Mission Report – Republic of Uganda

AMP Technical Assistance

Mission Dates:	October 2nd – 18th, 2015 (inclusive of travel time)
Locations:	Kampala, Uganda
Consultant:	Dr. Marcy Erskine, Douglas Mole
Date of Report:	October 26th, 2015
Subject of Report:	Uganda UC LLIN Campaign – 2016/2017

Proviso

In preparation of all documents, every effort has been made to represent the most current, correct, and clearly expressed information possible. Nevertheless, inadvertent errors in information may occur. The information and data included have been gathered from a variety of sources and through collaborative meetings, but are subject to change as Uganda program decisions are made at various levels. This report represents a summary of the collaborative processes / discussions engaged in between October 3rd – 18th, 2015.

Reference documents reviewed / utilized (partial list):

1. Terms of Reference – Uganda Campaign TAs, dated September 28, 2015 (AMP)
2. Uganda Detailed Implementation Guidelines, dated July 2013
3. National Communication Strategy for Malaria Control in Uganda, dated September 2015
4. National Population and Housing Census 2014
5. Uganda Malaria Reduction Strategic Plan (UMRSP) 2014-2020, dated 2014
6. Report on the Mass Distribution of LLINs to Achieve UC in Uganda, dated October 2014
7. GFATM Round 7 Phase 1 LLIN Report, dated August 2011
8. UC of LLINs in Uganda – Insights into the Campaign Implementation, dated October 2014
9. Mass Distribution of LLINs for UC in Uganda – Evaluation Report, dated December 2014
10. Inception Report – AMP mission to Uganda, dated September 2015
11. Health Monitoring Unit, (HMU) – LLIN Monitoring Report (HMU-15-03-112), dated March 11, 2015
12. PowerPoint presentation developed with NMCP for initial discussion with stakeholders – dated October 8, 2015

Contacts during mission period

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Dr. Myers Lugemwa	Senior Medical Officer - MOH / NMCP
Dr. Denis Rubahika	M&E - MOH / NMCP
Dr. Jim Arinaitwe	Coordinator – Global Fund, MoH
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Agnes Netunze	Data Officer - MOH/NMCP
Dr. Jane Nabakooza	Technical Officer/Malaria in Pregnancy - MOH/NMCP
Emmanuella M. Baguma	Logistics & Strategy - MOH/NMCP
Ruth Nabwire	Malaria FP - Central Region - MOH/NMCP
Karungi C. Shirah	Health Services Specialist - MOH/NMCP

Summary of key meetings

I. October 5, 2015 – initial meeting with NMCP to review the Inception paper detailing expected work/deliverables from AMP TA.
II. October 8, 2015 – Coordination/info meeting with NMCP and local in-country key partners and stakeholders to review and discuss the LLIN UC campaign planned to begin around September 2016.
III. October 6-15, 2015 – Working meetings with NMCP team to review past campaign plan in light of reports and lessons learned in order to discuss and update the campaign Implementation Guidelines, predominantly in the areas of coordination, operations, microplanning and logistics.
IV. October 15, 2015 – Meeting with Coordinator – Global Fund concerning PPM system.
V. October 16, 2015 – Meeting with Uganda PMI (USAID & CDC representatives).
VI. October 16, 2015 - Debriefing presentation to MoH & NMCP, Uganda.

Background:

Uganda has the third highest number of annual deaths from malaria in Africa, as well as some of the highest reported malaria transmission rates in the world, with approximately 16 million cases reported in 2013 and over 10,500 deaths annually (UMRSP, 2014 – 2020). In addition, malaria has an indirect impact on the economy and development in general. The socioeconomic impact of malaria includes out-of-pocket expenditure for consultation fees, drugs, transport and subsistence at a distant health facility. These costs are estimated to be between USD 0.41 and USD 3.88 per person per month (equivalent to USD 1.88 and USD 26 per household). Household expenditure for malaria treatment is also a high burden to the Ugandan population, consuming a larger proportion of the incomes in the poorest households. Further, malaria has a significant negative impact on the economy of Uganda due to loss of workdays because of sickness, decreased productivity, and decreased school attendance. A single episode of malaria costs a family on average 9 US dollars, or 3% of their annual income. Workers suffering from malaria may be unable to work for an estimated 5-20 days per episode. Given that many people are infected multiple times a year, this has substantial financial consequences to families, as well as the economy of the country as a

