best practices for procurement of local goods and services**



Timely procurement is vital to the successful completion of campaigns. Late procurement and/or delivery can lead to postponement or disorganized implementation as timelines are compressed. Close monitoring of the procurement process is vital to ensure early detection of potential delays and informed decision-making on campaign roll out. Procurement of campaign materials will be carried out at the Federal, State and LGA levels. However, the major procurement process will take place at Federal and State levels.

## **2.2 State engagement**

The State engagement process is extremely important for the success of the campaign. State engagement should happen very early in the campaign process, prior to the microplanning, to ensure that there is political buy-in and participation in the activities from the highest levels of Government. By engaging the State leadership early in the campaign, stronger coordination structures can be established, clear and consistent information can be passed about the campaign and its roll out, and any bottlenecks during the planning and implementation of activities can be addressed and resolved quickly.

The State engagement process involves the National Coordinator of the NMEP and representatives of the implementing partners traveling to the State to meet with high-level members of government and traditional leadership to explain the campaign process and the number of nets available to the State (including how the number was arrived at), as well as to discuss the key roles that the State leadership should play in terms of advocating for community participation in the campaign. The State engagement provides an opportunity to discuss some of the potential challenges to the campaign, such as security of personnel and LLINs, to allow for early planning to mitigate any problems. Finally, the State engagement should lead to identification of State net ambassadors who will be the official representatives and “face” of the campaign for events and publicity.

Once State engagement has taken place, the State leadership should take responsibility to officially establish the coordination structures (see section 4 below) that will ensure timely planning and implementation of key activities for the success of the campaign.

## **2.3 Micro planning**

Microplanning involves early planning at the lowest possible levels to collect critical operational information to guide campaign implementation. Microplanning will take place three months prior to the planned LLIN distribution date in each State. Microplanning has two main purposes: (1) refining the macroplanning into an operational plan that reflects the local situation and (2) finalizing operational budgets for activities.

Microplanning cuts across the three workstreams (technical, logistics and demand creation) and involves: detailed planning for the storage and transportation of the LLINs from LGA to distribution point (DP); identification of human resource and material requirements, as well as existing assets (organizations, storage spaces, advocates, other resources); mapping of existing opportunities for continued demand creation around promotion of LLIN hanging and use; modified planning for areas that are hard-to-reach to ensure that they are included in both the household mobilization and the LLIN distribution. The templates for microplanning are located in the toolkit that accompanies this implementation guide.

Microplanning must take place at the LGA level with the involvement of ward supervisors, in addition to the LGA team. Prior to the ward supervisors moving to the LGA for the microplanning workshops, they should work with community leaders (including ward councilors, traditional and religious leaders, health facility in-charges, etc.), who have a good understanding of the local villages, population and context, to gather key information regarding location of distribution points to ensure maximum population access, hard-to-reach areas that will require a modified approach for household mobilization and/or LLIN distribution, estimated population in the wards, etc. The ward supervisors, during this engagement with key members of the ward and communities in the ward, should develop a draft list of members of the ward / community coordinating committee, based on the criteria outlined below (see section 4.4), to ensure that the committees are formed and functional early in the campaign planning process.

Ward supervisors should make a list of each health facility in the ward (many of which will serve as distribution points), as well as the estimated population in the catchment area of each facility. This information will assist with the planning for the campaign distribution, but also for the reverse logistics and repositioning of nets for routine distribution following the campaign. Finally, ward supervisors and LGA teams should retrieve any information from the Expanded Program for Immunization (EPI) that could be used for estimating total population, which would allow comparison with existing data (from population projections, from the health facility listing, from the community leaders) to attempt to come to a realistic population figure for each ward and LGA.

During the microplanning workshops, the SST members will support the LGA team and ward supervisors to divide the population into groups of approximately 1,000 households (or 5,000 population) in rural areas (which would involve serving 200 households per day over 5 days or distribution) and approximately 2,000 households (or 10,000 population) in urban areas (which would involve serving 400 households per day over 5 days of distribution). Once the population has been divided out, it will be possible to determine the number of distribution points needed and their locations, including accounting for populations in areas that are hard-to-reach (e.g. riverine, etc.).

Using the location of the distribution points and the population to be registered and given net cards, the number of household mobilization teams can be calculated (including additional teams if areas are hard-to-reach), the number of net cards needed can be determined and the number of tools and supports for the LLIN distribution points can be planned and budgeted.

Microplanning is critical for the logistics operation. Once the distribution point locations and population to be served have been determined, the micro-positioning plan (number of nets required at each distribution point) can be developed. This, in turn, will allow for a determination of the number of logistics personnel to be identified and trained at the distribution point level to ensure adequate and timely planning for training prior to movement of LLINs from the LGA stores.

Microplanning is also critical for the demand creation planning, as it will provide information on existing organizations and individuals that can be used for mobilizing the

population. In addition, the microplanning should provide information about any existing population groups with barriers to uptake of health services in general, or LLINs in particular, so that specific messages can be developed and channels identified to best reach these groups. A key component of the demand creation microplanning is the adaptation of generic demand creation materials (both print and electronic).

During the microplanning, it is paramount that all activities planned in the State, such as immunization plus days (IPDs), mother-child health weeks, political campaigning or major cultural and religious events, are included in the timeline of activities to avoid that personnel are engaged in multiple activities at once, leading to low quality implementation across the board. When developing the State-specific timeline, ensure that all possible disruptions are avoided from early in the planning process.

### **2.2.1 Steps for microplanning:**

1. The National Coordinator of the NMEP will send communication to the State Commissioner for Health and the State Malaria Elimination Manager regarding the establishment of the State LCCN and the State Implementation Team. The State Implementation Team will be composed of 3 State supervisors (1 for each of the logistics, technical and demand creation workstreams) for each LGA. Thus, the total number of State supervisors will be equal to the total number of LGAs multiplied by 3. This communication will be sent one month before the microplanning is set to take place and a list of all State supervisors, their work stream and their contact information will be sent to the SST a minimum of 2 weeks prior to the beginning of microplanning.
2. The National Coordinator of the NMEP will send communication to the State Commissioner for Health and State Malaria Elimination Manager regarding the microplanning process and information that needs to be collected by ward supervisors and the LGA team in advance of the microplanning workshops. The State Malaria Elimination Manager, through the State Implementation Team, will be responsible for ensuring that the LGA teams have understood the need for the information and that the information must come with the ward supervisors to the microplanning at the LGA level.
3. The State supervisors, through the State Malaria Elimination Manager, will communicate with the LGA team (Primary Health Care Coordinator or Medical Officer of Health, logistics officer, malaria focal person and health educator) regarding the identification of the ward supervisors. The LGA team is responsible to work with the criteria for selection of ward supervisors (3 per ward) to ensure that these individuals are identified in advance of the microplanning. The LGA team will identify the ward supervisors and will send a list of names and contact information to the State Implementation Team, who in turn will communicate the information to the SST a minimum of 1 week prior to the beginning of the microplanning.
4. The SST will arrive in the State and will undertake protocol and advocacy meetings with the State Government, prior to the official inauguration of the State LCCN.
5. Following the inauguration of the State LCCN, the State Implementation Team will be grouped together for a training of trainers (TOT), facilitated by the SST responsible for the State. The training of trainers will take place over 4 days, including both crosscutting and work stream specific sessions. At the end of the TOT, each member



- of the State Implementation Team will have the capacity to support the on-the-job training for microplanning based on the templates that have been developed.
6. The State Implementation Team members will travel (in groups of three) to the LGA that they are responsible for to undertake the microplanning workshop over a 5-day period. In the LGA, the State supervisors will meet the LGA team and the ward supervisors that have been identified for that LGA. The ward, LGA and State supervisors will work together to fill in the microplanning template using the information that the ward supervisors have collected in advance of coming to the microplanning session. The SST will supervise the microplanning by dividing the LGAs into clusters and then splitting the SST members across the clusters.<sup>2</sup>
  7. At the end of the 4-day microplanning period, the State Implementation Team and the SST will return to the State capital to compile the LGA micro plans into a single State microplan for the entire campaign process. The consolidation process will take 3 days.
  8. The information collected during the microplanning to look at existing opportunities and channels for continuous dissemination of post-campaign BCC messaging will be analyzed by the demand creation personnel (State and SST) and, combined with previously existing data from the last campaign, will be used to support development of a BCC strategy specific to the State context that leverages existing resources at the State, LGA and ward levels (see section 12.0 for more details on post-campaign activities).
  9. The State micro plans will be aligned with the costing norms established for the microplanning purposes and will be used to develop a budget that covers implementation of all activities, accounting for the State context. The State LLIN campaign budget will be reviewed by the State Implementation Team and the SST and shared with the State LCCN during the debriefing for approval.
  10. The SST will support the State Implementation Team to develop the microplanning report, which will be shared with the State Ministry of Health during a debriefing meeting with the Honourable Commissioner of Health and the LCCN before submission to the NMEP through the ITN expert group/National LCCN for approval. The SST coordinating team will provide support to the IVM branch to review all state micro plans and make appropriate plans for campaign implementation.
  11. Once validated and approved, the microplanning report and final plans and budgets for the State will be shared with the partners supporting the campaign to ensure timely approvals for release of funding to begin activities.
  12. Once all approvals on the operational plan and budget have been received, the final operational plan and budget will be sent to the State LCCN to ensure that their activities to prepare for the household mobilization align with the existing State budget.

The core outputs of the microplanning exercise are found in the microplanning template. When completed, the template provides a detailed plan for the State to implement the LLIN distribution campaign with adequate human and financial resources. The process of the microplanning ensures accountability for the LLINs throughout the supply chain and will generate community participation and engagement in the campaigns through the detailed

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<sup>2</sup>The members of the SST must have crosscutting knowledge (across workstreams) to support the microplanning process.

mapping of advocates and community organizations engaged in health. The early timing of the microplanning ensures that the information about the campaign and its timing passes to all levels in the State (LGA, ward) early in the planning process to allow for a longer period of advocacy, mobilization and engagement.

### **3.0 Budgeting**

For the replacement campaigns, microplanning will take place a minimum of three months prior to the LLIN distribution, allowing for a detailed operational budget for the entire State (using the budget template) to be generated, submitted and approved (see steps 9, 10 and 11 above). The SST coordinating team will verify correctness of budget and ensure that all activities have been captured using the approved unit cost estimates. Where gaps are identified, the State LCCN, in collaboration with the SST, will begin to assess the possibilities for resource mobilization at the LGA and State levels, as well as through local partners. Where it is not possible to mobilize resources at these levels, the gaps will be communicated to the Federal level to ensure resource mobilization takes place as early as possible before the campaign start date.

The microplanning process is key for finalizing the campaign budget. The State budget should be developed using a bottom up approach, from ward to LGA and then to State level. A cost referencing guide and budget template can be found in the toolkit.

Where more than one partner supports a campaign, the partners will agree funding roles and responsibilities. Some approaches to doing these include funding according to the quantity of nets provided, funding specific geographic areas and funding specific line activities or thematic areas. In any case such funding roles shall be agreed, documented and communicated to the ITN expert group/National LCCN.

### **4.0 Coordination**

#### **4.1 Federal**

For the previous campaigns, a Federal LLIN Campaign Coordination Network (LCCN) was put in place to oversee the planning and implementation of the State campaigns, as well as resource mobilization. For the replacement campaigns, the coordination and monitoring of State campaigns will fall under the IVM subcommittee through ITN Expert Group. There are a number of implementing partners involved in the campaigns, as well as more broadly in IVM activities. As the key partners are represented within the IVM subcommittee, there is no need to constitute a separate body for the LLIN campaigns.

The core activities of the ITN expert group with regard to the replacement campaigns are:

- Macro quantification and procurement of LLINs
- Mapping of State needs, LLIN availability and partners
- Ensuring that the pipeline monitoring takes place and flagging any potential issues
- Tracking the progress of the State campaigns against the established timeline
- Review of the guidelines and tools for the campaigns, particularly as lessons are learned using the new strategy

## **4.2 State**

### **4.2.1 State LLIN Campaign Coordination Network**

At the State level, the State LCCN will be reconstituted. It shall be Chaired by the Commissioner for Health; with the State Malaria Elimination Programme Manager as secretary. The State LCCN is the coordinating body for the planning and implementation of the LLIN mass distribution activities in the LGAs, wards and communities.

