National Long Lasting Insecticidal Nets Strategy-Somalia 2016-2020

Developed and Endorsed by the Zonal NMCPs/MOHs of the Fedral Government, Puntland and Somaliland

Table of Contents

List of Acronyms

ANCs Antenatal Clinics

BCC Behavioral Change and Communication

COMBI Communication for Behavioural Impact

CSZ Central South Zone

EPHS Essential Package for Health System

HMIS Health Management Information System

IDP Internally Displaced People

IEC Information, Education and Communication

ITNs Insecticide Treated Nets

IRS Indoor Residual Spraying

LLIN Long Lasting Insecticidal Nets

MIS Malaria Indicator Survey

MCHs Maternal Child Health

M&E Monitoring and Evaluation

MoH Ministry of Health

NMCP National Malaria Control Programme

NSP National strategic Plan

SR Sub Recipient

PR Principal recipient

PSM Procurement System Management

RTF Regional Taskforce

ToT Training of trainers

WHO World Health Organization

UNICEF United Nation International Children Fund

UN United Nations

UNHCR/FAO United Nation High Commission for Refugees

Section One: Background

1.1 Overview of Malaria in Somalia

Epidemiological stratification: The whole population in Somalia faces varying risks of malaria. Northern areas (Somaliland and Puntland) are at greater risk of epidemics due to unstable and seasonal transmission and the frequently anomalous rainfall patterns. The South Central regions experience stable transmission, particularly in the Juba and Shabelle riverine and swamp areas and therefore carry the greatest burden of malaria in Somalia, although less prone to epidemics.[1] Based on this there are four main malaria risk stratifications required for planning and quantification of resources in Somalia: the overall current transmission patterns (Figure 1.1.a.i); the intrinsic or pre-control estimate of transmission (Figure 1.1.a.ii); the potential risk of epidemics (Figure 1.1.a.iii) and the combination of these and other information to define operational intervention stratification maps (1.1.a.iv).

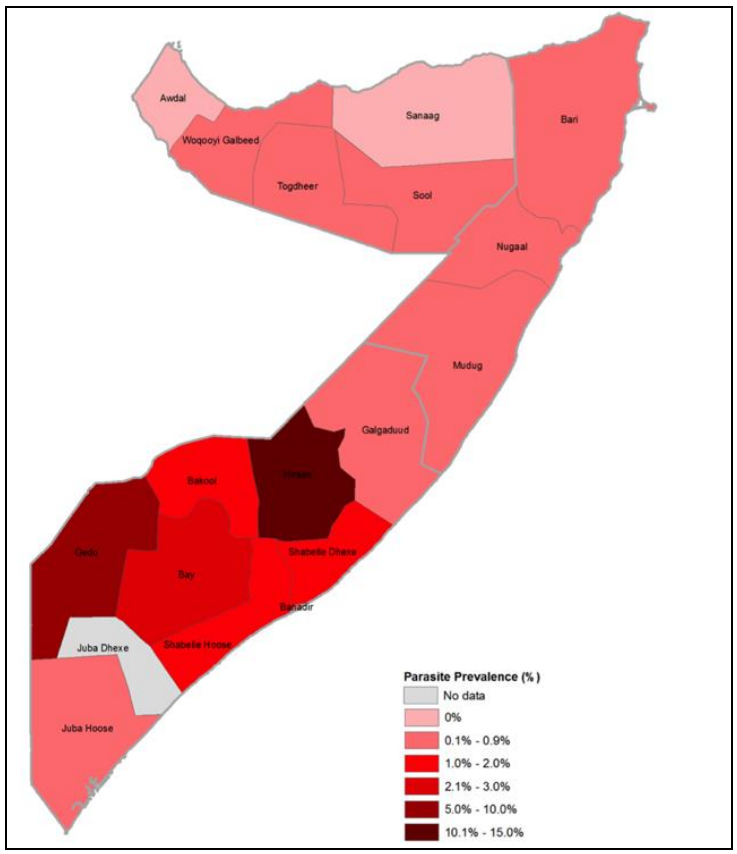
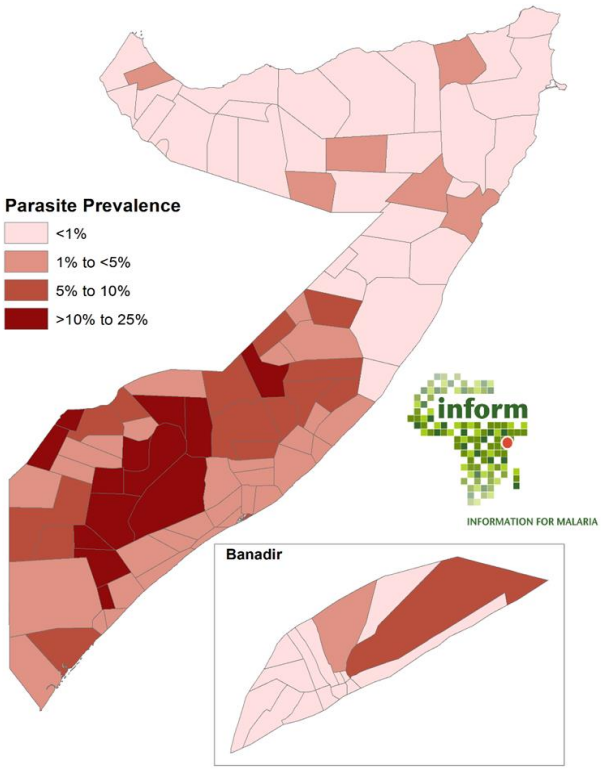


Figure 1.1.a.i - Somalia *P. falciparum* malaria risk and stratification map by region using data from the Malaria Indicator Survey/MIS 2014. This contemporary estimate of prevalence is useful to evaluate impact and help quantify current disease burden.

Figure 1.1.a.ii shows an average intrinsic *P. falciparum* prevalence by district and not an estimate of current prevalence. This map is useful in defining where to target vector control (LLIN and IRS).

[1] Malaria Program Review, 2014, pp 9-10


Parasite Prevalence
<1%
1% to <5%
5% to 10%
>10% to 25%
inform
INFORMATION FOR MALARIA
Banadir

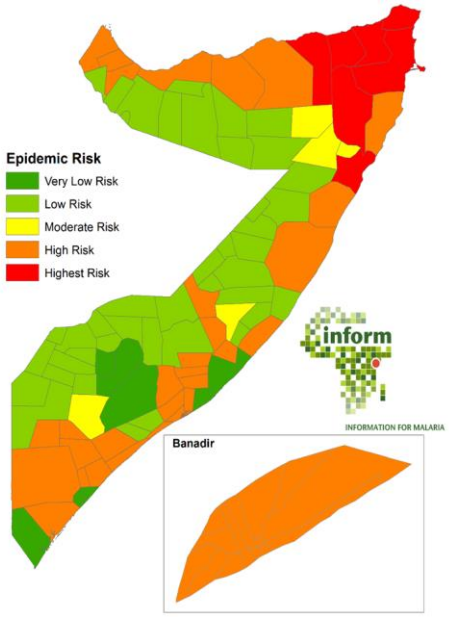


Figure 1.1.a.iii - Somalia *P.falciparum* malaria epidemicity by district

This figure shows the risk of malaria epidemics that have been modelled using historical climatic data, and their relationship with; malaria cases and underlying malaria transmission intensity. The models show that there is some risk of malaria epidemics throughout all of Somalia but the northern districts have generally higher risk of malaria epidemics[2].