whole. Moreover, a poor family in a malaria endemic area may spend up to 25% of the household income on malaria prevention and treatment. Industries and agriculture also suffer due to loss of person-hours and decreased worker productivity. Investors are generally wary of investing in countries where malaria rates are high, leading to a loss in investment opportunities. Further, severe malaria impairs children's learning and cognitive ability by as much as 60%, consequently affecting the performance of Uganda's universal primary and secondary education programmes.

In response to this heavy burden of disease due to malaria, the Government of Uganda's (GoU) National Malaria Control Program (NMCP) has adopted a multi-faceted approach to malaria control and prevention that is embodied in the Uganda Malaria Reduction Strategic Plan (UMRSP). The purpose of the UMRSP 2014 – 2020 is to provide a common framework for all stakeholders to accelerate nationwide scale up of evidence-led malaria reduction interventions by the government, its development partners, the private sector and all stakeholders. It stipulates the priority interventions, the strategic re-orientations and the investments required for achieving the goals and targets.

The national long-lasting insecticidal net (LLIN) universal coverage distribution planned for 2016 – 2017 directly responds to the UMRSP strategic objective of achieving and sustaining protection of at least 85% of the population at risk through recommended malaria prevention measures by 2017. These implementation guidelines provide the framework and guidance for all partners involved in the LLIN campaign to ensure that all actors are working according to the principle of the three 1's: one strategic plan, one coordination structure and one monitoring and evaluation plan.

Situation on arrival:

On arrival in Uganda, the Programme Manager (PM) was away and the acting PM provided a high-level view of the overall technical assistance required and the expected work (deliverables) to be completed. The terms of reference and inception paper were reviewed and discussions took place around how the mission should be organized to maximize the short period of time available. Having received only the Implementation Guidelines from the 2013/2014 campaign in advance of arrival in country, the TA was unable to begin reviewing the extensive number of documents available from the past campaign to inform the discussions at the beginning of the period in country. However, it was agreed that the planning was essentially at the very beginning for the 2016 – 2017 campaign, with the implementation guidelines being the most critical piece for getting everything moving forward.

A draft gap analysis document was shared for an overview of the LLIN situation, but there were continuing discussions in Uganda among the NMCP team regarding the population figures to be used given large discrepancies between the macro quantification and the household registration during the last campaign. The final work on the quantification is taking place in Uganda now, but it is expected that the LLIN need will be approximately 25M. There is a current confirmed commitment by the Global Fund (GF) of 11,319,278 LLINs. At this time, the country has a large net gap (~14M LLINs), but national and international partners are working on reducing the gap through solidifying the in-country partner

commitments and then mobilizing additional interested donors for the campaign based on the actual gap.

The NMCP is planning to distribute LLINs to all 112 districts in Uganda, in an effort to bring down malaria-related morbidity and mortality. During the last LLIN campaign, major discrepancies between macro planning and household registration data led to a shortage of LLINs for the whole country and required implementation strategy modifications for the last districts. The National Population and Housing Census (NPHC), under the responsibility of the Uganda Bureau of Statistics (UBOS), took place in 2014 (too late for the figures to be useful for the last campaign). The UBOS data indicate that for population projections, a yearly increase of 3.03% on the 2014 census results should be applied. For the purposes of the upcoming LLIN campaign, the projections have been done through to 2017 as the campaign will be rolling by regions and is expected to be complete in 2017.

Based on the experiences of the last LLIN campaign, the NMCP is currently in the process of making decisions that will result in the final quantification for the campaign. These include:

1. Whether a percentage will be added to the UBOS population projections (based on the household registration data) and, if so, what percentage will be used;

2. Whether the total net need will be determined following the WHO-recommended population divided by 1.8 or whether a factor of 1.6 will be used to respond to the net shortages experienced during the last campaign (note that any rough numbers in this report are based on 1.8).

