

TRIP REPORT: MALAWI

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STTA PERIOD: SEPTEMBER 10-OCTOBER 4, 2014

LILONGWE-MALAWI

REPORT DATE: OCTOBER 19, 2014

STTA TRIP REPORT: 2014 MALAWI LLINs MINI CAMPAIGN

1. TERMS OF REFERENCE :

- a. Based on implementation guidelines, timeline and budget, flag any gaps in operational planning/cost that could impact on the successful rollout of the campaign
- b. Work with NMCP and central logistics team to ensure that all required documentations are in place for custom clearance and arrival of nets in the country (N/A for Mini campaign and postponed for 2015 main campaign)
- c. Work with the central logistics team to follow the pipeline on LLIN shipping and arrivals to ensure no issues arise with clearing, transportation and warehousing (N/A for Mini campaign and postponed for 2015 main campaign)
- d. Follow the implementation of activities for all sub-committees at central level
- e. Work with NMCP and partners to develop a data collection and management plan to facilitate collation and synthesis of data.
- f. Work with NMCP to develop LLIN campaign database
- g. Monitor the distribution and handling of LLINs from regional warehouses to districts warehouses and the sites. (N/A for Mini campaign and postponed for 2015 main campaign)
- h. Participate in supervision at the operational level during campaign implementation
- i. Ensure that the campaign timeline is followed and activities take place on time
- j. The TA shall provide a final report at the end of the Project. This report shall include a narrative section on the implementation of the Activities identified above.

2. CONTEXT

Sleeping under Long Lasting Insecticide Treated Mosquito (LLINs) is one of the most effective ways of preventing malaria. LLINs can reduce the number of uncomplicated malaria episodes in areas of high malaria transmission by half (50%), and have an even bigger impact in areas of medium or lower transmission. LLINs have also been shown to reduce childhood mortality by up to a quarter (25%). LLINs are preferred because they do not require re-treatment and remain effective for three to 3 years. For this reason, the Ministry of Health (MoH) in Malawi has adopted the international recommendation from the World Health Organization (WHO) that all public sector distributions should involve LLINs rather than conventional nets as its policy. Malawi is planning to conduct the second mass LLIN distribution campaign during the months of May and June 2015. However, the MoH is planning to have first phase/early LLIN mass distribution campaign in six

districts in August-October 2014 using the 795,137 LLINs that were meant for mop up campaign in 2013.

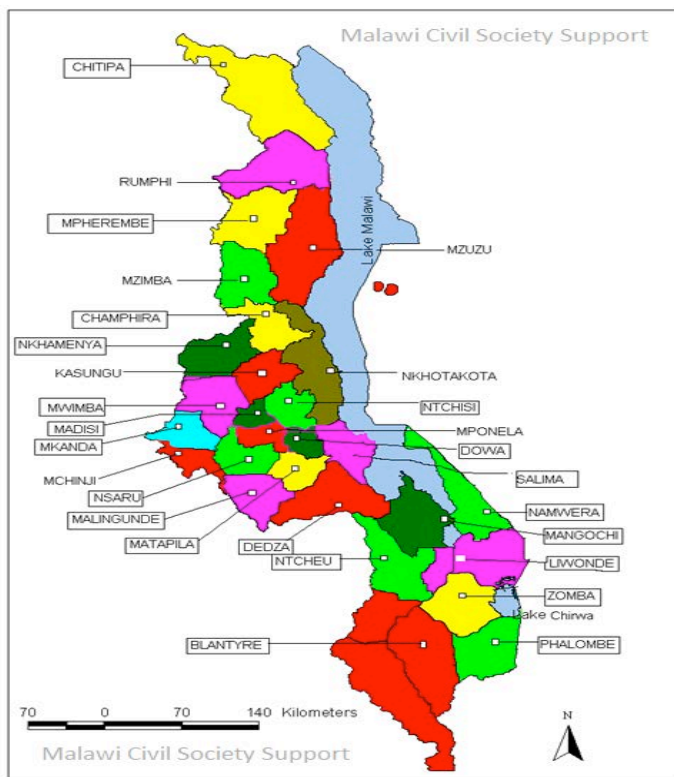
The MoH in Malawi opted for a universal coverage nets distribution in the six districts.

3. OVERVIEW OF THE MINI CAMPAIGN

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For this first (Mini campaign) phase campaign six districts were selected:

- a. Likoma
- b. Mchinji
- c. Mwanza
- d. Neno
- e. Nkhota kota and
- f. Phalombe



The rationale of choosing these districts was:

- a. Some of these districts were the first to conduct LLINs mass campaign in 2010 and 2011;
- b. The increased reported incidence of malaria cases at health facilities throughout the districts;
- c. The volume of the LLINs available in country to support the activity.

Districts	Population 2014	# HC	# of HH	LLINs need (Tot pop/1.8)	LLINs available in country at national level	LLINs gap
LIKOMA	10,441	2	2,270	5,801		
NKHOTA KOTA	367,776	21	79,951	204,320		
MCHINJI	569,085	16	123,714	316,158		
PHALOMBE	364,282	16	79,192	202,379		
MWANZA	107,571	4	23,385	59,762		
NENO	143,824	12	31,266	79,902		
TOTAL	1,562,979	71	339,778	868,322	795,137	73,185

This campaign is funded in large part by The Global Fund with a contribution of PMI on certain key points such as:

- Briefing the DHMTs on registration and micro planning;
- Briefing of supervisors & Health Surveillance Assistants in 5 districts on registration;
- Registration process;
- Printing of household registers.