[2]Somalia Epidemic Risk and Vulnerability Mapping, 2014

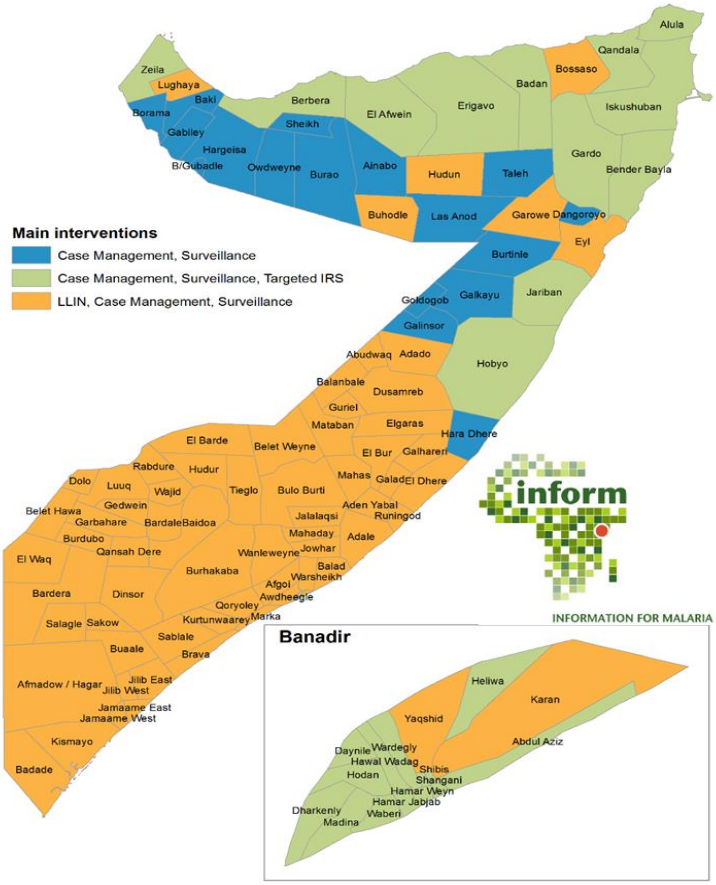


Figure 1.1.a.iv- Somalia operational stratification for interventions in 2014-2017

This figure depicts the proposed interventions based on the endemic and epidemic stratification.[3] In areas where intrinsic transmission >1% parasite prevalence (Figure 1.1.a.ii) LLINs are considered the main vector control intervention. Where the risk of epidemic is high or very high (Figure 1.1.a.iii) IRS is considered the main vector control intervention. In all other districts vector control is not a priority and instead case management and a strong surveillance system will be the main approaches. The epidemic control measures include mass treatment, fever treatment of all febrile cases and focal spraying of residual insecticides.

Key populations who are most at risk from malaria transmission, and malaria related morbidity and/or mortality include children under 5 years, pregnant women and non-immune migrants[4]. These groups are most vulnerable in south central regions due to the climatic and environmental conditions along with the ongoing conflict and instability experienced in the south.

1.2 Use of LLINs for Malaria Prevention

Vector control strategies have been documented in Somali strategic plans since 2006 focusing primarily on distribution and use of LLIN and IRS. The Somali Malaria Indicator Survey (MIS) 2014 results indicate the percentage of households with at least one LLIN per 1.8 persons: 4.3 % in Puntland, to 15.5% in Somaliland, with similar rates observed when comparing urban to rural rates. The percentage of household members who slept under a LLIN ranged from 8.1% in Puntland to 28.9% in Somaliland. MIS 2014 reports national LLIN coverage at 19.1% with Central South Zone (CSZ) at 17.8%. Between 2006 and 2012, over 2 million ITNs and LLINs have been distributed across all three zones, with 1.5m LLINs delivered during this time. In 2013, 2.135 million LLINs were distributed.

[3]Malaria Stratification Mapping, 2014
[4]Malaria Program Review, 2014, p 9

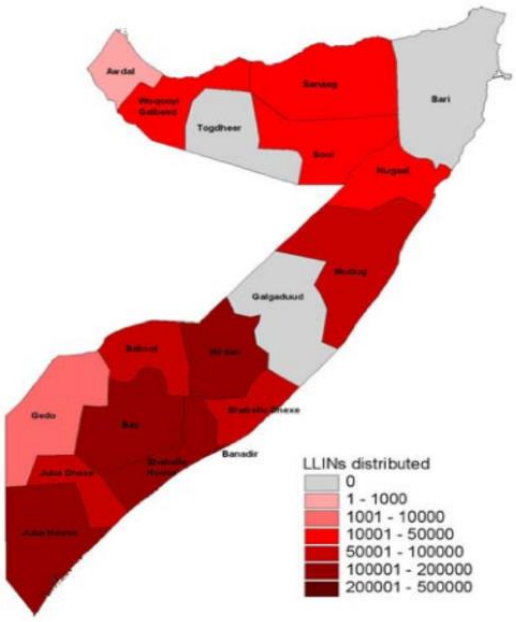


Figure 1.2.b.ii. Number of LLINs distributed by region between 2008-2012[5].

1.2 Use of LLINs for Malaria Prevention

As part of the Somalia National strategic plan for malaria (2011-2015), the main vector control activity implemented in the country is LLIN distribution. Multiple LLIN distribution strategies will be used to ensure all households in targeted geographical areas can protect themselves from malaria. Household size in Somalia is estimated to be 5.8, the number of sleeping places is unknown. However, on examination of the household structure and based on partners experiences, providing at least 2/LLINs per household should be sufficient to cover all sleeping places. The aim of universal coverage is to ensure that all households (100%) own and use at least 2 LLINs.

Distribution mechanisms include:

- Mass distribution of nets at community level, and at-no-cost to beneficiaries (catch-up). Where possible pre-registration of households and issuance of vouchers/wrist bands should be used to minimize leakage to private sector.
- Continuous distribution of LLINs will be undertaken through Ante Natal Clinics (ANCs) /Mother & Child Health centres (MCHs) as part of post natal care.
- Free distribution of nets in IDP camps post-emergency.

Longitudinal LLIN durability studies conducted by the National Malaria Control Programme will be undertaken to determine the survivorship and the fabric integrity of LLINs so as to assist the programme in timely decisions on replacement of LLINs and overall improvement in programme planning and practices.

[5]Malaria Program Review, p31

1.3 Lessons Learned from Previous LLIN Campaigns

LLINs were previously distributed through MCHs only. Since the last National Strategic Plan (NSP) there has been a move to mass distribution at community level. Current activities are aimed at providing at least 2 LLINs per household and using a community entry approach which involves pre-distribution engagement with communities and pre-distribution registration. However, LLIN campaigns require more IEC/BCC support post-distribution hang-up campaigns to ensure retention and utilization. The current NSP aims to prioritize post-distribution net hang-up campaigns to ensure utilization.

Communities value nets and there is excessive demand for free LLINs. Incorporating the community representatives from the different villages into the distribution teams contributed greatly to the success of the exercise. It has created mutual trust between the organization and the beneficiaries which in turn eased distribution. Collaborating with the local leaders, security apparatus and the community has been a major factor of success in previous distributions. Mobilization and sensitization are crucial in creating awareness and optimum demand for the nets. This will be sustained throughout the campaign (pre-distribution, during distribution, post distribution). In previous distributions, there were attempts by local politicians and local leaders to influence the allocation of LLINs to localities of their choice to boost their image. Cognizant of this challenge, allocations of nets will be undertaken centrally, based on epidemiological criteria and stratification.

Surrounding villages, which have not been targeted for the distribution (i.e. not malaria prone), have requested for nets. Beneficiaries are keen to take the nets with the plastic bag. Time allocated for distribution was very limited. There is insecurity. The pastoralist lifestyle of the Somali community making it difficult to distribute. Poor infrastructure which compounds accessibility. In some areas, community members had to carry the bales of nets from the main road covering a distance of up to 5kms. There have been occasions where the estimation of the population during planning did not correspond to the actual population. Large family sized households are demanding more nets. Community elders and village leaders have asked for incentives when paying distributors. The registers provided proved inefficient for most of the community members do not write and hence used their fingerprint for signature which does not show on all the copies.

1.4 Phases of LLIN distribution strategy

1) Procurement

Programme will determine when and how LLINs will be ordered (through a third party procurement/independently), timelines for arrival and delivery level (centralized or decentralized). The roles of the various stakeholders (supplier, NMCP and partners) in the arrival, custom clearing and delivery of nets to the first destination in Somalia and the chain of responsibility for the LLINs. The specification of the LLINs and LLIN pipeline monitoring process will be described.