The procurement of LLINs will be done through the GF's Pooled Procurement Mechanism (PPM) process, facilitated through the Global Fund and the Ministry of Health (MoH / PSM). Decisions as to areas/locations that will be covered with the committed GF LLINs will be taken by the NMCP based on time since last LLIN distribution and other data in order to prioritize areas where nets are in danger of becoming non-viable for malaria prevention.

Objectives of mission, actions to date and follow up:

The objectives are laid out in the mission Terms of Reference (ToRs) dated September 28th, 2015. TA TORs and deliverables are as follows:

ToR Items	***Action Taken***	***Further Follow-up Action***
Work with the NMCP and partners to revise the existing implementation guidelines to clearly lay out the strategy and distribution plan to be used for the upcoming 2016/17 UC.	Revised implementation guidelines with the strategy and distribution plan will be sent in sections for review and comments by NMCP team.	1. NMCP team to review draft IG sections and provide feedback. 2. The TA will wait for feedback from the program and then make suggested changes to the IG to ensure that a final document is ready for validation at country level.
Work with the NMCP and partners to develop a detailed work plan	These two elements are related to the validation of the IG. The	1. A draft short-term work plan to be submitted for review and

and operational budget for the campaign and identify funding gaps for resource mobilization.	TA has reviewed the budget template and thinks it is a very good base from which to insert updates (new activities and revised unit costs). The TA will send suggested modifications to the budget to align with the draft IG once some of the decisions have been agreed to in-country.	revision by NMCP. 2. Longer-term work plan will be developed based on LLIN delivery dates once these are known.
Work with the NMCP and partners to develop a timeline for all campaign activities, based on the implementation strategy and the procurement timelines.	The existing timeline of activities is comprehensive. A draft-revised timeline will be submitted with the report.	In country team to review and update once the LLIN delivery dates are known. Note that an accompanying brief narrative on timelines and delays between activities still to be sent by TA.
Work with the NMCP and partners to assess and update/revise (if required) documents, including communication, training, supervision, and evaluation tools for the implementation of the campaign.	The TA has reviewed the existing training, supervision and data collection tools for the campaign. A detailed list of suggestions on how these could be modified will be submitted to NMCP for review. In addition, a communication specialist has reviewed the communication plan from the past campaign and formulated some recommendations for the 2016 – 2017 campaign.	In terms of updating the training and data collection materials, this can be done at a distance once the IG is validated, as the materials need to align with the adopted strategy.
Work with NMCP and partners to develop a data management and monitoring plan for the campaign, identifying data to be collected, key periods when monitoring is crucial, the level from which monitoring should take place and the tools that will be required for implementation of monitoring activities.	1. The data collection and management, as well as the monitoring of activities and tools to be used, will be part of the revised IG that is submitted for review. 2. A table of monitoring and evaluation indicators for the campaign, based on the UMRSP, will be proposed for review by NMCP.	To be submitted for review by the program. Final approved version from NMCP to be circulated to AMP for any last feedback or comments.

Overview of the TA mission

Overall, the TA mission went well and significant progress was made and substantive discussions took place. In addition, we noted that there are a number of aspects that are already quite well developed, including:

1. Quantification – the program has clearly thought through the issues around the census data and the household registration data and has proposed an adjustment factor to ensure sufficient LLINs are available. It will be important to finalize this

discussion as quickly as possible, in order to communicate the total gap to possible donors and partners.

2. Budgeting template – the program has an excellent budgeting template that was used for the last campaign. There is no need to revise the template being used, but there will be a need to update figures and add some activities once the IG is approved.

3. Campaign timeline and work plan – the program has already developed a detailed campaign timeline and work plan for the last campaign, so these will only require minor adjustments to be ready for the upcoming campaign.

In addition, it is commendable to see that the planning for the universal coverage campaign is starting well in advance, with sufficient time for effective planning to ensure a successful LLIN distribution. The reports and lessons learned from the past campaign provide an excellent basis for beginning the review and updating of the implementation guidelines.