The State LCCN will have a number of core functions:

- Tracking progress towards implementation for the entire campaign and across the three work streams
- Addressing bottlenecks at the highest levels
- Acting as a link to the Government House for political access and to ensure participation and buy-in
- Identifying potential advocates to act as net ambassador, net advocates and net champions
- Undertaking high-level advocacy at the State and LGA levels to promote engagement
- Mobilization of resources
- Monitoring and addressing security issues
- Planning and budgeting for post-distribution BCC activities, in collaboration with the selected consultant, to promote LLIN hanging and use

In terms of membership, the State LCCN will include:

- Permanent Secretary for Health
- Director of Public Health
- Relevant Ministries (Information / Environment / Chieftaincy Affairs / State Security / Civil Defense / etc.)
- Nigeria Union of Road Transport Workers (NURTW)
- Resident partners (MAPS, SFH, TSHIP, UNICEF, WHO, etc.)
- Civil society (CSO), faith-based (FBO), community-based (CBO) and non-governmental (NGO) organizations

The State LCCN will oversee the work of the State Implementation Team, composed of the State supervisors that will be identified for the campaign. It will be important for the State LCCN to organize regular meetings to receive updates on progress and potential bottlenecks so that any issues arising can be resolved in a timely manner.

### **4.2.2 State Implementation Team**

The State Implementation Team will be the operational arm of the State LCCN. To this end, the State Implementation Team functions differ from the State LCCN and include:

- Identification and listing (names/numbers) of LGA team and ward supervisors (in collaboration with LGA team)
- Identification of the data manager
- Establishing a timeline of activities working back from the planned distribution date and based on the generic campaign timeline
- Ensuring regular communication with the SST around LLIN delivery dates
- Coordinating activities with implementing partners

- Identifying bottlenecks for early resolution
- Participating in a workshop to modify generic demand creation materials and organizing pre-testing prior to finalization
- Facilitating the microplanning and budgeting process at LGA level with the LGA team and ward supervisors
- Identifying storage locations at all levels of the supply chain
- Developing macro and micro LLIN transport and positioning plans
- Identifying distribution points and assessing storage capacity
- Initiating local procurement in line with the accepted principles
- Consolidating LGA micro plans into State microplan and budget with SST support
- Reviewing budgets generated during microplanning with SST members before submission to State LCCN
- Briefing of media, religious and traditional leaders and other influencers at ward, LGA and State levels
- Ensuring dissemination of radio messages pre, during and post campaign
- Training LGA and ward supervisors for implementation of campaign activities (e.g. household mobilization, LLIN distribution and follow up activities)
- Training and / or supervision of training of supervisors and logistics personnel at all levels / throughout the supply chain
- Supervising the LGA team to ensure that they are performing their tasks
- Monitoring of the household mobilization and LLIN distribution, including waste management
- Addressing any negative rumours or misinformation about the campaign or LLINs
- Tracking of LLINs through the supply chain and monitoring the use of tracking tools through spot checks at storage points
- Collating data and reporting for the household mobilization and the LLIN distribution
- Collecting LLIN reconciliation data and planning for reverse logistics of leftover nets back to LGA stores
- Supporting management of household mobilization data for final adjustments to distribution point pre-positioning plan
- Ensuring the end-process evaluation takes place and is done well
- Documenting campaign activities
- Writing reports (campaign and work stream specific)

With support from the State Support Team, the State Implementation Team will write a campaign report that incorporates activities, successes and challenges across workstreams, in addition to a final campaign report. Each campaign report will include recommendations for future campaigns based on experiences with planning and implementation.

### **4.3 LGA**

At the LGA level, a core team of four persons will be responsible for planning, implementation, supervision and monitoring of key campaign activities. The LGA core team is composed of: the PHC Coordinator or Medical Officer of Health as chair; the logistics officer; the malaria focal person; and the health educator. The LGA core team will be responsible for:

- Planning and coordination at LGA level

- Identification and listing (names/numbers) of ward supervisors (in collaboration with State Team)
- Monitoring of identification and listing (names / numbers) of household mobilizers and LLIN distribution team members to ensure that criteria for selection are followed
- Identification and timely resolution (and communication) of bottlenecks
- Engagement and advocacy (traditional and religious leaders, influencers)
- Supervision of training of household mobilizers and LLIN distribution teams
- Supervision of ward supervisors during household mobilization and LLIN distribution
- Monitoring during household mobilization and LLIN distribution
- Data collation and reporting for the household mobilization and the LLIN distribution
- In-process and end process monitoring
- Implementation and monitoring of post-campaign activities

The LGA team will receive technical support from the LGA Technical Assistant (TA). The TA shall have dual reporting roles to the state implementation team and the SST.

When coordination meetings are organized at the LGA level, traditional and religious leaders and various local organizations (civil society, faith-based, community-based, non-governmental) will be invited to attend to mobilize existing resources that can contribute to greater ownership and success of the campaign at the LGA level.

For the replacement campaigns, the LLINs will be delivered from State warehousing to the LGA level, increasing the level of responsibility of the LGA structure. The engagement of the LGA authorities will be a crucial aspect of the success of the campaign. With appropriate engagement, it is anticipated that the authorities will take ownership and responsibility for the security of the LLINs during storage, transport and distribution. Engagement with the LGA authorities should take place during the 4-day LGA level microplanning when the State supervisors and SST members are present.

#### **4.4 *Ward / community coordination committee***

The involvement and engagement of the communities and households that will benefit from the LLIN distribution campaigns needs to be increased during the replacement campaigns. The communities must recognize the necessity of correctly hanging and sleeping inside the LLINs, as well as ensuring appropriate care for them. The BCC activities that will be implemented will be designed to improve community utilization of and responsibility for the LLINs received. To promote greater engagement in the campaigns and sustainability at the lowest levels, a ward/community coordination committee will be established, under the leadership of the senior traditional leader in the ward.

The ward/community coordination committee will be responsible for:

- Coordination of ward level partners
- Supporting identification and listing of personnel for the household mobilization and LLIN distribution
- Monitoring progress of activities towards the LLIN distribution

- Social and community mobilization
- Advocacy with religious and traditional leaders and other community influencers
- Identification and resolution of bottlenecks
- Supporting post-campaign follow-up activities to promote hanging and use of LLINs

The ward/community coordination committee will be composed of the ward development committee (WDC); civil society, community-based, faith-based and non-governmental organizations; women's groups; ward supervisors; traditional and religious leaders; and other community influencers.

Ward supervisors, while being part of the ward/community coordination committee, will also have a more operational function that includes:

- Support with identification and listing (names/numbers) of household mobilizers and distribution teams
- Training of household mobilizers and distribution teams
- Supervision of household mobilizers and distribution teams
- Collection of daily data from household mobilization and LLIN distribution
- Daily reports to LGA team during training, household mobilization and LLIN distribution

Ward supervisors will report regularly to the ward/community coordination committee to ensure any possible bottlenecks are identified early and then resolved.

#### **4.5 State Support Teams**

The State Support Team (SST) structure was established during the initial campaigns to support the States with the planning and implementation of the LLIN distribution activities. The SST played a critical function for the initial mass distribution campaigns, and will continue to play a role focused on planning, facilitation, capacity-building, monitoring, data management and reporting during the replacement campaigns. The SST will support a broadened State structure for the replacement campaigns to ensure that States have sufficient capacity to implement a follow-up campaign independently, should another campaign be necessary.

Each SST will be composed of seven persons, with two persons representing each of the work streams (technical, logistics and demand creation) and a team leader. All members of the SST will have crosscutting knowledge in order to be able to split the team in the State such that individuals monitor activities in clusters of LGAs.

For the replacement campaigns, there are a number of crosscutting areas that the entire SST needs to be familiar with in order to effectively support the development of capacity at the State level. These include:

- Planning and coordination, including establishment of the State LCCN and State Team
- Ensuring, with the State Implementation Team, that the LGA and ward/community coordination structures are established
- Establishing the timeline of activities working back from LLIN campaign dates
- Facilitating the training of the State Implementation Team on microplanning
- Supervising the microplanning at LGA level

- Supporting the development, finalization and review of the State microplan and budget
- Facilitating the training of the State Implementation Team for campaign activities
- Monitoring household registration and LLIN distribution
- Identifying and resolving (and communicating) bottlenecks
- Monitoring implementation of campaign activities against established timeline
- Monitoring fund disbursement and ensure activities take place in line with budget
- Supporting preparation of State debriefing presentations for microplanning and LLIN campaign implementation periods
- Supporting States with work stream-specific and overall State campaign report

In addition, there are work stream specific areas of focus for SST members:

### **1. Technical:**

- Support macro quantification and macro planning
- Support planning for post-campaign follow up to promote net hanging and use
- Write microplanning report
- Develop of State campaign training plans and collate the training reports
- Coordinate in-process monitoring during household mobilization and LLIN distribution and support state implementation teams to analyze data for presentation at daily review meetings
- Support management and collation of data from household mobilization to feed into final pre-positioning plan
- Collate data from LLIN distribution to ensure timely reconciliation and reverse logistics planning
- Work with data manager to input data from activities into the State summary
- Support planning for end process evaluation
- Train and oversee work of independent monitors
- Participate in planning for post-campaign LLIN coverage and use survey (as applicable)

### **2. Logistics:**

- Monitor procurement, shipping, arrival, port and customs clearance and transport of LLINs to State level to determine timeline for State campaign implementation (pipeline monitoring)
- Ensure all documents for procurement and shipment of commodities, including quality assurance, are in place in a timely manner
- Develop macro plans, including a storage plan for the LGA and a transport/routing plan for moving LLINs to the LGA level
- Facilitate and/or monitor training for personnel at all levels of the supply chain (State, LGA, ward, conveyor and distribution point teams)
- Monitor the transport and storage of LLINs throughout the supply chain (State warehouse to LGA warehouse and LGA warehouse to distribution point storage)
- Verify storage points and LLINs in store relative to both needs for campaign and waybill from delivery
- Track nets delivered, distributed and remaining on a daily basis

- Collate data from LLIN distribution to ensure timely reconciliation and implementation of reverse logistics

### 3. Demand creation:

- Support the adaptation and pre-testing of demand creation materials to align to State context
- Support planning and budgeting for post-campaign activities focused on LLIN hanging and use based on existing data and mapping of resources for BCC in the State
- Support State with development of advocacy and media kits and engagement of media
- Support identification of influencers and stakeholders for involvement in demand creation activities (e.g. State net ambassador)
- Promote advocacy and engagement at all levels (community, ward, LGA, State)
- Monitor airing of pre, during and post campaign radio jingles
- Participate in State and LGA flag off ceremonies
- Participate in media chats with journalists

One or more SST will be assigned to one State at a time. Based on the timing for the campaigns, a SST may also do more than one State, but effort will be made to avoid that one SST is trying to support two or more States at different phases of planning and implementation at one time. The SST will be tasked with following the progress of States in their planning and implementation of activities, providing technical assistance and resolving bottlenecks. The SST members must work closely across work streams to ensure harmonized planning based on timelines for activities.

## 5.0 Capacity building / training

### 5.1 Selection of personnel

Training is more than the distribution of manuals, guides and job supports. Adequate time must be taken, focused on an appropriate number of participants, for a participatory learning process centred on practical action for training to be effective. The pre-selection of personnel to be trained, according to the criteria for selection, is paramount for ensuring good outcomes of training efforts.

