



USAID
FROM THE AMERICAN PEOPLE

PRESIDENT'S MALARIA INITIATIVE



ZIMBABWE ASSISTANCE PROGRAM IN MALARIA

MASS LONG-LASTING INSECTICIDE-TREATED NET
DISTRIBUTION REPORT 2019

SUBMITTED SEPTEMBER 23, 2019

CONTENTS

Acronyms	1
1. Introduction	2
2. Malaria Disease Burden	3
4. Co-ordination of LLIN Mass Distribution Activities	5
5. Wards Of Operation	7
6. LLIN Training	8
7. District Orientation Trainings	9
8. Stakeholder Sensitization	11
9. Household Registration	13
10. LLIN Distribution	14
11. Lessons Learned and Recommendations	17
12. Conclusion	19

Figures and Tables

Figure 1: Malaria incidence 2001-2018.....	3
Table 1: Roles and Responsibilities of the different Health System Stakeholders in Mass Distribution	5
Table 2: Wards and Health Facilities Which Participated in Mass Distribution of LLIN s(2019).....	7
Table 3: Health Workers trained on Mass Distribution by District and by Gender	9
Table 4: Village Health Workers Trained by District and By Gender	10
Figure 2: Volunteers demonstrating how to hang a rectangular net.....	11
Table 5: Number of community members sensitized by District and by Gender 2019.....	12
Table 6: LLINs Registration Data by District April-May 2019.....	13
Figure 3: An Ox drawn cart carrying LLINs to a village distribution point	14
Table 7 LLIN Distribution by District(June-July 2019)	15
Figure 4: Mass Distribution of LLINs 2016 and 2019.....	16
Table 8: Successes,Challenges and Solutions	17
Table 9: Recommendations.....	18

ACRONYMS

API	Annual Parasite Incidence
CD	Continuous Distribution
DEHO	District Environmental Health Officer
DHE	District Health Executive
DMO	District Medical Officer
DNO	District Nursing Officer
DTT	District Training Team
EHO	Environmental Health Officer
EHT	Environmental Health Technician
GHSCM	Global Health Supply Chain Management
HCC	Health Center Committee
HF	Health Facility
HPO	Health Promotion Officer
LLINs	Long-Lasting Insecticidal Nets
M&E	Monitoring and Evaluation
MCHIP	Maternal and Child Health Integrated Program
MIP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MOHCC	Ministry of Health and Child Care
NMCP	National Malaria Control Program
NMSP	National Malaria Strategic Plan
PEHO	Provincial Environmental Health Officer
PFO	Provincial Field Officer
PMD	Provincial Medical Director
PMI	President's Malaria Initiative
USAID	United States Agency for International Development
VHW	Village Health Worker
WHO	World Health Organization
ZAPIM	Zimbabwe Assistance Program in Malaria

I. INTRODUCTION

Long lasting insecticide treated bed nets (LLINs) are considered an effective vector control intervention globally. At high coverage of 80% (WHO) it has been established that it can reduce malaria cases among the targeted community. According to Zimbabwe's National Malaria Control Strategy of 2016-2020, the country deploys LLINs in areas with Annual Parasite Incidence (API) of 2-4/1,000 population, where the country will scale back IRS and in pre-elimination settings. LLINs will also be used in emergency situations and to control outbreaks where this is indicated. The country also recognizes the existence of special communities where some populations live in areas with API that requires IRS as the choice of intervention but reside in unsprayable structures/rooms. In this regards, special consideration is given to overlap of IRS and LLINs to cater for this special community population.

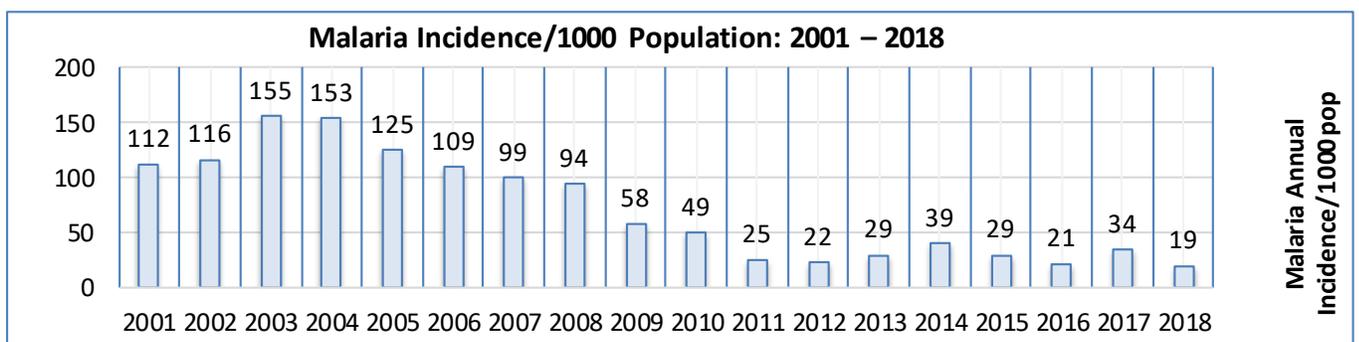
2. MALARIA DISEASE BURDEN

Malaria remains a major public health problem in Zimbabwe. Transmission is generally unstable, with a few high transmission foci in the lower valleys of the country and along the borders with Zambia and Mozambique along the Northern and Eastern borders. About 3.2 million people reside in the mainly rural areas where malaria is endemic. As such the country has rapidly scaled up coverage of key interventions and moved to a sustained control phase.