The campaign is coordinated by the National Malaria Control Program, in collaboration with supporting partners. A coordination Task Force was established at national level and has as members:

- MoH (Planning; Procurement; NMCP/Finance)
- UNICEF
- WHO
- USAID - President's Malaria Initiative (PMI)
- Centre for Disease Control
- Malawi Police
- Malawi Defence Force
- Malawi Red Cross
- PSI/Malawi
- World Vision International

- Anglican Council in Malawi
- CWRSE
- US Peace Corps

From this long list, a few of the members participate on a regular basis in the task force meetings. The NTF has two sub-committees :

- Logistics
- Technical

But not functional as we still have the same few members from the NTF doing all the work.

After a tender process, PSI / Malawi has been designated as the agency that will handle the logistics and distribution of LLINs for the mini campaign. Any financial transaction on the field will be provided by G4S, as a financial agency for the entire campaign. 795,137 LLINs are in country and were meant for mop up campaign in 2013; those nets will be distributed during the first phase of the campaign (Mini campaign). Based on the results of the household registration, the task force will be able to specify the number of LLINs needed for the mini campaign and determine if it will be necessary to borrow from the existing LLINs planned for the routine campaign. The existing stock of the routine LLINs was 1,941,742 (1,941,057 Global Fund nets and 685 PMI nets) on September 19.

4. ACTIVITIES DONE

- Once arrived, I met with the LLINs coordinator, went through my ToRs and met with the NMCP coordinator to review the ToRs and finalized them based on the reality on the field.
Based on the number of days I had, out of 21 days, 10 were dedicated for the field visit during the registration process.
- A meeting with key members of the national task force has been made and we reviewed the implementation strategy of the 2014 mini campaign to get a first draft of the 2015 main campaign. Different members got some topics to work on to improve the draft.
- A micro planning meeting was organized a few days after my arrival and all the districts and key partners were well represented.
- Reviewed and finalized the Mini campaign budget, which had 9 components (GF funded under NMCP):
 - Likoma budget
 - Nkhota Kota budget
 - Mchinji budget
 - Phalombe budget

- Mwanza budget
- Neno budget
- NMCP budget
- Mini campaign detailed budget
- Mini campaign summary budget

The exercise was about:

- To review the budget sent by each district and the one from NMCP after the micro planning meeting and
 - Transfer those data in appropriate format (AMP format)
- Reviewed the household registration plan and household registration supervision budget for the national level team.
- Worked on LLINs procurement plan
- Quantification of the needed tools, though most of them were already produced, and plan for their distribution.
- Field visit during registration process:

It was planned that this process will take a period of 10 days and the approach starting recording of households in all districts at the same time except Likoma, which will be done at the end of the five districts. A previous decision was taken to print forms for registration rather than registers and these were over produced based on the quantity needed for the mini campaign.

Districts visited:

- NKOTA KOTA
- MWANZA
- PHALOMBE

Places visited:

- Heath centers
- Villages (HH)

Meetings with

- Districts Health Officers
- DEHOs
- Malaria coordinators
- Supervisors
- HSAs

STRENGTHS	AREAS TO IMPROVE
Door to door registration done by HSAs	Data recording on registration form
Community involvement	Supervision: At the district level, supervisors have motorbikes for field supervision. Unfortunately, some of these motorbikes are not functioning, so some supervisors can't go to the field when needed and must wait for another supervisor from the field to use his motorbike. Or sometimes they are forced to use one and combine the work to do which causes a waste of time.
Tools in place	Over production of registration forms, need to improve the quantification of tools.
Motivated HSAs	No supervision plans. It will be important to have in place a supervision plan at the district level and developed with the supervisors during a planning meeting.



Meeting with HSAs at Health facility level after HH registration exercise

5. RECOMMENDATIONS

- Effectively train the implementers, especially the HSAs, on the campaign tools for a better use to improve the quality of data collected (registration process, distribution, supervision...)

- Improve the micro planning preparation and meeting:
 - Develop or adapt appropriate tools. (Attached a AMP micro-planning format)
 - Send them to the district level in advance to allow them to begin collecting necessary information from field
 - Central team to plan and conduct field trip
- Organize the micro planning meeting four months before the LLIN distribution
- Quantify appropriately the tools and human resources needed for the campaign
- Request all districts to work on a supervision plan in collaboration with supervisors before the registration process and share the plan with national level.
- Supervision and monitoring are critical during the household registration and the supervisors needs transport: quantify the need of motorbikes, check on the functional number available, repair others or plan for a transport budget for the supervisors who do not have motorbikes.
- Request the financial agency to join the national task force to be aware of what is planned, what is needed (financial side), the progress of the campaign and to understand the complexity of the campaign
- Improve the 2015 main campaign plan of action by considering all campaign activities needed for implementation. You can refer to the list suggested by AMP.

6. NEXT STEPS

- Work on household registration exercise in Likoma
- Finalise the registration process
- Collect the registration data
- Analyze the household registration data and finalize the pre-positioning plan
- Collect and analyze the registration data
- Collect, entry and analyze distribution data.
- Document lessons learned and improve the 2015 main campaign implementation
- Finalize the 2015 main campaign implementation strategy

7. CONCLUSION

It will be very important to document all lessons learned from the Mini campaign and use them to improve the 2015 main campaign. The AMP team remains available for any support requested to make successful the campaign.

8. PEOPLE MET

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REALLY THANK THE NMCP TEAM FOR THE VERY GOOD COLLABORATION DURING MY STTA PERIOD

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