**Table 2: Criteria for selection of human resources for LLIN replacement campaigns**

Cadre	Criteria for selection
State-Support Team members	<ul style="list-style-type: none"> <li>• Excellent leadership qualities (required)</li> <li>• Previous experience in LLIN mass campaigns (preferred)</li> <li>• Knowledge of malaria and its prevention, diagnosis and treatment (required)</li> <li>• Previous experience working in a national and/or State Ministry of Health (preferred)</li> <li>• Experience in budget development and implementation</li> </ul>



	<ul style="list-style-type: none"> <li>reporting (required)</li> <li>• Experience of a flexible approach to managing and prioritizing a high workload and multiple tasks in a fast paced environment with tight deadlines (required)</li> <li>• Training and supervision skills (required)</li> <li>• Data management capacity (use of Excel) (required)</li> <li>• Supply chain management experience (required for logistics personnel)</li> <li>• Ability to work under stressful conditions and to remain flexible and calm under pressure (preferred)</li> <li>• Experience of proactively identifying and addressing bottlenecks/issues (required)</li> <li>• Experience of establishing strong working relationships with team members and State personnel (preferred)</li> <li>• Experience and understanding of technical and M&amp;E issues related to campaign distribution of LLINs (preferred)</li> <li>• Experience and understanding of logistics systems (required for logistics personnel)</li> <li>• Experience and understanding of demand creation activities (required for demand creation personnel)</li> <li>• Excellent experience in using Microsoft Office, particularly Excel and PowerPoint (required)</li> <li>• High communication skills (required)</li> </ul>
State supervisors	<p>Technical:</p> <ul style="list-style-type: none"> <li>• Experience with mass campaigns</li> <li>• Training and supervision skills</li> <li>• Data management capacity (use of Excel)</li> <li>• Knowledge of malaria and its prevention, diagnosis and treatment</li> </ul> <p>Logistics:</p> <ul style="list-style-type: none"> <li>• Experience with mass campaigns</li> <li>• Training and supervision skills</li> <li>• Commodity management experience</li> <li>• Data management capacity (use of Excel)</li> </ul> <p>Demand creation:</p> <ul style="list-style-type: none"> <li>• Experience with mass campaigns</li> <li>• Training and supervision skills</li> <li>• Health education experience</li> </ul>
Data manager	<ul style="list-style-type: none"> <li>• Resident in State</li> <li>• High proficiency with Excel/Access/PPT</li> <li>• 100% time to dedicate to task (not employed elsewhere)</li> <li>• Previous campaign experience managing and analyzing data</li> <li>• Able to speak (and write) English and local dialect</li> <li>• Able to communicate effectively</li> </ul>
LGA TA	<ul style="list-style-type: none"> <li>• Previous experience in LLIN mass campaigns</li> <li>• Experience of a flexible approach to managing and prioritizing a high workload and multiple tasks in a fast paced environment with tight deadlines (required)</li> <li>• Good understanding of the campaign process</li> </ul>

	<ul style="list-style-type: none"> <li>• Training and supervision skills</li> <li>• Data management capacity (use of Excel) (required)</li> <li>• Experience and understanding of logistics systems</li> <li>• Good team qualities</li> </ul>
LGA team	<ul style="list-style-type: none"> <li>• Currently employee of LGA Council</li> <li>• Able to communicate effectively</li> <li>• Training and supervision skills</li> <li>• Data management capacity (use of Excel)</li> <li>• Knowledge of malaria and its prevention, diagnosis and treatment</li> <li>• Able to communicate effectively in both English and local language</li> </ul>
Ward supervisors	<ul style="list-style-type: none"> <li>• Resident in Ward</li> <li>• 100% time to dedicate to task</li> <li>• Previous campaign experience</li> <li>• Currently employee of LGA Council</li> <li>• Training and supervision skills</li> <li>• Data management capacity (use of Excel)</li> <li>• Knowledge of malaria and its prevention, diagnosis and treatment</li> <li>• Able to speak and communicate effectively in both English and local language</li> </ul>
Net ambassador(s)	<ul style="list-style-type: none"> <li>• At State level, a high-ranking political figure who generates confidence from the population</li> <li>• An individual with time for focusing on the LLIN campaign advocacy activities</li> <li>• A well-known figure that the population likes to monitor in terms of public appearances</li> </ul>
Net advocate(s)	<ul style="list-style-type: none"> <li>• At LGA level, a political or religious figure, or other influencer, who generates confidence from the population</li> <li>• An individual with time for focusing on the LLIN campaign advocacy activities</li> <li>• A well-known figure that the population likes to monitor in terms of public appearances</li> </ul>
Ward/Community coordinators	<ul style="list-style-type: none"> <li>• Respected leaders who are willing to use the nets and promote their acceptance and use within their communities</li> <li>• Ability and willingness to participate actively in net use promotion programmes especially during follow up</li> <li>• Respectable member of community with trusted voice</li> <li>• Individual with the ability to resolve bottlenecks and settle disputes within the community</li> <li>• Person with time to devote to the LLIN distribution and follow up activities</li> <li>• Community leaders, gatekeepers, influencers who are often retired from employed service</li> <li>• Self-motivated, not looking for material gain from role</li> <li>• Good understanding of local environment and context, as well as barriers to uptake of health services</li> </ul>
Town announcers	<ul style="list-style-type: none"> <li>• Currently working as a town announcer</li> <li>• Adequate time to get fully involved for the days assigned</li> </ul>

	<ul style="list-style-type: none"> <li>• Available for training</li> </ul>
Drama troupes	<ul style="list-style-type: none"> <li>• Member of an active drama troupe</li> <li>• A good understanding of the local environment and language</li> <li>• Available for training</li> </ul>
Household mobilizers	<ul style="list-style-type: none"> <li>• Lives in the community</li> <li>• Good understanding of local environment and context</li> <li>• Speaks local dialect and English</li> <li>• Able to write clearly and perform simple calculations</li> <li>• Available for full period of training and household mobilization</li> </ul>
Warehouse managers	<ul style="list-style-type: none"> <li>• Lives in the community</li> <li>• Good understanding of local environment and context</li> <li>• Speaks local dialect and English</li> <li>• Able to write clearly and perform simple calculations</li> <li>• Previous experience in record keeping</li> <li>• Available for training</li> </ul>
Conveyors	<ul style="list-style-type: none"> <li>• Lives in the community</li> <li>• Good understanding of local environment and context</li> <li>• Speaks local dialect and English</li> <li>• Good knowledge of the localities and road net work</li> <li>• Available for training and implementation of LLIN transport</li> </ul>
LLIN distribution teams	<p>Distribution point supervisor:</p> <ul style="list-style-type: none"> <li>- Preferably head of facility serving as DP</li> <li>- Participation in previous public health programs – e.g. Immunization Plus Days (IPDs), Community Integrated Management of Childhood Illnesses (CIMCI), Integrated Measles Campaigns (IMC)</li> <li>- Skills and experience with managing data</li> <li>- Supervision skills and experience</li> <li>- Good understanding of the local environment and language</li> <li>- Preference for individuals living in the ward</li> </ul> <p>Distributors (2):</p> <ul style="list-style-type: none"> <li>- Participation in previous public health programmes (e.g. IPDs, CIMCI, IMC, etc.)</li> <li>- Good understanding of local environment and language</li> <li>- Preference for individuals living in the ward or community</li> <li>- Ability to write clearly and perform simple calculations</li> <li>- Available for period of training and implementation</li> </ul> <p>Health educator (1):</p> <ul style="list-style-type: none"> <li>- Good understanding of the local environment and language</li> <li>- Preference for individuals living in the ward, LGA or community</li> <li>- Health education/communication skills</li> <li>- Available for period of training and implementation</li> </ul> <p>Crowd controllers (2):</p> <ul style="list-style-type: none"> <li>- Ability to work in environments that are difficult and maintain order</li> <li>- Lives in ward and respected by the community</li> </ul>

	<ul style="list-style-type: none"> <li>- Available for period of training and implementation</li> </ul> <p>LLIN security (1):</p> <ul style="list-style-type: none"> <li>- Personnel from the community or a structured security outfit such as civil defence, Hizba, police or independently identified and trainable persons</li> <li>- Available for period of briefing and implementation</li> </ul> <p>Waste manager (1):</p> <ul style="list-style-type: none"> <li>- Member of the community</li> <li>- Physically able to carry waste and dig holes for burying waste</li> <li>- Available for period of briefing and implementation</li> </ul>
Independent monitors	<ul style="list-style-type: none"> <li>• Unbiased – no conflict of interest from other campaign role or employment with MOH</li> <li>• Experienced with monitoring and management and analysis of data</li> <li>• High performing in past campaigns (EPI, malaria, etc.)</li> <li>• References indicate trustworthy and hard-working</li> <li>• Available for period of training and implementation</li> </ul>

## 5.2 Capacity building

### 5.2.1 National level:

The replacement campaigns, and the associated changes to the implementation guidelines, represent a significant shift from the original campaigns rolled out between 2009 and 2013. Given a greater focus on capacity building at the State, there is a shift in the cascade training process to put more emphasis on the role and responsibility of State supervisors. With the shift in the role of the SST to one of supporting, building capacity and monitoring activities to reinforce the role of the State Team, there is a need to ensure that the SST members are trained and familiar with all aspects of the campaign planning and implementation, crosscutting the work streams, to be able to provide the required support. In addition, as the initial replacement campaigns roll out, there will be a number of lessons learned to apply to future campaigns, so regular meetings and communication between the SST members will be necessary to ensure lessons are applied moving forward.

The SST members will hold an initial workshop with all members (new and incoming) of the SST to provide an orientation to the new guidelines and the modified tools. During the workshop, which will be largely participatory, various resource people will be asked to present on issues of importance to the adapted strategy to ensure that these are clear. All SST members will be tested before and at the end of each session to ensure that knowledge is high. Any SST member scoring under 90% on a test will be asked to review the module and retake a different test on the same module prior to being deployed to the States. Where there are SST members who consistently score under 90%, even with repeated testing, they will be replaced with others who will need to be trained prior to moving to the States to provide support as a SST member.

There will be a process of continuous evaluation of SST members by the SST coordination to be sure that their skills are consistent with the demands of the assignment.

## **5.2.2 State level**

With the revised timelines for the campaigns, training will take place in two phases – one for the microplanning exercise, 3 months prior to the planned LLIN distribution date, and a second for overall campaign activities (household mobilization, LLIN distribution, data management, supervision and monitoring, and reporting). The generic campaign timelines is shown in Annex 2.

### **5.2.2.1 *Microplanning workshops***

The major shifts in the microplanning will be: (1) focusing and emphasis on the State team and capacity development; (2) decentralization to the LGA level rather than State level; (3) a facilitation and monitoring role for the SST (versus leading on implementation) for the microplanning workshops.

#### **5.2.2.1.1 Capacity-building for microplanning will be as follows:**

1. The State LCCN will identify the State supervisors (who will form the State Implementation Team). There will be 3 State supervisors for each LGA, one representing each of the work streams.
2. The SST members will train the State Implementation Team for 4 days on the use of the microplanning and budgeting tools. The SST members will cover each of the work stream areas, familiarizing the State Implementation Team with the information needed to complete the tools.
3. The State supervisors will travel to the LGAs (3 per LGA), where they will meet the LGA team (4 persons) and the ward supervisors (3 per ward) who will have carried the previously requested microplanning information from their catchment areas to the microplanning workshop.
4. The State supervisors will work with the LGA and ward supervisors over 4 days to complete the microplanning templates, following up on any missing information, to ensure that the micro plans and draft budgets are complete at the end of the 5 days.
5. The SST will play a monitoring role, dividing the members by clusters of LGAs, moving among the LGAs to assure that the templates are being completed correctly.
6. At the end of the 4-day microplanning, the State supervisors and SST will return to the State capital, where they will spend 3 days to reconcile and review all data and produce a final State microplan and budget.

As per this list of steps, one day will be devoted to capacity building at the LGA/ward level while the other 3 days will be used for filling out the microplanning tools correctly and ensuring that the microplanning and budgeting are aligned.

### **5.2.2.2 *Campaign implementation trainings***

The same number of State supervisors (3 per LGA) will be retained for the campaign implementation. Given the time lag between the microplanning and the implementation of campaign activities, as well as the crucial importance of the microplanning data, a separate training will be organized for campaign implementation.

It is critical that all training sessions are well prepared for in advance. The participants must know the venue and time that the training will start, and all materials need to be photocopied and ready for use from the beginning of the training to allow both facilitators and participants to put their full attention to the content of the training versus the administrative arrangements. This includes, for lower level trainings, decisions on whether tea and lunch will or will not be provided (or whether it will be only per diem) and, if these breaks will be catered for, where the food will come from. It is important that the training sessions are not disrupted due to poor organization by the facilitators.