There were a few challenges (related to the points for discussion and follow up below) that we would identify as follows:

1. The NMCP is not at full staff right now (no BCC, logistics or campaign focal point yet identified), so an "interim" focal point and team were identified for this mission. As the LLIN campaign is adding another level of work to an already busy agenda, it was not always possible to have a quorum of the right (or same) individuals so that decisions could be taken. At times, opinions and thoughts would be expressed by different people in different meetings, which would take the discussion back and forth in order for everyone to concur around a point. Sometimes, that wasn't possible and this is reflected in the current guidelines where there are issues outstanding (in the comment boxes) that need to be discussed internally as a program in order to achieve consensus and a final decision. As a few quick examples, the urban household registration process is not fully finalized, the decision on use or not of vouchers still appears to be tentative, and the delivery level of nets and at what level the NMCP takes on responsibility was still not fully agreed upon by the whole team. These issues will be flagged in the guidelines for follow up.

2. The documents needed to be able to assess the past campaign the current planning (e.g. the reports, etc.) were not available prior to the mission, which affected the timelines for actually starting some detailed discussions. We would recommend that the system that was set up for collecting the documents on our arrival (e.g. a folder put on the desktop computer in the malaria office) should be put in place for this campaign so that all documents are centralized somewhere and everyone can access them as needed. Our understanding is that only the data is kept at the MOH resource center, but if they also collect documents, that may be the best place for all of the campaign documents for each sub-committee and the NCC (including minutes of meetings) to be archived.

3. The procurement is just underway for the campaign and there are still a number of steps to be taken before the delivery timelines are known. The delivery timelines are

important to be able to achieve a number of the deliverables (work plan, timeline) of the mission, so it will be important that those are communicated to the TA to finalize the required documents for review by the NMCP. In addition, there are insecticide resistance issues and discussions on procurement of IR nets that may take time to resolve depending on donor policy, etc.

In order to try to maximize time with the available team members, while at the same time allow them to move their normal work forward, the TA would work several hours at the NMCP office and then take time to write up sections of the IG for further discussion the following day. This allowed for tentative decisions on a way forward to be taken and progress to be made on the IG and supporting documents.

One of the key challenges with the documents for the previous campaign is that the IG and the training manual mix information (e.g. if you take information from the training manual and put it in the IG, you have a lot more detail on how the campaign will roll out than reading only the IG). For the work done on the IG, it is done under the assumption that the IG should be the "bible" for the campaign and all information needed to understand how the campaign will be coordinated, planned, implemented, supervised, monitored and evaluated should be found in one single document. The toolkit that will be developed will support each step in the IG, but will not contain as much detail as found in the IG.

Key points for discussion and resolution

Numerous meetings were held to discuss the parameters / structure of the campaign and the revision of the implementation guideline. By the end of the mission period, the following was achieved or agreed to in principal among the NMCP team. Five areas were highlighted as critical priorities that need to be addressed urgently to ensure that the planning can move forward for a successful campaign:

1. Identification of a focal person who will oversee the activities and keep things moving forward with finalizing the implementation guidelines, training materials, communication plan and materials, data collection and synthesis tools, logistics plan and tools and updating timelines for all activities. There will be "waiting periods", but these have a significant number of activities to be achieved to meet the implementation timelines for activities, so it's important that someone is available to work on this. The two TA providers will support by distance, as well as a communication consultant (Gregory Pirio), to support in advancing the planning phase of the campaign (if NMCP is interested – alternatively, we can suggest people who can support this moving forward).

2. Finalization of total net needs for the campaign and determining partner commitments for LLINs and operational funds will be important. Currently, the net gap is quite large and if there is a need for advocacy and resource mobilization internationally (e.g. if in-country financial partners cannot meet the total need), it will be critical to begin this mobilization early as procurement timelines are long and there are limited partners with flexible funding for LLIN procurement.

- If there are insufficient nets for the campaign in the entire country, how will areas be prioritized? (E.g. time since last LLIN campaign, LLIN coverage (MIS), malaria prevalence, etc.?)

3. Triggering the procurement so that a clear idea of the timelines for delivery can be established and the Gantt chart for all other activities can reflect an accurate planning period. Currently, timelines are unknown and everyone has different information ranging from 6 – 18 months, which means a timeline cannot be established. Linked to the procurement are the following points:
    - Agreement on delivery level: two options have been discussed during the TA mission – delivery to central warehousing initially for offloading and then onward transport to sub counties based on household registration data and actual needs OR direct delivery of containers to sub county level based on macro quantification and data from the previous campaign plus a buffer stock to account for any variance. The TA would recommend that the delivery system used for the last campaign (e.g. delivery and unloading at central level and subsequent delivery to sub counties based on identified needs) is adopted for the upcoming campaign.
    - Note that if the second option is selected, NMCP must be able to communicate the needs by sub county (for the first sub counties that will be covered with the available nets) to PPM almost immediately.