2) Coordination

All levels of coordination will be established to ensure a well-planned and implemented campaign with the roles of the national coordinating committee and the sub-committee (regional, district and lower level coordination structures) being fully explained. Regular (monthly / quarterly and on a adhoc basis) meetings will be held.

3) Logistics

The supply chain management process from the entry point to the first level of storage will be explained. A timeline of key milestones (e.g. arrival of nets in country, micro-planning, LLIN movement through the supply chain) should be provided. These include:

- Port &custom clearance
- Coordination & handling
- Training of logistics team and personnel for supply chain
- Micro-planning
- Transportation and security (to distribution point)
- Storage and security
- Management & administration tools
- Planning, supervision and monitoring missions

4) Communication

An overview of the strategies and key activities planned for advocacy, social mobilization and behavior change communication pre-campaign during registration and distribution post campaign will be defined. Training as it is related to communication objectives and the overall contribution of the communication sub-committee to the various training manuals will be developed. Specific training elements will be addressed for each phase of activity. Supervision, monitoring and evaluation tools will also be developed addressing the communication component of the strategy.

5) Household registration will involve the following steps:

- Micro-planning
- Management and administration
- Training
- Household registration
- Data management

6) Distribution of LLINs: The key steps will be:

- Micro-planning: The Regional teams that will be supporting micro-planning should consist of logisticians, programme staff and communication experts.
- Management and administration: During the distribution, site personnel will use a tally sheet to record the number of LLINs distributed, names and signatures/thumbprints.
- Training: At central, regional, district and health facility levels, all trainees should be provided with a training manual, data collection and summary sheets, supervision and monitoring checklists and volunteer job aids in order to ensure quality of training throughout the various cascade levels and during implementation of activities.
- LLIN distribution
- Waste management: Each site should have a box for collection of vouchers or wristbands and large bins or bags for the collection of waste at the distribution point.

7) Monitoring & evaluation: all campaigns will follow a specific M&E plan to ensure data are collected to determine if it has met its objectives, to assess the strategies used and to provide lessons for future activities.

5) Budget and funding

The estimated budget will be briefly described, with any existing gaps and any possible sources for filling those funds identified. The plan of action will briefly describe the system used to ensure funds are dispensed on time and in correct amounts

1.5 The Purpose of this Implementation Strategy

This implementation strategy will provide the National programmes and the sub recipients with the necessary guidance to implement mass campaigns and continuous distribution through the ANCs. This strategy gives guidance to all implementing partners on the procedures which should be followed under each activity, with specific timelines and the necessary resources.

Section Two: Implementation Model for Main Campaign

2.1 Coordination Mechanisms

A LLIN National Task Force comprising of the implementers, development partners and key stakeholders from the Ministry of Health from all three zones will oversee the preparations for the National mass campaign and routine distributions. This task force will meet on monthly basis and/or as required to ensure LLIN distribution is implemented in a timely manner.

The LLIN task force will comprise of 3 teams with specific terms of reference namely:

(i) Technical team (SR, PR, MoH, WHO) will oversee:

- Support macro quantification and macro planning
- Consolidation of micro planning data and budgets
- Support the logistics and distribution team in ensuring LLIN specification, procurement & quality control adhere to International standards (WHOPES approved)
- Participation in micro planning training and support to regional and district teams
- Review and revision of training materials, data collection forms, supervision and monitoring tools
- Facilitation, supervision or monitoring of trainings according to agreed timelines for campaign
- Develop regional campaign training plans and collate the training reports
- Support planning for post-campaign follow up to promote net hanging and use
- Write micro planning report/final distribution report based on supervision and monitoring reports including lessons learnt
- Participate in planning for post-campaign LLIN coverage and use survey (as applicable)
- Coordinate in-process monitoring during LLIN distribution
- Support planning for end process evaluation
- Coordinate the data management at district, regional and National levels.
- Resolve bottleneck issues

(ii) Logistics and distribution team (Regional health office, implementing agencies, central) will:

<u>Central &Regional</u>

- Conduct micro-planning mission: mapping and gathering data on areas of storage, fuel,

labour costs and security requirements for logistics budget development.
- Facilitate and/or monitor training for personnel at all levels of the supply chain.
- Verify storage points and LLINs in stores relative to both needs for campaign and waybill from delivery.
- Collate data from LLIN distribution to ensure timely reconciliation and implementation of reverse logistics.

Central

- Monitor procurement, shipping, arrival, port and customs clearance and transport of LLINs to Regional level (pipeline monitoring)
- Ensure all documents for procurement and shipment of commodities, including quality assurance, are in place in a timely manner.
- Monitor the transport and storage of LLINs throughout the supply chain

Regional

- Develop a logistics chronogram detailing the timeline of events based on the programme schedule
- Develop a LLIN positioning plan detailing the LLIN quantities and location of deliveries
- Develop preliminary transport plan to include an estimation of vehicles needed to transport LLINs
- Support planning of "cascade" training from Training of Trainers (ToT) for all logistics personnel who will be performing logistics activities along the supply chain.
- Track nets delivered, distributed and remaining on a daily basis using waybill / Delivery Note, Warehouse Stock Sheet / Card, and Receipt of Goods, which will be procured and distributed within the supply chain for tracking and control of the LLINs.
- Oversee the security arrangements

(iii) Communication team (MoH communication unit, NMCP, SR (health education and health promotion), PR, WHO) will oversee:

- Develop the communication plan to accompany the LLIN distribution and ensure that communication activities are included in the timeline and budget for the campaign
- Develop a campaign slogan and logo
- Develop and disseminate key messages for use by all partners participating in the campaign
- Ensure regular meetings to share guidance, feedback and advice on the development of all communication, advocacy and social mobilization materials and tools for LLIN campaign activities
- Validate all key messages and materials in local language developed with relevant authorities
- Develop the training materials for the personnel involved in the campaign to build capacity and ensure consistency and quality in transmission of all key messages
- Organize media/press coverage of key LLIN campaign activities
- Design advocacy strategies to support engagement of key stakeholders
- Prepare campaign promotional materials for media release and monitor/track their dissemination by specific media houses

2.3 Training

Logistics training

The National Supply Management (3 personnel) under the MoH will need to be trained on supply chain management tools so as to ensure transparency and accountability. Warehouse managers, distribution site supervisor and field assistants – all form part of the supply chain and will need to be trained on their roles and responsibilities as well as tracking tools to be used.

Table 2: Logistics training overview

Cadre	Content of training
Regional staff	- Reception of LLINs and proper offloading and storage - Use of LLIN tracking tools (waybill, stock sheet, tally sheet) - Macro planning - Micro planning, including storage and transport plans - Verification of storage and transport - Supervision of the logistics operation - Training facilitation skills
Warehouse manager	- Reception of LLINs and proper offloading and storage - Use of LLIN tracking tools (waybill, stock sheet, tally sheet) - Daily reporting of stock out and balance during operations
Distribution point supervisor	- Use of LLIN tracking tools (waybill, stock sheet, tally sheet) - Daily reporting of stock out and balance during LLIN distribution

Communication training

Orientation training sessions will be held targeting the media and advocacy teams and will receive an advocacy package on malaria information, LLIN distribution campaigns, the need to consistently use them throughout the transmission season and lastly how to mobilize individuals effectively. Opportunities should be explored with the media to document the campaign activities so as to engage with the communities.