**For campaign implementation, the training will roll out as follows:**

1. The members of the SST will train the State Implementation Team for 4 days on all activities required to implement a successful campaign. If there are a large number of LGAs in the State, the SST will ensure that no more than 40 persons are trained in a single room at one time. Thus, the training may be divided to two rooms in the same venue, where there are more than 40 State supervisors; to ensure effective learning principles are followed. At the end of the training, a learning evaluation will take place to evaluate the strength of the supervisors and allow for targeted supervision and monitoring of the next level (LGA and ward supervisors) of the training.
2. The State supervisors will then move to the LGAs and train the LGA team (4 persons – PHC coordinator, malaria focal person, logistics officer and health educator) and the ward supervisors (3 supervisors per ward, with one having a data management function and 2 being operational to cover the household mobilization and LLIN distribution teams) together. While the number of wards is variable, on average there are 10 per LGA, so a single training can cover the LGA team and the ward supervisors. The LGA training will be 4 days, facilitated by the State supervisors. The SST will monitor the training sessions and provide support to weak State supervision teams. At the end of the training, a learning evaluation will take place to evaluate the strength of the LGA and ward supervisors and allow for targeted supervision and monitoring of the next level (implementation) of the training.
  - Note that during the training of the LGA and ward supervisors, or immediately after (but prior to the training of the household mobilization teams), it will be necessary to map out where the household mobilization teams will be working and the areas that they are responsible for registering so that this can form part of the training curriculum. In addition, it will be necessary to identify where training sessions will take place and which teams will be invited to each training session. As above, it is very important that the training sessions are well organized in advance of beginning, including instructions for beginning activities once the training is finished.
3. The training of LGA TAs will be done for a three day period just before the commencement of household mobilization. TAs shall be assigned, one to each LGA and embedded within the LGA team.
4. The ward supervisors will cascade the training down to the household mobilizers in advance of the household mobilization. The training will be 2 full days to ensure that the mobilizers are clear on the algorithm for allocating LLINs to households, how to

fill in the household registration form and the messages to disseminate. The LGA team will supervise the ward supervisors, while the State supervisors and SST will play a monitoring role. A learning evaluation will take place to assess the capacity of the household mobilizers, but at this level, it is important that the criteria for selection are respected, as OTJ training or intensive supervision will be difficult given the ratio of supervisors to mobilizers.

5. The ward supervisors, prior to the LLIN distribution, will train the distribution teams for 2 days to ensure they understand the tracking tools (including the tally sheet, daily summary sheet, stock in and out sheets, etc.), how to manage the distribution point, including crowd control, and how waste is to be managed and disposed of. The LGA team will supervise the ward supervisors, while the State supervisors and SST will play a monitoring role. A learning evaluation will take place to assess the capacity of the LLIN distribution team members, but at this level, it is important that the criteria for selection are respected, as OTJ training or intensive supervision will be difficult given the ratio of supervisors to mobilizers.

**Table 3: Overview of training content**

State TOT	<ul style="list-style-type: none"> <li>- General overview of campaign process from planning to reporting</li> <li>- Training and supervision skills</li> <li>- Demand creation – key messages, activities and channels for dissemination</li> <li>- Community mobilisation</li> <li>- Advocacy strategies</li> <li>- Supporting campaign events</li> <li>- Logistics – overview of process and tracking tools</li> <li>- Household mobilization</li> <li>- Net card management</li> <li>- LLIN distribution</li> <li>- Data collection, collation, analysis and reporting</li> <li>- Use of Rapid SMS to complement paper-based reporting</li> <li>- Supervision and monitoring methodology and tools</li> <li>- Common bottlenecks and potential solutions</li> <li>- Planning and implementing reverse logistics</li> </ul>
LGA team and ward supervisors	<ul style="list-style-type: none"> <li>- General overview of campaign process from planning to reporting</li> <li>- Training and supervision skills</li> <li>- Demand creation – key messages, activities and channels for dissemination</li> <li>- Community mobilisation,</li> <li>- Advocacy strategies</li> <li>- Supporting campaign events</li> <li>- Logistics – overview of process and tracking tools</li> <li>- Household mobilization</li> <li>- LLIN distribution</li> <li>- Data collection, collation, analysis and reporting</li> <li>- Use of Rapid SMS to complement paper-based reporting</li> <li>- Supervision and monitoring methodology and tools</li> <li>- Common bottlenecks and potential solutions</li> <li>- Planning and implementing reverse logistics</li> </ul>
Household	<ul style="list-style-type: none"> <li>- Overview of household mobilization process</li> </ul>

mobilizers	<ul style="list-style-type: none"> <li>- Interpersonal and behaviour change communication skills</li> <li>- Introducing the activity to the household respondent</li> <li>- Filling in the household mobilization form</li> <li>- Explaining the purpose of the net card</li> <li>- Disseminating key messages</li> <li>- Tallying daily household mobilization data</li> <li>- Common bottlenecks and potential solutions</li> <li>- Overview of supervision and monitoring to assess quality of the process</li> </ul>
LLIN distribution teams	<ul style="list-style-type: none"> <li>- Overview of LLIN distribution process</li> <li>- Organization of sites</li> <li>- Roles and responsibilities of distribution point personnel</li> <li>- Using the tally sheets for tracking LLIN distribution</li> <li>- Net card exchange process</li> <li>- Health education</li> <li>- Tallying daily distribution data</li> <li>- Security</li> <li>- LLIN accountability at the distribution point, including tracking tools</li> <li>- Common bottlenecks and potential solutions</li> <li>- Overview of supervision and monitoring to assess quality of activities</li> </ul>

Role-play and practical exercise will be the focus of the household mobilization and LLIN distribution trainings; given that most trainees will best remember what they do or practice rather than what they are taught.

### 5.2.2.3 Work stream specific training

#### 5.2.2.3.1 Logistics training

There are a number of specialized personnel who require training on the logistics tracking tools that will be used to ensure transparency and accountability in terms of LLIN management through the supply chain. While State logisticians will be trained during the State TOT, and the logistics officer at LGA level will be trained with the LGA team and the ward supervisors, extra attention will be needed to ensure that the LLIN tracking tools are well understood. For this reason, the groups may split for some sessions specifically relevant to logistics (as well as demand creation), with the technical group dividing between the two.

In addition to the State and LGA logistics personnel, there are also warehouse managers and assistants, conveyors and the distribution team leader who constitute part of the supply chain and who need to be familiar with their roles and responsibilities, as well as the tracking tools to be used. The training of these individuals will be budgeted separately under the capacity building budget.

**Table 4: Logistics training overview**

Cadre	Content of training
State logisticians	<ul style="list-style-type: none"> <li>- Reception of LLINs and proper offloading and storage</li> <li>- Use of LLIN tracking tools (waybill, stock sheet, tally sheet)</li> <li>- Use of Rapid SMS to complement paper-based reporting</li> <li>- Macroplanning</li> </ul>



	<ul style="list-style-type: none"> <li>- Microplanning, including storage and transport plans</li> <li>- Verification of storage and transport</li> <li>- Supervision of the logistics operation</li> <li>- Training facilitation skills</li> </ul>
LGA logistics officer	<ul style="list-style-type: none"> <li>- Reception of LLINs and proper offloading and storage</li> <li>- Use of LLIN tracking tools (waybill, stock sheet, tally sheet)</li> <li>- Use of Rapid SMS to complement paper-based reporting</li> <li>- Microplanning, including storage and transport plans</li> <li>- Verification of storage and transport</li> <li>- Supervision of the logistics operation</li> </ul>
Warehouse manager and assistant	<ul style="list-style-type: none"> <li>- Reception of LLINs and proper offloading and storage</li> <li>- Use of LLIN tracking tools (waybill, stock sheet, tally sheet)</li> <li>- Daily reporting of stock out and balance during operations</li> </ul>
Conveyor	<ul style="list-style-type: none"> <li>- Use of LLIN tracking tools (waybill, stock sheet, tally sheet)</li> </ul>
Distribution point supervisor	<ul style="list-style-type: none"> <li>- Use of LLIN tracking tools (waybill, stock sheet, tally sheet)</li> <li>- Use of Rapid SMS to complement paper-based reporting</li> <li>- Daily reporting of stock out and balance during LLIN distribution</li> </ul>

Given the importance of accountability for the LLINs throughout the supply chain, the SST will play a key role in terms of training facilitation, supervision and monitoring of logistics activities given that this capacity is not yet built at the State and lower levels.

All logistics-specific training will include practice with the supply chain management tools to ensure familiarity, effective supply chain management and timely reporting. Processes will be made clear during the training regarding management of data/documentation for audit purposes (see below).

#### **5.2.2.32 Demand creation training**

The demand creation personnel to be trained have specific, crosscutting roles to increase community participation and engagement and promote LLIN hanging and use. Demand creation personnel include town announcers, drama troupes, religious leaders, net champions, and other recognised groups/individuals with the capacity to mobilize the community. The demand creation personnel trained at LGA level (health educator and ward supervisors) will have the responsibility of training the DC personnel at the ward/community level. Demand creation personnel will be trained for 1 day in training sessions that do not exceed 35 participants. This will ensure that the training is clear and that key messages are disseminated correctly and consistently in support of the campaign.

Orientation needs to be conducted for media and advocacy teams (for example, the Ministry of Information personnel or National Orientation Agency members that mobilize people through their networks). Media personnel will receive a briefing package with correct information about malaria, use of nets and the LLIN distribution campaign and will be oriented about the campaign. The media should be seen as partners and should be invited to document campaign stories and find innovative ways of engaging their audiences.

Advocacy teams will receive the same orientation and briefing package, which will include simple strategies for effectively mobilizing individuals and communities.

Training and orientation materials and approaches will be modified for each audience but, in general, participatory and adult learning principles will be followed.

**Table 5: Content of demand creation trainings**

<b>Cadre</b>	<b>Content of training / orientation</b>
Government members and key State leaders	<ul style="list-style-type: none"> <li>- Role of Government and State leaders in campaign promotion</li> <li>- State statistics about malaria burden</li> <li>- Importance of campaign for malaria prevention</li> <li>- Overview of campaign process</li> <li>- Benefits of LLINs</li> <li>- Promoting participation and hanging and use of nets</li> </ul>
Demand creation personnel	<ul style="list-style-type: none"> <li>- Overview of campaign process</li> <li>- Household mobilization</li> <li>- LLIN distribution</li> <li>- Key messages to encourage participation</li> <li>- Post-distribution activities to encourage hanging and use of nets</li> </ul>
Media	<ul style="list-style-type: none"> <li>- State statistics about malaria burden</li> <li>- Importance of campaign for malaria prevention</li> <li>- Overview of campaign process</li> <li>- Benefits of LLINs</li> <li>- Promoting participation and hanging and use of nets</li> </ul>
Drama troupe	<ul style="list-style-type: none"> <li>- Overview of campaign</li> <li>- Benefits of LLINs</li> <li>- Community mobilization techniques</li> <li>- Correct hanging and use of LLINs</li> <li>- Key messages to disseminate about malaria prevention, diagnosis and treatment</li> </ul>

### **5.2.2.33 Training of Independent monitors**

The SST, primarily the technical work stream members, will train the independent monitors separately from the personnel that are implementing the activities to ensure that the evaluation remains independent. The training of independent monitors will be for 2 days and will be focused on:

- Roles and responsibilities of independent monitors
- Roles and responsibilities of State supervisors
- Sampling of wards and households
- Monitoring tools to be used
- Data analysis and reporting, particularly formulation of recommendations

### **5.2.2.34 Training of LGA Technical Assistants (TAs)**

The SST will train the LGA TAs for 3 days prior to deployment to assigned LGA. TAs will be deployed to the LGAs at the commencement of household mobilization. Training content

will be on all aspects of the campaign implementation process, but with emphasis on data collation and management.

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## 6.0 Household mobilization

The household mobilization exercise is meant to provide guidance to the final number of nets per distribution point based on the number of people / households in the catchment area of the distribution point (identified during microplanning). The data from the household mobilization is crucial for redefining the micro-positioning plan for LLIN transport from LGA stores to distribution points. In order to ensure timely collation and reporting on household mobilization data, the number of ward supervisors has been increased to 3, with one of these supervisors specifically focused on management and transmission of daily data (see below).