4. Validation and approval of the Implementation Guidelines by the NMCP, NCC and key stakeholders is the immediate next step for moving forward with all of the other pieces of the campaign, including the budget and all associated implementation materials (like training and data collection tools). In addition, if the decision is taken to order vouchers (if this is validated), then there are a number of decisions to be made and the procurement timelines need to be established to avoid delays in production and delivery to the NMCP.

5. Decision around the operationalization of the campaign – will this be done through an implementation agency or will there be a call for applications for interested organizations to be the implementing partner for the MOH? If the latter, at what level would the call for applications be focused (e.g. a partner can bid on a region or on a district)? This decision will have some budgeting implications and affects the timeline (as either scenario probably means that they should be participating in the microplanning, which should be 4 – 6 months prior to the start of campaign activities in the field).
    - Linked to this decision are the roles of district coordinator and district supervisor in the 2013 – 2014 IG – are these maintained or are they dependent on the operationalization of the campaign (e.g. implementing agency, CSOs, etc.)? At this time, based on discussions, these two roles are not included in the IG and the focus is very much on a district-led planning and implementation, in line with the recommendations following the last campaign.

Additional points that have secondary priority (but are still critical):

a. Review of coordination structure: ToRs need approval and forming of all committees at all levels (particularly the first regions / districts / sub counties) as soon as possible.

b. Logistics Plan of Action: Cannot be completed with any level of detail until decisions are confirmed at the MACRO level:

- Procurement process is triggered and specifications of bales are known for development of the macro transport and storage plans (as these rely on volume quantification)
- Level of LLIN delivery to Uganda is determined and approved
- Campaign population data is decided and validated
- Details for draft microplanning of logistics operation are unavailable (e.g. past campaign documents showing storage and transport beyond sub county have not been shared)

c. Timeline (Gantt chart): Development of a realistic timeline for all activities (communication, operations and logistics) needs decisions made by program before plotting of activities, including:

- LLIN delivery dates determine all key milestones in the planning process that need to be met to achieve the LLIN campaign
- MoU with technical / financial partners required significant time for past campaign – is this process going to be achieved in less time or requires 4 months lead time? This will depend on the partner commitments and modalities for work and fund transfer, so discussions should start early.
- Forming of NCC and sub committees – when is this planned as there are a lot of activities dependent on these structures existing for finalizing documents and validation by coordination structures
- Microplanning – the delivery timeline for the LLINs determines the timeline for this critical activity as advice has been received that it should be no earlier than 6 months prior to commencement of activities at lower levels to avoid population movement between the MP and the implementation period (e.g. fishing and farming communities). This means that the microplanning will be rolling based on the timeline for delivery of the nets and when the campaign is planned in each region / district.

d. Storage location at sub county level to feed into PPM: Warehouse identification and assessment needs to be done in a timely manner to feed into the PPM delivery schedule, which is again reliant on the delivery timelines (and which requires an established and functioning logistics sub-committee to achieve).

e. Advocacy, communication, and social mobilization planning: This is identified as a weak point from the last campaign, but it is unclear how it will be addressed in time for early campaign planning. Suggestion for NMCP to identify if there are needs in this area and put forward a request to technical partners to assist with filling the gap

until the new BCC person is hired (and to potentially add time in the planning with technical partners to bring the new person up to speed / provide some on-the-job capacity building through a concentrated handover).

f. Training package: Implementation Guideline (IG) needs completion and approval. Once completed, this guideline will provide direction in planning the structure of the cascade training in districts, sub counties and below, as well as the content, key messages, etc. for successful implementation of the campaign. In addition, the current training manual has been reviewed and will require revision to simplify it and to tailor it to both the strategy adopted and the levels at which training is taking place (e.g. a separate training document, much simplified, should be developed for the VHTs that includes key messages and step-by-step guide to process). Recommendations on the training manual and tools needed will be made in the coming days.