Table 3: Content of demand creation trainings

Cadre	Content of training / orientation
Government members	- Role of Government in campaign promotion - Importance of campaign for malaria prevention - Overview of campaign process - Benefits of LLINs - Promoting participation and hanging and use of nets
Media	- Importance of campaign for malaria prevention - Overview of campaign process - Benefits of LLINs - Promoting participation and hanging and use of nets
Drama group	- Overview of campaign - Benefits of LLINs - Community mobilization techniques - Correct hanging and use of LLINs - Key messages to disseminate about malaria prevention, diagnosis and treatment

2.4 Regional Level

Each Region will have a Regional Task Force (RTF), which will include representatives from the regional health management team as well as other key stakeholders from civil society, information and community services. The RTF will be responsible for briefing the health authorities at the district level for orientation and to garner support prior the LLIN distribution.
The taskforce will meet on a monthly basis to discuss details related to micro-planning, orientation, household registration, verification and actual distribution. The taskforce will meet post-distribution to review the progress made, lessons learnt and identify improvements on future campaigns/routine distributions. Key responsibilities include:

- Tracking progress throughout the campaign and in relation to the three teams (technical, logistics &distribution, communication)
- Resolving bottlenecks issues
- Undertaking high-level advocacy
- Mobilization of resources
- Monitoring and addressing security issues
- Planning and budgeting for post-distribution BCC activities

2.4 Planning Process

2.4.1 Quantification of LLINs

Based on the malaria stratification and district need for LLINs, the total need for LLINs to achieve universal coverage for 2015 – 2017 is 4.528million LLINs for areas with prevalence above 1%. Universal coverage (1 net per 1.8 persons) is targeted for areas where prevalence is >5% and routine distribution through ANC in areas with prevalence above 1%. Additional nets will be distributed to cover areas with prevalence between 1% and 5%. Universal distribution will also include IDP camps within the priority districts. 160 field assistants will be involved in the distribution, upkeep and promotion of LLINs in the targeted communities. All implementing partners will participate in micro-planning for LLIN distribution. Supervision and follow-up will be supported by targeted quarterly field visits. LLIN distributions and uptake will be promoted through the CSS and BCC interventions, including new strategies to work with the LLIN suppliers to translate LLIN inserts into Somali language. By 2017, 72% of the total LLIN needs will be met.

As part of the mass campaign 420,1729 number of LLINs will be distributed to 109 number of districts, resulting in 38218987 number of people benefitting from the campaign. As part of the routine distribution 327296 number of LLINs will be distributed to 109 districts, resulting in a total of 801800 number of targeted beneficiaries.

A household registration will be conducted 2-3 weeks prior distribution taking into account the following information:

- Name of household head (the distribution many want to consider noting the name of a second person in the household is also recorded with instructions that only the listed people can come to the distribution point to retrieve nets)
- Telephone contact

- Total number of people who regularly sleep in the household
- Total number of LLINs the household should receive (based on the LLIN allocation strategy adopted)
- Identification number of voucher(s) or bracelet handed to household

2.4.2 Selection of the distribution agent(s)

Under the humanitarian action process, the UN and bilateral partners within the three zones support procurement and supply chain management (PSM) for health commodities. PSM for malaria commodities is currently coordinated by UNICEF as the principal recipient of Global Fund grants for Somalia. Procurement plans are discussed at Malaria Working Group meetings whose role is to provide recommendations on specifications of drugs, diagnostic tools and prevention tools. A PSM plan exists for the procurement of malaria commodities funded by the Global Fund and there is a Supply Chain focal point in the NMCP in each zone.

2.4.3 Identification of storage facilities

LLINs are stored at central warehouses located at the Coastal towns and transported to partners' warehouses (these have to be vetted by UNICEF for storage criteria) once preparations for mass distribution are finalized. Partners are responsible for transportation to village level and distribution of LLINs.

2.4.4 Micro-planning at regional level

Regional briefing sessions will be held by the National task force team for members of the regional health management team. A LLIN regional taskforce will be formed from the regional health management teams to develop a plan of action for the campaign. The National taskforce will develop the necessary guidance on micro-planning process . This will include information on community mobilization, registration, distribution site selection, distribution methodology. The micro-planning should aim to identify the district needs in terms of stationary, fuel, vehicle support, personnel (specifically field assistants and supervisors), and for staff engaged in the distribution. The National level will collate the necessary information from all the districts/regions to develop the National campaign plan. The facilities and community based distribution points will be identified in each region based on this the operational plan and budget will be finalized. All regional/district plans will be reviewed by the National LLIN taskforce to ensure there is consistency with the overall campaign and, approach and guidance.

2.4.5 Briefing of District Stakeholders

A briefing session will be led by the LLIN National taskforce on the campaign procedure, involving village development committees, district medical officers and primary healthcare coordinators - these members will form the critical members of the LLIN district taskforce.

2.4.6 Orientation of field Assistants

The regional/district supervisors will organize orientation training sessions of the field assistants, which will be for one day to ensure they are equipped with the necessary knowledge and skills to carry out the door to door registration activity, community social mobilization, LLIN distribution and post campaign activities. All data collection tools will be reviewed and practiced by the field assistants during the

orientation sessions.

2.3 Registration of beneficiaries

2.3.1 Door-to-door registration

One field assistant will be expected to register 25 person per day. Household registration will take into account the number of households (to determine the number of LLINs), the completed forms (triplicates) will be sent to the supervisors for verification.

2.3.2 Verification and Compilation of Household Registration Data

The field assistant supervisor will verify at least 5% of the registration forms submitted to them under their jurisdiction and any registrations forms found to have huge discrepancies will be investigated further with a more detailed verification. The National level will receive all summary forms and verification forms for data entry (several: NMLCP, Partner and Liquidation- financial reporting) , which will be used to generate a detailed list for each district including LLIN quantities, which will be provided to the LLIN regional taskforce for distribution.

2.3.3 Selection of Distribution Sites

UNICEF will use the data generated from the household registration and verification process (both conducted by the SR) to confirm the figures for distribution sites and this will be shared with the implementing partners 3-4 weeks prior to the commencement for the distribution. The selection of the distributions sites have been based on high risk malaria prevalence. For rural districts the proposed distribution sites will be reviewed in terms of cost effectiveness, waiting time, transport distances, security requirements and efficiency by the distributing agent and representative from the LLIN National Taskforce. Distribution points serving areas with small populations will be merged and the distribution agent will distribute high volumes of LLINs each day. The LLIN database will be linked with the NMCP malaria database and the logistics management information system.

2.3.4 Beneficiary Verification during Distribution

The village elder will be used to verify the household listing and the household members during the distribution.

2.4 LLINs Distribution

2.5.1 Transfer of LLINs to Distribution Sites

2.5.1.1 Transportation

Following the verification process and once the distribution plans have been approved, UNICEF will transport the LLINs to the partner warehouse. The implementing partner will be responsible for transporting the LLINs to the actual distribution sites as per the approved distribution schedule.

2.5.1.2 Warehousing

The LLIN regional taskforce will use the following criteria to identify the warehouses:

a) overall capacity
b) Location
c) Accessibility
d) Condition (dry and protected from weather elements)
e) Security

The selected warehouses will be vetted by the logistics and distribution team (under the LLIN National taskforce) to ensure they meet the required standards.

2.5.1.3 Security

The following security measures will be in place:

- The programme will operate a LLIN tracking system which records all the LLIN transactions in terms of names and signatures/thumbprints on serialized carbon copy delivery notes this discourages LLIN leakage as it allows for immediate identification of the leakage responsible parties.
- All storage facilities will be locked with either chains or padlocks and will be guarded day and night. The community (village elders will be informed by the implementing partner of the security needs) and Government authorities will provide the necessary security this will also extend to the loading areas as well. During the LLIN distribution, should LLINs need to be stored at the distribution point then the local elder and the field assistants will be responsible for making the necessary arrangements for security but should not exceed more than one day. Where insecurity is an issue, it will be the responsibility of the implementing partner to ensure the proper security measures are in place. UNICEF will provide the necessary supervision for the loading and off-loading and the distribution teams will confirm loading and receiving by ensuring the delivery notes are signed correctly.
- Distribution in urban areas will require more crowd control and the security may be required to prevent any security issues from occurring and should be present before the arrival of the LLINs and during the distribution.

2.5.2 Distribution of LLINs to beneficiaries

Mass campaign

The distribution team comprises of the site supervisor, field assistants, mobiliser, crowd controller, registrar and the village headsman, who will form the distribution team responsible for overseeing the distribution activities at sites identified during the micro planning using the household registration data.