For each ward, there will be a total of 12 teams of two mobilizers. In urban areas, each team of mobilizers will be expected to cover 50 households per day, while in rural areas, each team will be expected to cover 26 households per day, or an adjusted number of households based on field knowledge and mapping. The number of teams has been increased from the original campaigns to ensure that there are sufficient human resources to properly register all households. It will be important that the mobilization teams are well planned in terms of areas of responsibility to ensure that they reach even areas that are difficult to access.

### 6.1 Pre-household mobilization

Prior to the household mobilization, demand creation activities will be important to inform the population of the household registration and its purpose, to provide information on the times and days that households will be visited to be registered and receive net cards, and to disseminate messages about malaria and its prevention with LLINs. The planning for demand creation (see activities timeline – Annex 2) will take place during the microplanning period, and key demand creation activities in the lead up to the household registration will include:

- **State advocacy** activities to ensure high-level engagement and participation in the process, including high-level spokespersons to address any barriers to the campaign
- **LGA, ward and community advocacy** activities to ensure acceptability of the household mobilization process and to allow household mobilizers to access households and information needed for registration and distribution of net cards

- **Engagement** through community dialogue or other methods, with groups that were identified during the microplanning as being resistant or opposed to the use of LLINs for malaria prevention
- **Community mobilization** through existing social events such as community and religious gatherings or meetings, market rallies, road shows and radio jingles – to encourage participation in the LLIN distribution campaign and emphasize the importance of receiving, hanging and using LLINs to prevent malaria. A range of networks will be engaged to conduct community mobilization activities.

Key messages prior to household mobilization (pre-implementation messages) will inform the population about the household visits and will encourage active participation in the campaign, particularly the registration process, which is the basis for receiving a net. Both mass communication and interpersonal communication will be used to provide information about the organization of the LLIN distribution, dates of distribution and locations of distribution points. Community dialogue and household visits will also seek to address myths and misconceptions and other potential barriers that could impede the uptake of nets and their utilization.

**Table 6: Themes for household mobilization messages and channels for dissemination**

Themes for household mobilization messages to be passed	Channels for dissemination
The importance of household and community participation in the campaign to receive LLINs for malaria prevention.	A multi-pronged strategy for disseminating messages is best, and should be based on the State context (literacy, reach of media, etc.): <ul style="list-style-type: none"> <li>• Community drama (storytelling and songs)</li> <li>• Road shows</li> <li>• Mass media (e.g. radio)</li> <li>• Community organizations</li> <li>• Religious events and FBOs</li> <li>• Community dialogue</li> <li>• Discussions with caregivers</li> <li>• Advocacy through influencers</li> <li>• Health education at health centres</li> <li>• Pamphlets or print materials</li> <li>• House-to-house visits</li> <li>• Household mobilization</li> </ul>
The process of household mobilizers coming to each household to do a registration and distribute net cards.	
The importance of cooperation with the household mobilizers to ensure that the household will receive nets during the distribution.	
The purpose of the net card and its value.	
The dates of the campaign and locations of distribution points, as well as the process for receiving LLINs.	
The importance of retaining, hanging, using and caring for the LLINs distributed.	
The benefits of LLIN utilization to prevent malaria in the household and contribute to reduced community burden of malaria.	

## 6.2 Household mobilization

The household mobilization exercise will take place over a 9-day period, allowing for two weekends to be included to find people at home, in an effort to avoid any non-registered beneficiaries at the distribution points. A generic algorithm to be followed by household mobilizers can be found in the toolkit. It is intended that mobilizers will revisit missed households following the initial contact, but in the event that some households still do not

get registered and do not receive net cards, they can be directed to access nets through routine or other continuous distribution systems.

The ward supervisors, in advance of household mobilization, will produce catchment area maps and will make these available to the household mobilization teams so that each team is aware of their coverage areas. In this way, they will work to divide the ward in terms of work areas for each team of mobilizers. There are two ward supervisors focused on direct supervision of activities, and each will be responsible for 6 teams of household mobilizers. The third ward supervisor will be responsible for ward data management.

During the household mobilization, teams of mobilizers will go door-to-door in an effort to register every household in their area of responsibility. The steps for the household mobilization are as follows:

1. The household mobilization team will reach a household, introduce themselves and request to speak with the head of household or any adult living in the household that can provide information required.
2. The household mobilization team will greet and explain the purpose of their visit and why they are collecting specific data about the household.
3. The household mobilization team will record the name of the household head, the number of people who regularly sleep in the household and the number of LLINs the household will receive during the distribution (1 net for 2 persons, rounding up in the case of an uneven number of household members, and capping the nets at a maximum of 4 per household) on the household registration form. The household mobilization team needs to be aware of the household context and ask probing questions where answers provided appear to be dishonest (e.g. where household states that 20 persons are living there, but it is clear that the space is insufficient).
4. The household mobilization team will then fill in the net card(s) with the required information and give them to the household respondent, explaining that the net card has a value similar to money and, if lost, cannot be replaced.
5. The household mobilization team will refer to their job aid and ensure that the key messages about malaria, the LLIN campaign, the process for redeeming net cards and the importance of hanging and using nets are disseminated.
6. The household mobilization team will ask if the respondent has any questions related to their visit, the net cards or malaria.
7. The household mobilization team will mark the household appropriately using chalk, including the number of net cards given to the household to facilitate the monitoring of the household mobilization.
8. When complete, the household mobilization team will thank the respondent for their time and will remind them of the distribution date and location for redemption of net cards.

At the end of each day, the household mobilization team will summarize the work they have done at the bottom of the household mobilization form. They will tally the number of households reached, the total population registered, the number of LLINs to be distributed and the number of net cards given to households (See tool kit).

### **6.3 Supervision during household mobilization**

Supervision during the household mobilization is crucial for the success of the activity. While households may be dishonest about the number of people living in the structure to receive more nets, there is also the possibility that household mobilizers will be dishonest to ensure the maximum number of nets is distributed to specific or all households.

Ward supervisors will be responsible for following the household mobilization teams on a daily basis to monitor the household visits, the collection of data and the dissemination of messages. The ward supervisors will provide supportive supervision and on-the-job training where household mobilization teams have not fully understood their tasks.

Ward supervisors will organize review meetings (either each evening or in the morning) with the household mobilization teams under their responsibility. These meetings will provide an opportunity to review the work of the teams that day, to assess the quality of the data collected and the correctness of the calculations in terms of LLIN allocation, and to discuss problems arising to identify appropriate solutions. At the review meeting, the ward supervisors will collect the daily household mobilization forms from the teams and provide them with new forms for the next day's work.

The LGA team will be responsible for supervising the work of the ward supervisors. They will accompany the ward supervisors when they are following the household mobilization teams and will ensure that supportive supervision and on-the-job training are taking place as planned. The LGA team will participate in the review meetings to discuss their observations (see below on the role of the LGA team in monitoring) and will meet separately with the ward supervisors to discuss issues arising and solutions for the next day's work.

The effectiveness of the supervision and monitoring process is significantly improved by the development of a "communication pyramid". Key steps in the development of the pyramid include:

1. Compile a detailed inventory of names and contact details of supervisors and monitors, mapping them in clusters by location.
2. Appoint cluster leaders and agree on mechanisms for receiving feedback within the cluster (telephone calls or SMS, etc.).

Each day, the cluster leader will compile feedback and provide an update report at the cluster head meetings under the leadership of the State MEP. The cluster leader should articulate the major issues arising and the planned response.

#### **6.4 Monitoring during household mobilization**

Monitoring of the household mobilization process is also critical to its quality and success in determining the LLIN needs for each distribution point. Monitoring will take place from a number of levels:

- LGA team
- State supervisors
- SST

The monitoring tools are the same for each of the levels of monitoring that will be occurring.

Monitoring during the household mobilization will entail:

1. Division of areas of responsibility in the State and LGA to ensure that there is no duplication of monitoring activities across the cadre of monitors.
2. Selection of a minimum of 10 households per day, which will be randomly selected, in the area being monitored by each cadre of monitors.
3. Arriving at the household, the monitor will ask to speak with the household head or another adult over 18 years living in the household.
4. The monitor will ask whether the household has been visited or not and will verify that the household has been correctly marked (according to the training guideline).
5. The monitor will record the name of the household head and the number of people who regularly live in the household. Based on that information, the monitor will calculate the number of LLINs the household should receive.
6. The monitor will ask the respondent if s/he received net cards from the mobilization team and will request to see the net cards received. The monitor will record whether the number of net cards received is correct (based on the number of people in the household and the household marking) and whether the nets cards have been filled in with the appropriate information.
7. The monitor will ask the respondent if s/he knows what the net cards are for and will record any of the key messages about the net cards that the respondent recalls from the visit of the household mobilization team.
8. The monitor will ask the respondent if s/he received any information about malaria or LLINs during the household visit and will record any of the key messages that the respondent recalls.
9. The monitor will ask the respondent if s/he has any questions or concerns about the household mobilization or the LLIN distribution and will respond to these appropriately.
10. When complete, the monitor will thank the respondent and remind him/her to keep the net cards safe until the distribution day when they can be exchanged for LLINs.

Monitors will meet with the ward supervisors and household mobilizers in the areas that they are monitoring for the daily review meetings. They will discuss the findings of their monitoring and identify challenges and errors that they have uncovered, if there are any. Based on the monitoring results, it may be necessary to focus extra attention on some household mobilization teams where the data is suspect or incorrect to improve the quality of the activity the following day. The checklist for monitoring during household mobilization is in the tool kit.

## **6.5 Data collection and management during household mobilization**

The importance of the household mobilization data cannot be overstated. It will be crucial to supervise and monitor the data collection to ensure that the information is being collected and recorded correctly and to ensure that all households have been reached.

Each day, the household mobilization teams will summarize the information they have collected:

- Number of households reached
- Total number of people in the households
- Total number of net cards distributed

- Total number of LLINs required for universal coverage

The household mobilization teams will meet each day with the ward supervisor who is overseeing their work. The ward supervisor will check the data quality and ensure that there are no errors. If the ward supervisor is satisfied with the work of the household mobilization teams, s/he will send the summary of the day's work to the ward data management supervisor.

If there are errors or areas of concern – for example, every household registered requires the same number of nets – the ward supervisor will need to flag the work of the household mobilization team for verification the following day. The work of the household mobilization team should not be included in the daily summary sent to the ward data management supervisor prior to verification to avoid problems with the data summary (e.g. entering and then removing data will be confusing). The verification process will involve:

1. The ward supervisor will go to the area that was registered the previous day that has data quality problems.
2. The ward supervisor should use the household mobilization sheet used by the mobilization team the previous day and should select a minimum of 8 (in rural areas) or 15 (in urban areas) households to visit.
3. The ward supervisor should fill in the information on the household mobilization sheet for each of the selected households.
4. The ward supervisor should compare the information that s/he collected with the information collected by the household mobilization team.
5. If the data collected by the household mobilization team is correct, the ward supervisor should then submit that data to the ward data management supervisor to be added to the previous day's daily summary.
6. If the data collected by the household mobilization team is incorrect, the ward supervisor will need to address the issue with the team, verify the work of previous days and determine what course of action is needed to improve the quality of the work of the mobilization team. While reregistering households is the best option, because the households have already been given net cards, it will be difficult to reregister and get the net cards back. This emphasizes the importance of very good supervision and in-process monitoring during the household mobilization activity.

The ward data management supervisor will summarize the daily data in a summary form. S/he will be responsible for transmitting the data collected from all 12 mobilization teams by Rapid SMS to the database established for quick collation of the household mobilization data. The ward data supervisor should also send the daily summary data to the LGA TA in case of any errors with sending the Rapid SMS.

At the end of the 9-day household mobilization activity, the ward data management supervisor will send the total numbers (households reached, people registered, LLINs needed and net cards distributed) to the TA at LGA level and data entered into the appropriate forms, before the LGA submits to the State level, so that this information can be used, if verification of the Rapid SMS data is needed. Subject to the setup of an SMS platform in the campaign implementing state, data shall be paper based.