Malaria transmission occurs mainly during the rainy season in areas below 1,200 meters altitude. During the rainy season the environmental temperature ranges between 18 and 30 degrees Celsius. Thus malaria transmission in Zimbabwe peaks during the November-May, but of late there has been a gradual shift in malaria transmission to June-July. As a result of a combination of the geographical and climate factors, out of the 63 districts of Zimbabwe, 51 (81%) are malaria endemic (with perennial or seasonal transmission). Of the malaria endemic districts, 45 (88%) are in the lowlands and are therefore areas of moderate-high malaria transmission.

According to the National Malaria Strategic Plan (NMSP) the national program seeks to reduce malaria incidence to 5% in 2020 and to reduce deaths due to malaria by 90% of the 2015 figures. This is to be achieved by rapid scale-up to universal access to malaria prevention and control interventions in malarious areas. The move to universal access means that the entire population is now targeted for malaria interventions, not just high risk groups such as children <5 years and pregnant women. Universal access will become ever more important as transmission levels are expected to drop with the scaling up of key interventions, putting a larger proportion of the population at risk of epidemic transmission. Due to the scaling up of activities the incidence of malaria has been on the downward trend since 2001. Figure 1 below shows an 18 year trend of malaria incidence. Year 2017 was unique in that malaria incidence rose to 34/1,000. This was due to various outbreaks which occurred in most parts of the country due to the normal to above normal rains which occurred in various parts of the country.

FIGURE 1: MALARIA INCIDENCE 2001-2018



3. LLIN PROMOTION IN THE 10 DISTRICTS

The NMSP calls for rapid scale up of vector control interventions. As the country scales up malaria interventions more districts will move towards malaria pre-elimination where IRS will be scaled back and more districts will move to LLINs. The 2019 Mass Distribution campaign was the fourth to be implemented in the country since 2010 when the first Mass Distribution was launched. This year's campaign was also the second to be supported by ZAPIM with PMI funding. The campaign was ward based and distributed LLINs targeting every sleeping space, in the respective wards with API of < 5/1,000 population.

The 2019 Mass Distribution campaign distributed LLINs for free and aimed to ensuring universal coverage of the targeted populations in 10 districts: Bindura, Centenary, Guruve, Goromonzi, Mazowe, Mbire, Mt Darwin, Murewa, Rushinga and Shamva (see Table 2 below). The campaign was implemented under the theme "My Net, My Life." One of the key strategic decisions made was to take the LLINs to the people. Based on the population distribution, LLINs outreach points were established so that no one travelled a distance of 10 km in order to get a net. The LLINs distribution wards had either 1) benefited from the 2016 Mass Distribution campaign and/or 2) included some new wards which were not sprayed. The NMCP was cognizant of the fact that some communities required LLINs due to their socioeconomic activities or housing characteristics, even though they were located in IRS-targeted wards. These communities (special populations) are unique in that whilst they accept spraying of their local homes many of them are engaged in farming activities along major rivers and some even farm in Mozambique where they are exposed to mosquito bites. Others are alluvial gold miners, vendors and fishermen and may have temporary second homes/shelters during the summer season, which also corresponds to the peak malaria transmission. Such communities have two homes one home is located in the village and the second may be located either in the field, mine or across the border in Mozambique. To protect these communities against malaria, LLINs were distributed to these communities to cover all indoor and outdoor sleeping spaces.

The objective of the 2019 campaign was to increase ownership, access, correct and consistent utilization of LLINs and eventually reduce malaria transmission. Specific objectives were:

1. To achieve a LLIN coverage of 100% in the targeted wards by July 30, 2019
2. To increase the proportion of people in the targeted wards with access to an LLIN to 95% by July 2019
3. To provide an LLIN to every registered sleeping space in the targeted 10 districts and 144 wards by 30th of July 2019.

4. CO-ORDINATION OF LLIN MASS DISTRIBUTION ACTIVITIES

The mass distribution campaign was coordinated and implemented by the districts and provinces with technical and logistical support from ZAPIM. The 10 participating districts (mentioned above) managed to implement the activity within the time frame. At provincial level the focal point was the Provincial Field Officer (PFO) whilst at the district level it was the Environmental Health Officer. This clear structure enabled the smooth flow of communication between the districts, provinces and ZAPIM. Table I shows the key stakeholders and key responsibilities at each level of the health system.