Beneficiaries will be informed through community mobilization campaigns of the date and location for the LLIN distribution. Beneficiaries will be instructed to remain seated until they are requested to approach the LLIN distribution table. The district supervisor will be responsible for bringing the household registration form for each village to the distribution site and this will be handed over to the field assistant for utilization for distribution, who will use the household registration list that details the number of nets each household should receive and used to cross check the correct allocation of LLINs to each named beneficiary as recorded in the household register form. Upon receiving the specified number of LLINs, the beneficiary will be expected to place their signature/thumbprint on the LLIN distribution register. The LLIN packaging will be ripped so as to limit leakage.

The local community elder will secure the distribution areas and verify community members from his or her village. The following forms will be used:

- Tally sheet: tallying the number of nets
- Distribution summary report
- Monitoring forms
- Triplicate LLIN distribution registers

The signed distribution registration forms and tally sheets will be returned to the district level at the end of the distribution exercise. Information will be entered onto the district LLIN distribution summary form and submitted to the National level. Any LLINs not distributed will be taken to the health facility located closest to the distribution point for safekeeping. The district supervisors will reserve LLINs for those beneficiaries who failed to attend the distribution. In the case of any shortages, the beneficiaries (new and existing) will be informed of the earliest date for mop up distribution campaigns (1-2 days).

Communities should be advised to bury any potentially insecticide-treated plastics in soils with low permeability, away from any residences, 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. The net packaging should not be burnt in the open air.

Team Member	Terms of Reference
Site supervisor (1)	- Ensure all preparations for the distribution set up have been done - Ensure security personnel have been contacted, briefed and are present - Oversee the distribution process throughout the campaign - Collate the data on the progress made in achieving the daily targets including stocks received and stock balances as well as reporting any bottleneck issues - Ensure proper reporting on a daily basis and/or correct improper reporting as soon as possible - Responsible for allocating the payment for all team members and receiving the required documentation as payment is made
Field assistants (2)	- Oversee the wrist band exchange or voucher /LLIN distribution - Ensure that packaging is ripped before LLIN is distributed - Mark the tally sheets & registration forms - Ensure that signatures/thumbprints are collected
Mobiliser (1)	- Establish demonstration site - Sensitize the beneficiaries on the benefits of using LLINs and how to hang nets properly and care for them.
Registrar	- Undertake the household registration
Crowd controllers (1) – contribution from the community	- Ensure order among the beneficiaries at the distribution site - Establish a waiting area so as to avoid overcrowding at the LLIN distribution table - Instruct beneficiaries who have received their LLINs to the demonstration area

Continuous distribution

To ensure complete integration of the necessary LLIN distribution information into the existing system the health registries under the supply management system should document the LLIN delivered. The ANC card will record the beneficiary's receipt of their LLIN. The health facility staff involved in the ANC distribution will be the MCH team leader, ANC midwife and store manager.

Staff personnel	Terms of reference
ANC midwife	Securing LLIN bales from pharmacy/medical stores, reconciling LLINs delivered with remaining stocks, ensuring distributing LLINs to ANC mothers attending the ANC services, marking ANC cards to indicate LLIN receipt, ensuring proper record-keeping, training and supervision of staff during consultation and education sessions, supervision of community health workers and local associations participating in the programme, writing and submitting HMIS reports. Deliver key health messages on malaria as part of group or one-to-one education sessions and incorporating advice on malaria prevention and LLIN use into ANC or other consultations, record-keeping, referrals, assessing LLIN eligibility, writing and filling and submitting reports.
Pharmacy/stores manager	Receiving and issuing stocks of LLINs, ensuring safe storage, managing stock inventories, record-keeping, reporting lost or damaged stocks, requisitioning additional stocks, monitoring stock levels and issuing alerts when stocks fall below levels set, writing and submitting reports.
Health district, regional health managers	Advocacy for sufficient resources; MOH relations; donor and implementing partner relations; coordination and planning; training and supervising health system staff; monitoring registries (PSM records), receipts, and supply logistics and resolving issues as they arise; planning and conducting health systems assessments and inventories and taking corrective measures; verifying health facility reports and developing and submitting summary reports; developing and signing contracts, monitoring and evaluation

The order volumes for ANCs (targeting South Central Zone) will be lower than the demand for the mass campaign, LLINs for continuous distribution will be procured on an ongoing basis therefore it is important to maximize LLIN quality, quantity, minimize costs and ensure timely delivery. Following the quantification of LLIN needs, decisions/targets will need to be agreed regarding the number of LLINs needed at the health facility level and this will be determined by the attendance rate - maximum 50 LLIN bales to be allocated per health facility. The National LLIN taskforce should recommend a minimum LLIN stock threshold for each facility which takes into consideration the available storage space, periodicity of the consignment and time needed to requisition and transport LLINs to replenish stocks. Periodic shipping allotments (quarterly, semi-annually, annually) can be planned to phase LLIN arrivals and will reduce the overall need for warehousing space. The geographic allocation of LLIN numbers will be based on available population and or/health facility data. Continued LLIN stock levels should be

monitored at each facility to determine the uptake rates and ensure that new consignments are sent as LLIN stock levels fall below the alert levels is established to instigate the re-supply process. Programme should reserve a contingency stock of LLINs to re-supply health facilities that have stock-outs between planned resupply consignments. Quarterly updates should be sent from the ANC registries indicating the LLINs distributed by every health facility and entered routinely into a database. EPHS targeted regions/facilities can report on the number of LLINs distributed.

Reverse logistics

At the end of an LLIN distribution campaign, any LLINs should be redistributed through the continuous distribution mechanisms i.e. MCH/ANCs, so as to sustain and increase intra-household access. Left over LLIN stock will be gathered from the different distribution points using the existing data collection tools and delivered to the regional level for reprogramming for continuous distribution through channels agreed by the Region.

Section Three: Advocacy, BCC and Social Mobilization

An eclectic array of BCC material and activities will be used for ensuring consistent use of LLINs throughout the transmission season. Materials will include posters, leaflets, and radio spots. Clear and concise messages on LLIN use will be disseminated through multi- communication channels including community action groups/community meetings, radio programmes, public venues (mosques and markets) and billboards. Interpersonal communication channels (through health facility activities and integrated health community sessions) will also be adopted during the registration period through the door to door household visits made by the field assistant. Household members will be informed about malaria risks and the need to consistently sleep under an LLIN as a prevention method throughout the transmission season. The field assistant will receive the necessary training for mobilization, distribution and hang up activities.

The National Programme will conduct the following programme activities on administrative mobilization:

- A briefing paper will be developed highlighting the LLINs and communication for behavioural impact and malaria which will commence in an agreed date.
- The briefing paper and the Communication for Behavioural Impact (COMBI) plan will be shared with the relevant ministerial departments at the central, Regional and district levels. Commitment will be secured for specific actions.
- Establish a management and implementation taskforce (IEC personnel from the MoH, ministry of information, ministry of education) to oversee and coordinate COMBI and organize a schedule of meetings.
- Meetings will be held with the Regional administrative heads of all targeted Regions so as to encourage keen participation and begin plans for involving the Regional, district and village elders.
- Hold meetings with the Regional health personnel to discuss preparations for all partners involved in delivering health services to the public to ensure their support in forming a Regional COMBI implementation team and circulate a briefing paper. Establish a schedule for other meetings for the Regional implementation team to monitor progress and resolve problems.
- An official memorandum from the Minister of Health will be issued to all health staff , sensitizing the staff of the LLIN/COMBI strategy and securing passionate commitment to action.
- The first National COMBI taskforce meeting should be held routinely once per week for the first four months on the LLIN-COMBI programme(once per month).
-Meetings will be held between the Regional, District and health coordinators to address the selection of health volunteers per village in each district.
- Meetings will be held between the Ministry of Health and Ministry of Education at the Regional level focusing on the school promotion effort. An official memorandum from Ministry of Education will be