The data manager at State level will be responsible, in collaboration with the State supervisors and SST, to summarize the household mobilization data summary for each LGA. The data manager, State Team and SST will have 5 days to complete the collation and analysis of the household mobilization data.

The logistics work stream members will use the household mobilization data to do final adjustments to the positioning plan for moving LLINs to the distribution points. Once the data analysis is complete, the logistics work stream will take 5 days to move the nets, in the correct quantities, to the distribution points.

## **7.0 LLIN distribution**

The LLIN distribution is the main activity that the microplanning and household mobilization lead to. For the LLIN distribution to be successful, the three work streams must each ensure that their key activities for LLIN distribution have been accomplished. The State must ensure that the LLIN distribution is not overlapping with other State activities like Immunization Plus Days (IPD).

### **7.1 Pre-LLIN distribution**

#### **7.1.1 Logistics**

The previously developed micro-positioning plan will be refined based on data collected during the household mobilization activity. With the refined micro-positioning plan, the logistics work stream must transport LLINs in the right quantities from the LGA stores to the distribution points in advance of the distribution to avoid crowd control issues and possible delays to the distribution. In addition, they must ensure that warehouse managers at LGA level are reminded of the procedures for moving nets out of the warehouse and the tracking tools to be used, that conveyors are briefed on their roles and responsibilities, and that the distribution point supervisor is trained on the use of the tracking tools for the reception and management of the LLINs. The SST, State supervisors and LGA team must oversee the transport of the LLINs to the distribution points and verify that the correct quantity is in place in time for the distribution.

The logistics personnel, in collaboration with the technical and demand creation personnel, will be responsible to ensure that all of the materials required for the LLIN distribution are in place at the distribution point in advance, including:

- Visual materials to identify the site and promote hanging and use of nets (for example, banners, posters, etc.)
- Ropes for directing and filtering beneficiaries or to divide a single distribution point into multiple distribution points (to moderate the crowding issues)
- Tally sheets and daily summary forms and stock sheets for LLIN accountability
- Cutters to open bales and scissors to cut net packaging
- Net card boxes for storage of exchanged net cards
- Supervision checklists for the distribution point supervisor to verify the planning for each day of the LLIN distribution
- Beds or mats, LLINs and strings or other materials for the demonstration of correct net hanging

#### **7.1.2 Demand creation**

The demand creation work stream must implement a number of activities to ensure that the population is reminded of the dates and locations for the LLIN distribution, the procedure to be followed for exchanging net cards for LLINs and the importance of hanging and using the LLINs received.

Just before the net distribution, the campaign flag-off will take place at State and LGA levels with broad media coverage and extensive publicity. The flag-off marks the beginning of the distribution of nets and is intended to mobilize the population to participate and build community confidence in the campaign. Key public figures will speak at the flag-off to reinforce the messages around participation, hanging and use of nets.

In addition to the flag-off, radio jingles will be aired to provide information about the LLIN distribution and to promote hanging and use of nets. Radio shows, featuring spokespeople from Federal, State, LGA and ward levels will be used to disseminate correct information about the campaign and to reinforce that the nets will be distributed for free. Town criers will be mobilized to ensure that information reaches as many people as possible.

### **7.1.3 Technical**

Following the household mobilization exercise, there will be a 5-day period during which the data will be compiled, analysed and used to update the micro-positioning plan. Once the data is finalized, it will be used by the logistics personnel to position the LLINs at distribution points over a 5-day period.

While the data is being finalized from the household mobilization and the LLINs are being transported to sites, the technical work stream must plan for the 1-day training of the distribution teams that will be active at the distribution points. Each member of the distribution team has specific roles and responsibilities that are meant to ensure:

- Safety of the beneficiaries, commodities and distribution team members
- Accountability for the LLINs received and distributed
- High population knowledge about hanging, use and care of LLINs
- Appropriate waste management

**Table 7: Roles and responsibilities of distribution team members**

<b>Team Member</b>	<b>Terms of Reference</b>
Distribution point supervisor (1)	<ul style="list-style-type: none"> <li>- Organize distribution site set-up</li> <li>- Orient security personnel prior to the distribution</li> <li>- Supervise and maintain control of the distribution process at all times</li> <li>- Aggregate data and report progress against targets on a daily basis, including update on stock received and stock balances</li> <li>- Manage financial resources related to payment of distribution team members</li> <li>- Provide regular updates and reports to the ward supervisors, particularly related to any major problems arising</li> </ul>
Distributors (2)	<ul style="list-style-type: none"> <li>- Assist site supervisor with setting up the net card exchange/LLIN distribution area of the site</li> <li>- Exchange net cards for LLINs</li> </ul>

Team Member	Terms of Reference
	<ul style="list-style-type: none"> <li>- Mark the tally sheets</li> <li>- Mark the used net cards and put in storage box</li> </ul>
Health educators (1)	<ul style="list-style-type: none"> <li>- Set-up demonstration area of the site</li> <li>- Provide health education to beneficiaries regarding benefits of LLINs and how to properly hang and care for them</li> </ul>
Crowd controllers (2)	<ul style="list-style-type: none"> <li>- Manage the influx of beneficiaries to the site</li> <li>- Organize a waiting area and a way to filter beneficiaries to avoid crowding at the LLIN distribution table</li> <li>- Direct beneficiaries who have received nets to the health education / demonstration area</li> <li>- Assist with other tasks as requested by the distribution point supervisor</li> </ul>
Security (1)	<ul style="list-style-type: none"> <li>- Assist in setting up distribution site</li> <li>- Control flow of beneficiaries in and out of net card exchange/LLIN distribution area</li> <li>- General crowd control</li> <li>- Provide security for LLINs at the distribution point (unopened and opened bales)</li> </ul>
Waste manager (1)	<ul style="list-style-type: none"> <li>- Collects and manages waste according to guidelines</li> </ul>

The training will take place over the course of 1 day during the period that LLINs are being moved to distribution points. It is necessary to train the distribution point team in advance of the first day of distribution given that the site will often be busy early on the first day as people come to exchange net cards for nets. Once the distribution begins, it is difficult to take corrective action, notably if crowd control is poor and a large number of people arrive on the first day fearing nets will not be sufficient for everyone with net cards.

## 7.2 LLIN distribution

The implementation of the LLIN distribution is the end result of several activities:

- A logistics operation that moves and tracks commodities from port to distribution point to ensure their presence on time and in correct quantities
- A household mobilization process to identify beneficiaries and provide net cards
- A training process that ensures all members of the distribution team are prepared and understand how to distribute LLINs and collect information for reporting on daily progress

The overall objective of the distribution is 100% coverage of all households and 80% utilization by beneficiaries.

The distribution of LLINs takes place over a 5-day period at fixed distribution points that have been identified during the microplanning process. There will be a 2-day mop up for households that have not exchanged net cards for nets during the scheduled distribution period.

There are seven key elements of the LLIN distribution:

1. Daily site set-up
2. Security, crowd control and leakage prevention
3. Net card exchange and LLIN distribution, including marking tally sheets
4. Health education and hang-up demonstration
5. Daily and final data collection, synthesis and transmission
6. Waste management
7. Supervision and monitoring

The final report for the LLIN distribution from each distribution point will be a summary of LLINs distributed and LLINs remaining to facilitate planning for reverse logistics.

### ***7.2.1. Daily site set-up***

Each day, early in the morning prior to the commencement of activities, the distribution point supervisor should meet with the distribution team to re-orientate them on the organization of the distribution point, the roles and responsibilities of the various members of the distribution point team, the use of the tracking tools, crowd control and security, and waste management.

The organization of the distribution point is of great importance, as a well-organized site will ensure that the flow of people through it is smooth and crowd control issues are minimized. Where possible, the site can be set up in the evening to ensure no delays in starting the distribution in the morning. Distribution point team members can contribute to the organization of the site and can work together to identify and mitigate potential problems with security and crowd control.

There are a number of aspects of site set-up that should be considered:

- Ensure that all required supplies, including biro and tally sheet, are available at the distribution site each day
- Ensure the banner to identify the DP is hung
- Identify a safe LLIN storage area away from the actual LLIN distribution area
- Create temporarily demarcated areas using perimeter rope to direct the queue
- Clearly indicate the separate entry and exit points (one way flow) and differentiate the distribution from the demonstration area
- Set up a work station for net card exchange and distribution of LLINs and tallying of LLINs distributed at the designated distribution point
- Ensure that the site has adequate shade and shelter from rain and sun at the queuing, distribution and demonstration areas (as possible)
- Ensure that there is an area for personal hygiene (given waiting periods)
- Ensure security personnel are well briefed and have discussed appropriate positioning for control of the crowd and security of the LLINs, as well as personnel and beneficiaries
- Verify attendance of the distribution point team (arrival on time)

### ***7.2.2. Security, crowd control and leakage prevention***

The security of the beneficiaries, the commodity, as well as campaign human resources is paramount. Appropriate site selection, done during microplanning, is the first step towards ensuring good measures for security, crowd control and leakage prevention.

At each site, the following should be put in place:

- Detailed orientation of site personnel responsible for security of the LLINs and crowd control
- Methods to control flow of beneficiaries in and out of distribution site
- Methods to manage influx of beneficiaries and control of the crowd around the net card exchange / LLIN distribution tables
- Supervision of the distribution process, from site supervisor to SST

In addition, other measures will be implemented at the distribution points to minimize the possibility of leakage and ensure a transparent tracking of LLINs delivered to distribution points and LLINs handed out to beneficiaries:

- Cutting open LLIN packaging, and handing over the unpackaged net to beneficiaries.
- Net cards exchanged for LLINs will be marked by the distributors and placed in a net card box. This will prevent recirculation and use of net cards.
- Distributors at the sites will fill out tally sheets. The number of LLINs issued to beneficiaries and marked on the tally sheet should match the number of net cards received by the distributors. In addition, the number of LLINs remaining at the end of the day should equal the number available at start of the day minus the number distributed (based on the tally sheet and net cards received). Daily restitution will allow for tracking of LLIN leakage.
- Used net cards shall NOT be destroyed at distribution point. All net cards collected and placed in the net card box will be returned to the LGA storage point, where numbers will be reconciled. Net cards will not be destroyed until three months following the campaign, and subject to the approval of the state malaria programme manager. This will take place in the presence of a LGA team member who can certify that destruction has taken place.

### **7.2.3. Net card exchange and LLIN distribution**

The most important part of the distribution process is ensuring that net cards are exchanged for LLINs. The organization of the site is the first step, and ensuring a smooth flow through the site and avoiding bottlenecks will be critical for maintaining order at the distribution points.

There are a number of steps involved in the net card exchange process:

1. Beneficiaries arrive at the distribution point and are directed by security personnel to enter the site and where to go. Security personnel will control the flow of beneficiaries into the site to avoid overcrowding or risks to personnel or commodities.
2. One of the distributors will take the net card(s) from the beneficiary, mark the net card as used and put it in the net card box. The distributor will then mark the tally sheet with the number of LLINs being given in exchange for net cards.
3. The second distributor will open the LLIN packaging, remove the net and give the net to the beneficiary. The beneficiary will receive one LLIN for each net card submitted. A beneficiary will only be able to redeem 4 net cards. The distributor will explain to the beneficiary that they are advised to air the net in the shade for 24 hours before hanging and sleeping inside it.

4. The LLIN distributors will direct the beneficiary to the health education area, where a LLIN will be correctly hung to demonstrate how the beneficiary should hang the net on returning home.
5. The security personnel will assist in ensuring that beneficiaries attend the health education area and then leave the site to make sure that the site does not become overcrowded.

#### **7.2.4. Hang up demonstration and health education**

At each distribution point, there will be an area set aside for demonstrating how to correctly hang the LLIN and to disseminate key messages about malaria, use of LLINs and the importance of diagnosis and treatment in the case of fever. The LLIN hang up demonstration will reflect the typical sleeping patterns in the area – for example, demonstrating with a mat or mattress, demonstrating how to hang a net outside, etc. The health educator will explain to beneficiaries how the net should be hung, emphasizing the importance of ensuring that the net is hanging low enough to be tucked under the mat or mattress to prevent mosquitoes from entering. The focus of the health education will be on behaviour change communication to enhance utilization given large gaps between ownership and use that have been demonstrated in program evaluations, particularly in the southern part of the country. In areas with specific beliefs that affect the utilization of LLINs, barriers can be addressed through a better understanding of the local context and disseminating messages that counter negative attitudes towards LLIN use.