More points that may already be addressed (but we felt a need to put in this document):

a. Development of an "implementation guideline" for the management of finances
    - This is recommended in the reports and lessons learned from the 2013 – 2014 distribution, but we understand it may be dependent on the decision on operationalizing the campaign. It should be discussed, as if it is necessary, there needs to be a decision on who is responsible and the timeline for its development.
    - Also, will the complaints / recommendations on payment amounts be addressed through a revision of these amounts? If not, should this issue be covered in the training manuals to avoid miscommunication at the time of implementation (e.g. clear guidance provided during the training and prior to starting activities on payment amounts and timing)?

b. Ensuring that the information is passing between the PPM in-country agent and the NMCP team
    - Ensuring that the GoU maintains ownership and control of the supply chain from the initial arrival in-country through to the final delivery point – role of the logistics sub-committee and M&E in the supply chain to be determined
    - Making sure that data management is clear and that all information is shared with the NCC in a timely manner
    - At the operational level, imperative that LSC and PPM in-country agent form a functional and stable partnership to avoid miscommunication, problems with the overall process

c. For the household registration, need to be clear on who is registered where and how
    - Registering students sleeping in boarding schools / universities at their homes (e.g. counting them among the household members when registering without actual proof of how many people are at school) can allow for an inflation of the numbers if the VHTs are not familiar with each household's situation – this could be pronounced in the urban areas where the community structures are less established. It was

discussed that in rural areas, everyone would be registered at the household (including students not in the house at the time) but that in urban areas, it may be better to register people where they are as there is less community structure / linkages to verify information and avoid expanded LLIN needs through false registration data. A final decision needs to be taken on this to finalize the guidelines and the training materials.

d. For the LLIN distribution, need for clear SOPs to address issues of variance in nets per bale
    - Should all bales be opened and nets counted in the presence of the receiving committee to allow for variance to be reported immediately on delivery and allow this to trigger transport of the additional nets needed (which would avoid problems at the distribution point during operations)? If this is agreed to, there should be clear directions in the training materials on the count and on repackaging the nets into bales of 40 prior to delivery from PPS to DP. Understanding and utilizing the "Way-Bill" tool during deliveries will enable tracking of shortages at each PPS.
    - Decision needs to be taken on an issue raised in the debriefing regarding number of LLINs to deliver to pre-positioning sites (related to the point above). Will the number of LLINs needed be rounded up (e.g. if you need 135 nets, you receive 4 bales of 40) to allow for (a) a margin of error in the case of loading problems (variance) or unregistered people arriving at DPs and (b) transport only of unopened bales) OR will the exact number be pre-positioned as was done in the last campaign (e.g. if you need 135 nets, you receive 3 bales of 40 + 15 pieces)? The suggestion was made that if the LLINs needed are rounded up to full bales, it will be important to have communication from the highest levels on what is to be done with LLINs remaining.

Note: The above points were discussed during the debriefing with NMCP.

A debrief was conducted with NMCP, Uganda, on October 16, 2015. Those in attendance were:

Dr. Allan Muruta	Commissioner National Disease Control - MoH
Dr. Myers Lugemwa	Senior Medical Officer - MOH / NMCP
Dr. Paul Kyambadde	MoH
Agaba Bosco	Epidemiologist/Program Officer-Case Management - MOH / NMCP
Dr. Denis Rubahika	M&E - MOH / NMCP
Dr. Marcy Erskine	AMP / IFRC Technical Advisor
Douglas Mole	AMP / Logistics Technical Advisor

Conclusion

With the completion of this T.A. mission, we would like to extend our sincere thanks to

NMCP and their partners for all their cooperation. The support provided by them during this AMP Technical Assistance visit was much appreciated. The NMCP core group was responsive and supportive throughout this mission. Distance support and assistance in the campaign planning is available (if needed). We look forward to receiving feedback on the developed resources and following up with the NMCP team to get the IG and supporting documents finalized. We wish NMCP, stakeholders and all partners continued success with the planning and, eventually, the implementation of LLIN UC campaign in 2016/2017.