issued to the District officers with the role of teachers and school children emphasized. An official memorandum from the Regional education Director will be issued to all primary and secondary school heads regarding the school promotion effort, its rationale and encouraging keen participation.
-Meetings will be held with the Regional religious leaders and Regional Director of Health to strengthen their support.
- The programme will conduct a series of press and media activities to put on the public agenda the issues surrounding Malaria and its prevention through use of LLINs. All press materials will be distributed to both central and Regional media. A press release document will be prepared and distributed to print media, highlighting the malaria transmission season, who is at risk, why and what communities need to do to protect themselves. A press release will be prepared on briefing document, announcing the LLIN/COMBI campaign and what is to be expected. The Ministry of Health will hold a formal press conference to sensitize the media representatives at the central and Regional level using the press release and briefing documents (including WHO statement on the impact of using LLINs and why it is important to be vigilant at certain times of the year). A press release document will be prepared on the schools campaign. A press conference will be held with the MoH, MoE and the Regional press on the schools' efforts in the LLIN campaign. A radio and television press release (including sound/video clip bites) will be prepared and distributed and will include the same themes such as the feature article/press release for use in the radio-television news programme. The public relations/press efforts will commence prior to the start of the malaria transmission season - a weekly press release will be disseminated to launch the LLIN intervention. Weekly radio shows will be held to feature malaria prevention on at least four shows prior to the malaria transmission season and repeated during the middle of the malaria transmission season with an update on the campaign (including the need for early treatment of fevers and sleeping consistently under LLINs. The programmes will centre on all relevant issues regarding the behavioural goals. Commentary after news on the radio will be arranged to discuss malaria prevention and use of LLINs on at least 4 occasions in the four weeks prior to the start of the malaria transmission season.

Community mobilization and promotional activities

Each primary healthcare unit will hold briefing meeting with the religious leaders seeking their support. These meetings will share information about the disease, how it is spread, how it can be prevented, plans for advertising bednet distribution and the need for full participation because of the increased mass effect from community wide use of LLINs.

Community meetings will be held in each village during the 4 weeks prior to the malaria transmission season and should regularly update the status of the campaign throughout the malaria transmission season. Schoolchildren of a specific age will be used as communication agents throughout the malaria transmission season and in the process educate them about the disease and its prevention. They will receive single hand out sheets underscoring malaria prevention and using LLINs, an exercise component will be included in the handouts requiring the children to investigate how many bednets there are and who is regularly under them. School children will also inform family members on the need to prevent fevers, ensure everyone in the household has access to a bednet. Teachers will be requested to sensitize the students using single factsheets and answer their queries in the context of what is on the sheet. Consequently each school child will be expected to read the sheet to their parents. The school exercise will receive press coverage. During the malaria transmission season a second school exercise will be conducted: A4 pamphlet will be distributed to all primary and secondary school children. The pamphlet will focus on continuously sleeping under a LLIN and for those who suffer from fevers to sleep under the nets.

Banners will be designed, produced and distributed in the villages. Posters will be printed and displayed with key behavioural messages for urban and rural areas: the importance of sleeping under an LLIN every night.

Long rectangular flags will be developed with the campaign logo and colours, which are placed outside the LLIN distribution points. Any personnel involved in the LLIN campaign should wear the campaign vests and badges. A4 pamphlet should be developed and distributed to all patients before and during the malaria transmission season: explaining: what malaria is, how LLINs work, what people need to do in order to avoid getting malaria, how to put up and care for bednets and the period of time they should be using bednets. All patients attending the clinics for any treatment should be sensitized on the importance of using LLINs.

Section Four: Monitoring

4.1 Monitoring

The objectives of the 2011-2015 National Strategic Plan are:
1. 100% of households in malaria transmission areas own at least two LLINs
2. At least 80% of the population (under 5s and total population) used LLIN previous night
3. At least 80% of pregnant women used LLIN previous night

The primary output indicator for the 2015 campaign is the number of LLINs distributed.

LLIN distributions will be monitored through multiple reporting forms. Following the household distribution, the data will be collated from the household registration forms at the village, district, regional and National level. The registration form will be used to identify the beneficiaries on the actual day. The number of nets distributed per site will be summarized in a tally sheet by the implementing partner.
A distribution report will be prepared and submitted to the National level on a daily basis. From the district summaries, a national report will be prepared for the number of nets distributed and will be used to calculate the administrative cost.
Routine monitoring will be carried out and will be combined with the LLIN distribution process such as logistics, operations, advocacy and social mobilization. Supervisors will be allocated at the district level and will be responsible for data collection, compilation and transfer to central level where analysis will be done.

The process indicators have been listed below:

Process indicators	who will submit	who will collate, analyze and document the findings	Frequency	Format
Number and proportion of districts with functioning campaign coordination mechanisms in place	SR	Central &regional office	Annually	M&E reporting tool
Number and proportion of expected supervisory reports received at the district level	SR/MoH	Central &regional office	Quarterly	M&E reporting tool
Number and proportion of planned regional campaign sensitization sessions conducted	SR/MoH	Central &regional office	Quarterly	M&E reporting tool
Number and proportion of household registration form summaries completed correctly	SR/MoH	Central &regional office	Quarterly	M&E reporting tool
Number and proportion of micro-plans finalized by targeted district	SR/MoH/PR	Central &regional office	Annually	Micro-plan
Process indicators	**who will submit**	**who will collate, analyze and document the findings**	**Frequency**	**Format**

Number and proportion of planned radio spots broadcast	SR/MoH	Central &regional office	Quarterly	M&E reporting tool
Number and proportion of community mobilizes trained	SR/MoH	Central &regional office	Quarterly	M&E reporting tool training report with signed attendance register
Number and proportion of community mobilizers with campaign job aids	SR/MoH	Central &regional office	Quarterly	M&E reporting tool
Number and proportion of households visited by a community mobilizer before the campaign	SR/MoH	Central &regional office	Quarterly	M&E reporting tool
Number and proportion of distribution sites that report a gap in stocks of ITNs	SR/MoH	Central &regional office	Monthly & quarterly	M&E reporting tool
Process indicators	**who will submit**	**who will collate, analyze and document the findings**	**Frequency**	**Format**
Number and proportion of distribution sites with ITN stocks correctly stored and accounted for	SR/MoH	Central &regional office	Monthly & quarterly	M&E reporting tool

Number of ITNs distributed to pregnant women through antenatal clinics	SR/MoH	Central &regional office	Monthly & quarterly	M&E REPORTING TOOL

The outcome indicators are as follows:

Outcome indicators	who will submit	who will collate, analyze and document the findings	FREQUENCY	Format
Households with at least one insecticide-treated net (ITN) (percentage)7	NMCP	NMCP & technical assistance	Every 2 years	Malaria indicator survey, multi-cluster indicator survey, other National surveys
*Children younger than five years of age who slept under an ITN the previous night (percentage)	NMCP	NMCP & technical assistance	Every 2 years	Malaria indicator survey, multi-cluster indicator survey, other National surveys
Pregnant women who slept under an ITN the previous night (percentage)	NMCP	NMCP & technical assistance	Every 2 years	Malaria indicator survey, multi-cluster indicator survey, other National surveys
Households with at least one ITN for every two people (percentage)	NMCP	NMCP & technical assistance	Every 2 years	Malaria indicator survey, multi-cluster indicator survey, other National surveys

Outcome indicators	who will submit	who will collate, analyze and document the findings	FREQUENCY	Format
Household residents who slept under an ITN the previous night (percentage)	NMCP	NMCP & technical assistance	Every 2 years	Malaria indicator survey, multi-cluster indicator survey, other National surveys
Persons of all ages with "access" to an ITN in their household (percentage)	NMCP	NMCP & technical assistance	Every 2 years	Malaria indicator survey, multi-cluster indicator survey, other National surveys

4.2 Accountability and Transparency

The NMCP, with the collaboration of UNICEF and WHO, will develop LLIN tracking tools to record every movement of the LLINs through the supply chain:

- The delivery note (serialized and carbon copy) will accompany the LLINs as they travel from point A to point B along the supply chain.
- The warehouse stock-card will be used at every storage facility to monitor movement of stock.