An important element of the behaviour change communication and health education sessions will be correct care and maintenance of LLINs. Topics to be addressed include washing of nets when dirty, repair of small holes and tears, avoidance of sun when drying after washing, etc.

#### **7.2.5. Daily and final data collection, synthesis and transmission**

The tally sheet used to record the number of LLINs distributed at the distribution point is one of the key tracking tools to ensure accountability for the LLINs. The tally sheet is used by the logistics work stream (to reconcile the nets supplied to the distribution point with the nets distributed and nets remaining at the end of the distribution) and by the technical work stream (to assess progress against targets and administrative coverage). It is crucial that the distributors are well trained and understand the importance of marking the tally sheet for each net distributed.

The distribution point supervisor will be responsible for collecting the tally sheets at the end of each day and summarizing the number of LLINs distributed. The distribution point supervisor will also need to monitor the stock of LLINs and report on the number remaining at the end of each day, which should be equivalent to the number available at the start of the day minus the number distributed during the day. Each day, the distribution point supervisor will communicate with the ward data management supervisor to provide:

- Number of LLINs available at the start of the day
- Number of net cards received
- Number of LLINs distributed
- Number of LLINs remaining in the distribution point storage
- Reasons for any discrepancies (e.g. fewer or more nets remaining than expected)

The ward data management supervisor will need to examine the daily data from the distribution points to determine whether there are problems in terms of alignment of the numbers. Where there are problems (e.g. the number of LLINs remaining in the storage is less than what should be present based on the number of LLINs distributed), the ward data management supervisor will communicate with the ward supervisors who are responsible for overseeing the daily operations to follow up with a specific visit to the distribution point.

The LGA team will supervise the work of the ward supervisors, including the data management supervisor. The LGA team will verify the data collection at sites and the LLINs remaining in the distribution point storage during their supervision visits.

The ward data management supervisor will communicate data to the LGA team that they will in turn forward to the State data manager after verification. The data will include the number of LLINs distributed across the distribution points in the ward and the number of LLINs remaining to be distributed. The State data manager will input the information received into the LLIN distribution summary sheet each day.

At the end of the distribution, the distribution point supervisor will calculate the total number of LLINs distributed over the 5-day distribution period and the 2-day mop up, as well as the number of LLINs remaining in the distribution point storage, to the ward data management supervisor. The total numbers should align with the daily data that has been provided by each distribution point over the course of the distribution period. The ward data management supervisor will transmit all final distribution numbers to the LGA team, who will in turn transmit data to the State data manager.

Each day of distribution, there will be an LGA review meeting that ward supervisors will attend after having collected the data from the distribution points under their responsibility. The ward supervisors will have met with the distribution point supervisors to review and collect data near the end of the day, and will have discussed challenges arising over the course of the day. The LGA team, State supervisors and SST members will participate in the daily LGA review meeting depending on their supervision schedule. Final administrative results (based on tally sheets, net card exchange and LLIN stock in / out tracking) will be shared during the campaign review meeting at the end of the activity.

#### ***7.2.6. Waste management at distribution points***

During the distribution process, a lot of waste is generated from the plastic bags, bale wrapping and other sources. In order to manage this waste properly, a trained waste manager, who is a member of the community, will be deployed to manage the waste properly.

Waste management will follow the WHO interim recommendations, including:

#### **DO NOT**

1. Burn LLIN bags in the open air by any method other than the proper incineration conditions (see below).

2. Re-use LLIN bags for any purpose.

## **DO**

- i. Recycle LLIN packaging only through recyclers that understand the necessity of recycling non-biodegradable pesticide-tainted residues only into non-consumer products.
- ii. Incinerate LLIN bags ONLY if specified high temperature incineration conditions for pesticide-tainted plastic can be guaranteed and FAO/WHO and Basel Convention guidelines<sup>3</sup> can be strictly followed.
- iii. Store LLIN packaging only if future safe incineration or recycling is expected: the storage facility must be dry and secure.
- iv. If recycling or incineration is not possible and if the manufacturers provide directions on methods for safe disposal follow these. If not, bury any potentially insecticide-treated plastics in soils with low permeability, away from any residences, preferably down gradient from any known domestic water sources but at least 100 meters from wells or other domestic water intakes or high water marks of lakes/wetlands. Material should be buried to a depth not exceeding one meter above the highest annual water table and compacted soil should cover the buried plastic to a depth of one meter or more.
- v. Do not burn net packaging in the open air. Burning is not advised under conditions other than those specified above with incinerators that meet standard criteria.

### ***7.2.7. Supervision and monitoring during LLIN distribution***

It is important to plan for supervision to avoid all supervisors arriving at the same sites while other sites do not receive any supervisory visits. Sites that are likely to have problems in the initial days (often due to a large number of expected beneficiaries) should be prioritized in the planning.

Supervisors and monitors should play an active role in resolving bottlenecks, suggesting rapid adjustments in response to challenges arising (e.g. stock outs, security threats, leakage, low net card exchange rates, etc.). In order for these rapid adjustments to be effective, clear communication lines must exist between supervisors to ensure no duplication of activities.

Each distribution point will have a distribution point supervisor who will be responsible for overseeing the work of the team, monitoring the LLIN storage and ensuring order at the distribution point. The distribution point supervisor will be responsible for collecting the daily data and transmitting it to the ward data management supervisor.

The ward supervisors will be responsible for ensuring that the distribution points are functioning appropriately, that all personnel are present and that the distribution point supervisor is correctly managing the LLIN stocks and the data. The ward supervisors will

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<sup>3</sup> Basel Convention Technical Guidelines specify that “The condition for the optimal incineration of material is: Temperature of 850°C—1100°C for hydrocarbon wastes and 1100°C—1200°C for halogenated wastes; sufficient (gas) residence time in the incinerator (EU legislation requires 2 seconds as a minimum).”



use a checklist to assess the organization of the site and will assist with resolving any major issues arising over the course of the distribution, particularly during the first days when crowd control can be challenging.

The LGA team will supervise the work of the ward supervisors. The LGA team, as well as the State supervisors and the SST members, will also undertake monitoring (see below), visiting households in the catchment areas of the distribution points to ensure that beneficiaries have gone to the distribution point, received their LLINs and that the LLINs received are hanging.

Each day of the LLIN distribution, a review meeting will be held at the LGA level to discuss the day's progress, the positive and negative observations, major challenges and proposed corrective actions. Supervisors and monitors should attend the daily meeting in the area where they are working. Decisions taken at the daily meeting should be communicated to supervisors and monitors who are unable to attend, particularly distribution point supervisors (given distance from meeting area) to ensure consistent messages are being passed to campaign personnel.

The effectiveness of the supervision and monitoring process is significantly improved by the development of a "communication pyramid". Key steps in the development of the pyramid include:

1. Compile a detailed inventory of names and contact details of supervisors and monitors, mapping them in clusters by location.
2. Appoint cluster leaders and agree on mechanisms for receiving feedback within the cluster (telephone calls or SMS, etc.).

Each day, the cluster leader will compile feedback and provide an update report at the cluster head meetings under the leadership of the State MEP. The cluster leader should articulate the major issues arising and the planned response.

#### ***7.2.8. Monitoring during the LLIN distribution***

Monitoring of the LLIN distribution is important to address any issues around uptake of LLINs, as well as hanging and use. Monitoring data can be used to make changes to the distribution (e.g. moving a distribution point in the last days of the distribution period to ensure remote households are accessing nets) and to target hang up efforts after the distribution where hanging and use are not happening.

Monitoring will take place from a number of levels:

- LGA team
- State supervisors and State LCCN
- SST

The monitoring tools are the same for each of the levels of monitoring that will be occurring.

Monitoring during the LLIN distribution will entail:

1. Division of areas of responsibility in the wards to ensure that there is no duplication of monitoring activities.

2. Selection of a minimum of 10 households per day, which will be randomly selected, in the area being monitored.
3. Arriving at the household, the monitor will ask to speak with the household head or another adult living in the household. The monitor will record the name of the household head and the number of people who regularly live in the household. Based on that information, the monitor will calculate the number of LLINs the household should receive.
4. The monitor will ask whether the household has gone to the distribution point to exchange net cards for LLINs.
  - a. If the answer is no, the monitor will ask the household if they are intending to go and exchange their net cards for LLINs.
    - i. If the answer is no, the monitor should attempt to understand the reasons and address any barriers to uptake of LLINs that may exist in the household. If the respondent states that the household did not receive net cards during the household mobilization, the name of the household head should be collected and the ward supervisor should be informed of the missed household to do appropriate follow up.
    - ii. If the answer is yes, the monitor should remind the household of the days and times the distribution point will be open and serving beneficiaries.
  - b. If the answer is yes, the monitor should ask the questions below
5. The monitor will ask the respondent how many nets were received during the distribution and record this number on the monitoring form.
6. The monitor will ask the respondent about each LLIN received – whether it is present in the household, whether it is hanging and whether it was used the previous night – and record the information provided.
7. The monitor should ask to see the nets and record if s/he verified through observation that the nets were hanging.
8. The monitor will ask the respondent if s/he received any information about malaria or LLINs during the LLIN distribution and will record any of the key messages that the respondent recalls.
9. The monitor will ask the respondent if s/he has any questions or concerns about the LLINs and will respond to these appropriately.
10. When complete, the monitor will thank the respondent and remind him/her to ensure that the net is used every night to prevent malaria. The monitor should also remind the respondent about the importance of accessing testing and treatment if someone in the house is sick with fever.

During the daily LGA review meeting each evening, those individuals who have done monitoring will discuss their findings and identify challenges or problems that they have encountered, if there are any. Based on the monitoring results, it may be necessary to focus extra attention on some distribution points where the data is suspect or incorrect to improve the quality of the activity the following day.

## **8.0 Management of data collection forms**

Paper-based data collection forms are generated for all activities and must be managed. These include forms generated through:

- Household mobilization:

- Household registration forms (I-3)
- Summary forms (I-4a-c)
- Monitoring forms (I-9a-d)
- LLIN distribution:
  - Tally sheets (I-7)
  - Summary forms (I-8a-d)
  - Monitoring forms (I-9a-d)

For the purposes of accountability, it is important that all completed data collection forms are kept. These may be used during a data quality assessment or to verify that activities took place as reported. All the forms are in the tool kit section of the guidelines.

### **8.1 Household mobilization data collection forms**

For the household mobilization, the household mobilization forms should be verified by the ward data management supervisor and then sent to the LGA team at the end of the activity. The forms should be organized by ward and by supervisor so that they are easily found if needed. The summary forms (up to the LGA level) should also be kept at the LGA, and these should be organized with the household mobilization forms that they are summarizing. The LGA TA is charged with managing data collation and entry at the LGA. All monitoring forms used by LGA team, State Team and State Support Team should be stored at the State level in case of need for verification.

### **8.2 LLIN distribution data collection forms**

For the LLIN distribution, the tally sheets should be verified by the ward data management supervisor and then sent to the LGA team at the end of the activity. The forms should be organized by distribution point and ward. The summary forms (up to the LGA level) should be kept at the LGA and organized with the tally sheets that they are summarizing. All monitoring forms should be stored at the State level.

## **9.0 Rapid assessment survey (end process monitoring)**

### **9.1 Timing and purpose of the rapid assessment survey**

A rapid assessment survey will take place immediately after the LLIN distribution (within one week of the distribution). The purpose of the rapid assessment is to verify the quality of the campaign implementation and to quickly alert to any areas that were underserved or where there were problems with respect to communication, hanging and use of LLINs. The rapid assessment survey allows for a rough assessment of overall implementation quality and identifies needs for follow-up, primarily related to behaviour change communication. The rapid assessment survey is not designed to collect statistically significant data and so does not replace a net retention, coverage and use survey. The rapid assessment survey will be implemented in each LGA by independent monitors.