4.3 Report writing

A consolidated logistics report which includes the total number of LLINs (initial consignment), number of LLINs distributed by district and distribution site will be developed by the LLIN implementing partner. The daily sheets will be used by the distribution supervisor to summarize the number of nets distributed per site into the distribution summary report form, which will be submitted to the HMIS focal point at district level, who will collate all the data from all the district distribution sites into a district summary distribution report form. The District coordinator will be expected to submit a district report 2 months at the end of the campaign. The post distribution monitoring teams will form the NMCP National monitoring teams in each district , who will ensure each activity report is compiled in order to facilitate the timely final report. The final report will be circulated for review to the LLIN taskforce and district coordinators as well as the donor and any lessons learnt will be applied.

ANNEX: 1: Workplan

ACTIVITY	Comments	6 months before	3 Months before	2 Months before	1 Months before	Distribution	3 Months after	2Months after	1 Months after
Establish national coordinating committee and the sub-committee (regional, district and lower level coordination structures) with TORs and members clearly defined		one year before the campaign							
Establish all sub-committees with clear TORs (Comm, Log, M&E, Tech.) Establish LLIN specifications for order and determine whether LLIN delivery will be centralized or at region/district level before procurement and whether containers will be purchased. Issue validated tender for LLIN procurement, including strict evaluation criteria and deadlines, develop a calendar for LLIN arrival and monitor the pipeline of shipping and deliveries. Organize regular meetings.		One month after the establishment of the ZCC	X	X	X	X	X	X	X

ACTIVITY	Comments	6 months before	3 Months before	2 Months before	1 Months before	Distribution	3 Months after	2Months after	1 Months after
Develop plans of action for specific sub-committees (M&E, Logistics, Communication, Finance, etc.), including timelines and budgets for activities		One month after the establishment of the ZCC							
ZCC develop logistics tools quantification of LLINs, procurement specification,(positioning plan, transport plan, storage plan, distribution plan, logistics tools, etc.)		one year before the campaign	X	X	X	X	X	X	X
Organize ZCC meetings where all partners are informed of campaign progress of activities and where the work of sub-committees can be validated. Share minutes from all meetings with all partners.		One month after the establishment of the ZCC	X	X	X	X	X	X	X
Decide on distribution strategy (universal coverage, LLINs/persons or households, urban vs. rural, etc.)		one year before the campaign							
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2 Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**

Develop campaign plan of action (macro-plan) and timeline (chronogram)		X							
Develop campaign activities budget (macro budget)		X							
Based on selected strategy, quantify personnel requirements at all levels for all phases and for all activities		X							
Determine how data will be collected, transmitted and managed. Identify criteria for selection of data collectors, as well as for data analysts at all levels		X							
Based on selected strategy, quantify tool requirements (campaign tools before-during-after distribution, vouchers, logistic needs, supervision, M&E, training guides, payment vouchers, attendance sheets, etc.)		X							
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2 Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Define financial strategy for funds transfers from central level to peripheral actors and partners, as well as reporting mechanisms and timelines		X							

Ensure that all required documents are available for LLIN import, clearing and tax exemption	As soon as documents arrive								
Develop and publish tenders for selection of transport companies from central level to regions, districts or health zones (depending on campaign strategy selected, point of delivery of purchased LLINs, and conditions on the ground).				X	X				
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2 Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Develop and validate micro-planning canvases and tools, including briefing documents for health and district areas explaining process and required information		X							

Develop all tools necessary for all phases of campaign implementation (household registration data collection and summary forms, LLIN distribution data collection and summary forms, hang up data collection and summary forms, supervision and monitoring tools)				X					
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2 Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Develop campaign communication key messages, slogans, logos, etc. Develop media briefing kits and press communiqués to raise awareness of distribution, reach out to traditional, religious, local, political and military authorities		x							
Request and receive from regions and district health authorities updated list of all health posts with estimated population and distances from main town; introduce upcoming micro-planning for campaign		x	x						

Submit developed documents (Plan of Action with supporting sub-committee plans, timeline and estimated budget) for official validation to government, donors and partners for approval and release of campaign funds	Quarterly basis								
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2 Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Pre-test campaign messages			X						
Receive, review, award and sign contracts with transport companies and develop transport schedules			X						
Send micro-planning documents to regions, districts and health zones ahead of mission			X						
Validate all campaign tools from sub-committees and ZCC			X						
Order though tenders all campaign tools (vouchers, training guides and manuals, implementation tools, logistics tools, M&E and supervision tools, communication tools, etc.) for all phases of household registration, LLIN distribution and hang-up activities			X						

Hold central level micro-planning training for teams heading to collect and finalize micro-plans		X							
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2 Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Training of all logistics personnel at all levels, notably for central / regional / district delivery from supplier to warehouse. Ensure all materials printed and available prior to arrival of LLINs				X					
Micro-planning mission at selected level (district or region, depending on country, but head of each health facility needs to be present)				X					
Calculate specific budget needs for each region, district and health zone based on micro-plans			X						

ACTIVITY	Comments	6 months before	3 Months before	2 Months before	1 Months before	Distribution	3 Months after	2Months after	1 Months after
Engage in advocacy and social mobilization activities - traditional, religious, local, political and military authorities and any other stakeholders or campaign actors					X				
Briefing of media – journalists, radio, television, etc.					X				
Social mobilization, mass media and IEC activities					X	X	X	X	X
Synthesis of micro-plans and budgets, central level validation of revised data (and revision of overall strategy if necessary). Send back final plans to regions, districts and health areas			X						
Arrival of LLINs centrally or where delivery was requested at time of purchase		X							
ACTIVITY	**Comments**	**6 months before**	**3 Months**	**2 Months**	**1 Months before**	**Distribution**	**3 Months**	**2Months after**	**1 Months after**

			before	before			after		
Receive and prepare (sort per region, district, health facility) all campaign activity tools (household registration, LLIN distribution, hang up, communication, logistics, supervision and monitoring, etc.)		X							
Central level training of trainers for all campaign activities (household registration, LLIN distribution, hang-up). Regions attend centrally.					X				
Organize ZCC meetings where all partners are informed of campaign progress of activities and where the work of sub-committees can be validated. Share minutes from all meetings.						X	X	X	X
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2 Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Release and transfer campaign funds from central level all the way to health facilities as per national and donor guidelines (LLIN transport, training, per	Should be done quarterly in advance								

diem, etc.)									
Engage in advocacy and social mobilization activities - traditional, religious, local, political and military authorities and any other stakeholders or campaign actors					x				
Social mobilization, mass media and IEC activities					x	x	x	x	x
Arrival of LLINs centrally or where delivery was requested at time of purchase		x							
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2 Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Central level training of trainers for all campaign activities (household registration, LLIN distribution, hang-up). Regions attend centrally.					x				
Revise transport plans with selected transport companies					X				

Develop health area-specific transport plans (all the way to selected distribution sites) with micro-plan quantities and selected modes of transportation and budget		X							
Monitor financial expenditure and justifications for payments									X
Regional level training of trainers and supervisors for household registration activities					X				
District level training for health facility staff and local authorities for household registration					X				
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2 Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Develop supervision plans - define roles and circuits for all campaign activities at all levels		X							
Health facility training of campaign personnel for household registration					X				
Transport LLINs from primary storage (central or decentralized delivery point on arrival) to secondary storage (district or lower level) based on micro-planning data					X				
Social mobilization for household registration					X				

Conduct and supervise household registration and distribution of vouchers					X				
Undertake rapid monitoring surveys to assess coverage and quality of household registration					X				
Collate attendance rate at health facility level(ANC) and send to district health management team					X				
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Synthesize household registration data at district, regional and central levels					X				
Adjust quantity of LLINs per health facility based on household registration data and update transport plan					X				
Regional level training of trainers and supervisors for LLIN distribution and hang-up activities				X=Training of trainers	X =Other distributors				
Transport LLINs from secondary storage to distribution sites (or to health facilities depending on strategy)						X			
District level training for health facility staff and local authorities - LLIN distribution and hang-up					X				

Health facility training of campaign personnel - LLIN distribution and hang-up					X				
Social mobilization for LLIN distribution					X				
Official campaign launch (all levels)					X				
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Distribution of LLINs						X			
Supervision of LLIN distribution						X			
Collate LLIN distribution data at health facility level and send to district health management team									X
Monitoring and rapid evaluation of LLIN distribution						X	X	X	X
Synthesize LLIN distribution data at district, regional and central levels								X	X
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**

Conduct hang-up activities	Strong advocacy should be conducted on special occasion e.g world malaria day					X			X
Supervision of hang-up activities						x			x
Collate & synthesize hang-up data from the community educators and send to district health management team							x	x	x
Monitoring and rapid evaluation of hang-up activities							x	x	x
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Return undistributed nets to district level (or elsewhere according to NMCP guidelines)	Remaining stocks can be reserved either for ANCS or contingency stock								

Undertake process evaluation and develop final campaign report	SR should submit quarterly report the 4th month								
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Develop final logistics campaign report	SR should submit quarterly report the 4th month								
Develop final communication campaign report	SR should submit quarterly report the 4th month by the 15th of the end of the quarter								

Develop final financial report	SR should submit quarterly report the 4th month by the 15th of the end of the quarter								
Circulate final campaign reports to partner organizations and campaign contributors	Done quarterly (4th month) by the 15th of the end of the quarter								
Final meetings to discuss lessons learned and results of campaign at all levels (inverted cascade)	Every 6 months								
ACTIVITY	**Comments**	**6 months before**	**3 Months before**	**2Months before**	**1 Months before**	**Distribution**	**3 Months after**	**2Months after**	**1 Months after**
Conduct survey to measure ownership and use of LLINs	MIS and other surveys								

Annex 2

Registrar Book

BOOK NUMBER:	
REGISTRAR NAME:	
REGION	
DISTRICT	
VILLAGE	
DISTRIBUTION SITE:	
TOTAL NUMBER OF NETS	
CONFIRMED BY	

REGISTRATION DATA						SIGNATURE OR FINGERPRINT	
	Head Of Household Name	1 - 2 People in HH	3 - 4 People in HH	5 + People in HH	Number of LLINs distributed	Distribution	Hang-it Use-it
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
	TOTAL						

Annex 4: Malaria supplies reporting form

orm 9. Health Facility Supplies Stock Levels & Requests

Region:	
Health Facility:	
Organisation:	

B: PLEASE INDICATE IF YOU ARE COUNTING IN TABLETS OR PACKETS OR NUMBER OF TESTS AS APPLICABLE. ALSO INDICATE EXPIRY DATES OF THE COMMODITIES. PLEASE DO NOT INCLUDE QUANTITY OF EXPIRED OMMODITIES IN THE PRESENT BALANCE COLUMN

	UNITS OF REPORTING	OPENING STOCK BALANCE (Number of units at beginning of this period/quarter)	IN (Number of units received during this period/quarter)	OUT (Number of units consumed during this period/quarter)	LOSS/ADJUSTMENTS (number of units of expired/damaged/donated during this period/quarter)	PRESENT STOCK BALANCE (number of units at the end of this period/quarter) DO NOT INCLUDE EXPIRED STOCK	Expiry Dates of the PRESENT STOCK	Batch Number	Number of units requested for nex period/quarter (Requested stock less PRESENT STOCK BALANCE)
Malaria rapid test kits (RDTs)									
arestart Combo - pf/pv	Tests								
Antimalaria Drugs - Non Severe									
rtesunate + [Sulfadoxine+Pyrimethamine] - o-blister - ***50mg+[500mg+25mg] - 3+1***	doses								
rtesunate + [Sulfadoxine+Pyrimethamine] - o-blister - ***50mg+[500mg+25mg] - 6+2***	doses								
rtesunate + [Sulfadoxine+Pyrimethamine] - o-blister - ***100mg+[500mg+25mg] - 6+3***	doses								
LLINS									
ong-lasting insecticidal nets (LLIN) - **Mass ampaign**	pieces								
ong-lasting insecticidal nets (LLIN) - **ontinuous distribution**	pieces								

Annex 5: Logistical Capacity Assessment Form

Assessment of Warehouse - Name, Address and Owner of Warehouse	
1. Warehouse Security: Is this warehouse safe and secure?	
Briefly describe the location; noting any security concerns.	
Are there secure, locked gates and a perimeter fence?	
Does this warehouse have security guards? What hours do they work?	
How many warehouse doors are there? How are they locked? Who holds the keys?	
Are there lights inside the warehouse and security lights outside?	
What fire safety measures are in place?	
2. Warehouse Access: Is there sufficient access?	
Is there access to main transport routes?	
Is there access for trucks, with a parking area?	
Are there access ramps for the warehouse? Are the loading areas sufficient, secure and stable?	
How far away is the nearest UNICEF office in kilometres?	
3. Warehouse Space: Include a diagram with the overall shape and size of the warehouse (using specific dimensions); with the internal layout of stacks and shelves. How are items arranged? Are they divided into areas for Bulk storage (stacks) or pallets, areas for racked storage, with specific areas for cold storage and locked areas for valuable items? *Interior and Exterior photographs should be attached.*	
What are the total storage dimensions in cubic metres? What % of space is typically available?	
What weight / volume of cargo can be received and handled in 1 day?	
4. Warehouse Conditions: Is the warehouse structurally sound and fit for purpose?	
Is the roof well-constructed?	
How is this warehouse ventilated?	
Is there a solid, hard floor made of concrete or sufficiently packed earth?	
Is there a dedicated warehouse Manager?	
How many full-time and part-time staff work in this warehouse?	
Is it clean; with no insects, rodent droppings, dirt; and with a cleaning roster?	
5. Warehouse Facilities: Are there sufficient facilities and systems for effective warehousing?	
How are staff trained on inventory management, warehousing and health and safety?	
How are damaged/expired goods disposed of?	
What stock rotation rules are used?	
Are there gaps to allow access, and separate stocks from the walls/ceiling?	
How often are the physical inventory counts?	

Assessment of Distribution - Name, Address and Owner of Distributor	
8. Distribution Fleet: How many vehicles (of what type) does the distributor possess?	
What modes of transport are available (road, air, animal transport)?	
What total volume or weight in cubic metres / tons can be moved at any one time?	
What commodities do they usually carry (food, fuel, etc.)?	
How are cold-chain items, like vaccines, transported?	
How often are the vehicles serviced? Is servicing done in-house?	

6. Inventory Management: Is Inventory regularly and systematically monitored?	
Are there Bin Cards and Stock Cards?	
Is there a stock report that is updated and communicated regularly? Please attached a sample.	
Is handling, loading / unloading equipment, such as hand-pallet trucks, available?	
7. Warehouse Temperatures / Humidity: Please attach the last 3 months' temperature records.	
When and how often are temperatures and humidity recorded?	
Does this warehouse have cold chain facilities?	
What is the electricity source? What happens if this fails?	

9. Distribution Security: Does the distributor provide a safe and secure service?	
Do vehicles have communications equipment (radio or phones) for the driver?	
How are vehicles sealed/locked to prevent loss or pilferage?	
How many staff members travel with each vehicle during distribution?	
How are goods tracked to delivery: Waybills, packing lists, dispatch orders?	
10. Distribution Constraints: Are there any other constraints that would impede distribution?	
Are there location or infrastructure constraints?	
Are there seasonal or weather constraints?	
On average, how long do round trips take, including loading and unloading?	

Action	Organization	Position	Name	Signature	Date
Assessment Carried out by	Implementing IP:				
Any other information or comments:					

Assessment Received by	UNICEF Program:				
Comments:					
Assessment Reviewed by	UNICEF Logistics:				
Recommendation:					