#### **9.1.1 Independent monitoring**

There will be 4 independent monitors for each LGA in a State. The independent monitors will collect data at the end of the LLIN distribution period through a rapid assessment process or end process to provide an unbiased assessment of the campaign process.

The primary objectives of the rapid assessment survey are:

- To assess whether there were gaps in registration of households (note that this data complements that of the in-process monitoring during the HHM)
- To assess whether beneficiaries attended distribution points to exchange net cards for LLINs
- To estimate initial net utilization and identify areas of low hanging and use for targeted follow up
- To identify the major channels by which households learned about the campaign and the importance of LLINs for preventing malaria (and to determine the proportion of households that did not hear of the campaign)

### **9.1.2 Methodology of rapid assessment survey or end process monitoring**

The rapid assessment survey or end process will take place as follows:

1. The independent monitoring team will randomly select 4 wards in the LGA.
2. Within the 4 wards, the independent monitoring team will select 4 settlements.
3. Within the 4 settlements, each independent monitor will randomly select and visit 10 households.
4. At each household, the independent monitors will fill in the end process form (end process form 1), which will provide information as to whether the household was registered and received net cards, whether the household exchanged the net cards for nets, whether the household received the correct number of nets and whether the nets are hung and being used.
5. The independent monitoring team in the LGA will compile the data collected into end process form 2 to provide an assessment of the campaign process and to identify any gaps that need to be addressed post-campaign.
6. The independent monitoring team will write a report that contains the results of the exercise and that provides recommendations to the LGA team for improvements or follow up.
7. The end process report will be sent to the State Malaria Elimination team and to the SST.

The end process monitoring data will be incorporated in the State campaign report and will be used to assess the success of the campaign for reaching households and ensuring LLIN ownership and use. The data will also be used by the LGA teams to identify any areas where post-campaign activities should be focused (e.g. areas where nets received are still in packaging, areas where nets are not hung correctly, etc.).

At the end of the rapid assessment survey, each LGA will have a report detailing gaps in coverage or areas that are underserved to allow corrective action to be taken.

The NMEP would like to be able to compare results from different States undertaking activities and for this reason, the guidelines and survey instrument should not be modified from how they are presented in the campaign implementation toolkit.

## **10.0 Reverse logistics**

At the end of the LLIN distribution, and following the rapid assessment, any remaining LLINs will need to be managed and put into one of the continuous distribution channels to continue to sustain and increase intra-household access.

As part of this process, the LLIN distribution data needs to be reconciled as quickly as possible (both the distribution and mop up periods). For the reverse logistics, the plan will be to take stock of left over LLINs at the different distribution points using the existing data collection tools and then plan for movement of these nets to the State level. The inventory card that will be used at each DP will allow for an assessment of the number of nets remaining. This stock will be verified by a physical count under the responsibility of the LGA logistics focal person, which will ensure that records of all LLINs received and distributed and the total quantity of LLINs left over after the campaign are captured. All undistributed nets are to be moved back to the state CMS for reprogramming for continuous distribution through channels agreed by the state.

### **11.0 Commodity management assessment (CMA)**

The purpose of a CMA is to measure the level of accountability and transparency achieved in the management and distribution of LLINs. In other words, to verify that (1) adequate tools and procedures were used for proper tracking of LLINs and control of the operation, which includes precise record keeping and control of key activities (receiving, warehousing, transporting and distributing the nets), and (2) to verify that LLINs have reached the targeted beneficiaries.

The CMA will verify the existence of clear and complete “audit trails” for the nets: a series of documents (waybills, stock sheets, tally sheets) recording each and every step in the transport, storage and distribution of the nets. The CMA will also verify the proper filing of these supply chain documents, as well as scrutinize logistics and distribution reports to determine if figures are supported by proper tracking documents.

Finally, the CMA will assess whether NMEP and the implementing partner(s) have produced detailed and consolidated logistics and distribution reports in sufficient quantity and quality as to provide full accountability and transparency for the distributions. Should the CMA find that distribution reports are complete (cover all DPs) and reliable (supported by corresponding waybills, stock sheets and tally sheets), it could then conclude that these reports effectively and truly reflect the results achieved in the campaign.

CMA should be part of the campaign process and should come up two weeks after the SST have disengaged the state. It should be incorporated into the campaign timeline and a budget line created under the overall campaign budget.

### **11.1 Methodology**

Taking Sokoto State (the first replacement campaign State) as an example, it was necessary to determine the required number of LGAs for sampling from the all the LGAs and then calculate the number of DPs to be visited per LGA using a simple random sample size formula.

Using a confidence interval of 85% and an error margin of 15% (which would be acceptable in any audit of financial records), 8 LGAs with 94 DPs will be assessed. The calculated number of DPs will be weighted and distributed across the calculated number of LGAs based on number of DPs per LGA:

### **LGA sample size determination**

CI (t)	Error margin (m)	# of sample LGAs	# of sample DPs
85%	15%	8	94
90%	10%	14	244

### **11.2 Implementation of CMA**

The various steps to carry out the CMA include:

1. Prior to the CMA, NMEP will request that all tracking documents (waybills, stock sheets, and tally sheets) be organized in order and kept at LGA and State levels.
2. NMEP will also request that all logistics reports from State and LGAs (based on the reporting format provided in the toolkit) be sent to Abuja prior to the beginning of the exercise.
3. A consultant as well as an officer of the NMEP PSM branch will be engaged to implement the CMA in each state. They will provide training for state team members for one day on the process of the CMA, as well as the standard questionnaire / data collection tools to be used. The questionnaire and tools will collect specific information regarding the logistics operation (such as info re transport, warehousing, training, use of tracking tools and reporting, etc.).
4. Following the training, one day will be spent at the State capital for the team to review and assess the logistics reports from the State. State reports will be rated (good, medium, poor) and percentage of each category will be calculated, giving a preliminary indication of the overall performance of the state.
5. The CMA teams will travel to the LGAs and will implement the CMA using the prescribed tools. This will take approximately 1 day per LGA.
6. Following the CMA, the teams will return to the State capital for a 2-day debriefing and reporting writing session.

In terms of budgeting for the CMA, the following should be considered:

- Per diem / accommodation / transport for team members
- Venues for training and report writing
- Any additional costs for National level participation (NMEP)

### **11.3 Reporting on CMA**

The report of CMA should be shared with the state, NMEP and other partners and lessons learned will be used towards improving commodity management for subsequent campaigns in other states.

### **12.0 Post-campaign activities**

The replacement campaigns will include an increased focus on post-distribution activities to increase utilization of the LLINs distributed and to ensure that the nets are correctly cared for and repaired to extend their lifespan.

The planning for the post-campaign activities will take place at the microplanning stage and will involve:

- Reviewing previous campaign reports and independent monitoring data to see whether there were minor or major issues with LLIN hanging and use and whether these issues were State-wide or specific to certain LGAs
- Mapping of civil society, faith-based, community-based and non-governmental organizations, as well as women’s groups or other groups, that are active in health generally or in malaria specifically
- Listing of churches, mosques, schools and other structures where messages can be disseminated to groups of people who are a “captive audience”
- Identifying community and traditional leaders that can be mobilized to advocate about the importance of consistent LLIN use for malaria prevention

Based on the microplanning, the post-campaign activities will be designed, based on existing structures as much as possible to avoid duplicating work that is already taking place.

Post-campaign activities will vary from State to State given that each State context is different and the number of existing partners on ground will vary. The objective will be to ensure that post-campaign activities are carried out over a long-term period to continually emphasize the importance of net hanging and use and to provide information about where LLINs can be accessed by the population on a continuous basis to cover new household members or to replace nets that are no longer viable.

A recent analysis of the Nigeria Malaria Indicator Survey (NMIS) data using the new RBM indicators for LLINs has shown that there are two main factors affecting LLIN use: access and behaviour. The analysis shows that in the northern States, LLIN use is relatively high where nets are available, while in the southern States, LLIN use remains much lower, even when nets are in households. This indicates that behavioural barriers to increased net use are higher in southern rather than northern States.

Where possible, baseline data to guide the communication messages will be obtained through operational research undertaken to identify the major determinants that hinder or promote LLIN hanging and use. The data obtained from the operational research and the end process monitoring, as well as the information from the microplanning, will be used to guide implementation of post-campaign activities.

There are many activities that can be implemented during the post-campaign period to promote hanging, use, care and repair of LLINs. These may include:

- Mobilization of CORPs, CDDs, role-model care givers and other community members as advocates and channels of behaviour change communication messages
- Door-to-door visits to assist households with hanging nets and to disseminate key messages about malaria and how it is prevented
- Community radio for dissemination of messages, as well as dial-in talk shows
- Community and sporting events where mass communication can take place
- Mass communication at churches and mosques where the population gathers on a regular basis
- Market rallies

A proper monitoring system will be established to involve the community coordinators, the LGA, and State Teams. Consultants with experience in community mobilization, sensitization and behaviour change communication will be involved in the post campaign activities. They will work closely with the community coordinators to plan and implement the post campaign activities. The national level monitoring will be integrated with the current quarterly supervisory visits for spot checks on the implementation of this activity. The consultants will be expected to provide regular update to the NMCP and partners through monthly reports.

### **13.0 Reporting and dissemination**

At the end of each phase of activities (household mobilization and LLIN distribution), each level of supervisor should produce a short report that summarizes challenges and recommendations for future activities.

The LGA team will provide a one-page summary for the household mobilization and a one-page summary for the LLIN distribution that details the challenges with supervision and monitoring, as well as data collection. Clear recommendations for improving the process should be included so that they can be incorporated in the planning for the next State replacement campaigns.

The State supervisors should provide a report for the LGA that they are responsible for, covering training, the household mobilization process and the LLIN distribution. They should include the key successes and challenges, as well as recommendations for improving the process in future.

The SST, working with the State team, will need to do a number of activities to complete the reporting on the State campaign:

- Analyse and synthesize the administrative data collected during the campaign
- Report on training at each level and for all activities
- Report on supervision and monitoring throughout the implementation period
- Report on the rapid assessment survey and the independent monitoring
- Produce the final State campaign report, including lessons learned

### **14.0 Post-campaign net retention, ownership and use surveys**

The post-campaign net retention and use survey will be carried out to establish quality and outcome/impact of the replacement campaign. The surveys will be carried out twice. The first survey will be a midterm survey to be carried out four months after the campaign, which will also coincide with the fourth month of the implementation of the post-campaign follow up activities through community engagement. The survey will measure progress of implementation of the post-campaign follow up activity as well as its impact on net hanging and use, as well as care and repair, in the communities. The second survey will be carried out at the end of the post-campaign follow up activity i.e. on or after the 12<sup>th</sup> month

This survey shall use questionnaires that build on the MIS household/net module with further details added on nets received through the campaign and the effectiveness of the post-campaign follow up activities. Questions outlined shall elicit a full range of responses on factors influencing net coverage, retention and use, which shall inform strategy modification for subsequent waves of campaigns.



Following the LLIN distribution campaign the purpose of this assessment is:

- To document the success of the distributions with respect to coverage scale-up, retention, use and to some extent also impact on malaria related morbidity
- To evaluate in detail the effectiveness of the campaign strategy with respect to achieving universal coverage and to allow a correction of the approach used if necessary

Attributes of this survey include:

- It shall apply sound sampling techniques that ensure representative estimates for the area covered (national or LGA / State) similar to those used by DHS, MICS and MIS.
- It shall be carried out at the end of the rains following the distribution, approximately 4-6 months after the campaign.
- It shall include detailed information on net use (including hanging), retention, knowledge and perception, effectiveness of campaign communication and a detailed history of nets, including those not obtained through the campaign.
- The survey shall be carried out by identifying an independent research team, in collaboration with the technical resource pool within RBM partnership and with the support of the NMCP.

## **15.0 Operational research**

This guideline recommends that operational research forms a key component of campaign plans as this would guide positive refinements to the campaign process for quality distribution exercises. As part of the requirements for the planning of a successful post campaign follow up activity for example, operational research will be carried out prior to this activity to obtain the baseline for interventions. This will be repeated mid-term to identify implementation challenges and or issues that are promoting implementation.

## **16.0 Tool Kits**

Refer to tool kits attached