TABLE I: ROLES AND RESPONSIBILITIES OF THE DIFFERENT HEALTH SYSTEM STAKEHOLDERS IN MASS DISTRIBUTION

Level	Key Coordination Staff	Key roles
National	NMCP ZAPIM GHSCM-Chemonics	Coordination of Mass Distribution activities Logistical and technical support Training of personnel in Mass Distribution Development of guidelines and tools Support and supervision
Provincial	PFO ZAPIM Provincial Coordinator	Coordination of activities Supporting districts Logistical support Training support
District	District Medical Officer (DMO) District Environmental Health Officer	District planning Logistics coordination Support and supervision of ward personnel
Health Facility (HF)	Environmental Health Technician Nurse Health Centre Committee	Training of VHWs Community sensitisation Supporting VHWs LLINs distribution
Community	VHWs Village Heads	Community sensitisation Household registration Selection of distribution points Supporting distribution activities

In advance of the Mass Distribution campaign, ZAPIM developed a guidance document along with several tools to facilitate data capture. These were tools and guidance documents were developed by ZAPIM for the purposes of standardizing implementation of mass distribution activities. The following tools were developed:

- **LLIN 10:** this form was used by the Village Health Workers (VHWs) to collect household information. Key information collected included number of people in the household, number of sleeping places, inside and outside, number of LLINs available and required.
- **Form LLIN 11:** used by HF staff to consolidate information by village from Form number 10
- **Form LLIN 12:** a district summary of data by ward for the household registration data
- **Form LLIN 13:** a summary of LLINs distributed by ward for each district.
- **Form 7:** used to assess LLINs coverage and challenges in utilization of LLINs

5. WARDS OF OPERATION

The 2019 Mass Distribution campaign was implemented in the same areas where LLINs were distributed in 2016. The objective was to replace the LLINs which were distributed in 2016. However new wards were also targeted as per the mapping done by the districts. However no LLINs were distributed in IRS areas as per national policy, except in circumstances where concurrence for such targeted distribution was reached with the NMCP and provinces. The targeted districts are Bindura, Centenary, Guruve, Goromonzi, Mazowe, Mbire, Mt Darwin, Murewa, Rushinga and Shamva. Table 2 below indicates the number of wards and HFs by district which participated in the 2019 Mass Distribution campaign.

TABLE 2: WARDS AND HEALTH FACILITIES WHICH PARTICIPATED IN MASS DISTRIBUTION OF LLINs (2019)

Province	District	Districts Wards	LLINs Wards	Health Facilities in LLINs Wards
Mash Central	Bindura	22	10	8
	Centenary	29	16	8
	Guruve	24	14	12
	Mazowe	35	25	20
	Mt. Darwin	40	16	9
	Rushinga	25	9	7
	Mbire	17	4	5
	Shamva	29	16	12
	Total	221	110	81
Mash East	Goromonzi	25	17	13
	Murewa	34	17	13
	Total	59	34	26
Total	10	280	144	107

A total of 107 Health Facilities (HFs) covering 144 wards participated in the Mass Distribution campaign. This is 10 more wards than those which benefited in 2016. Of the 280 wards in the 10 districts, 144 (51%) of the wards benefited from LLIN distribution. Mazowe District had the largest number with 25 wards out of 35 wards participating in LLIN distribution. This was followed by Goromonzi, Murewa at 17 ward each and Mt Darwin and Shamva with 16 wards each. Mbire was the least with four wards involved in the Mass Distribution campaign.

6. LLIN TRAINING

For the purposes of implementing the mass distribution activities, each ward was assigned six VHWs and two Health Workers for the program. The VHWs were trained over the course of one day by the health workers who had received some training in LLINs Mass Distribution at the district level. Only trained VHWs participated in both household registration and LLINs distribution activities. In cases HFs decided to engage all the trained VHWs in their wards for the purposes of properly executing the program. However no additional resources were provided outside the six VHWs. Each distribution point had two guards added at Mass Distribution level. The training covered the following topics:

- National Malaria Program goal and objectives for malaria and Vector Control
- Malaria prevention and control with a focus of LLINs and how they work
- LLINs distribution methods-Mass and continuous distribution (CD)
- Demonstration on how to properly hang the rectangular net
- Safe disposal of net plastic bags
- Net aeration, maintenance, care and repair including beneficial repurposing for old torn nets
- Community policing measures aimed at promoting net use and discouraging misuse of nets
- Net follow ups using form LLIN 07
- Data collection using the various forms LLIN 10,11, 12 and 13

The trainings were done in a participatory way and the methods used were:

- ✓ Presentations
- ✓ Discussions
- ✓ Presentations on using the data collection tools
- ✓ Practical work on using the data collection tools
- ✓ Group work
- ✓ Role play
- ✓ Demonstrations on various ways of hanging the rectangular net

7. DISTRICT ORIENTATION TRAININGS

District orientation trainings were conducted for the people directly involved in registration and distribution of LLINs. This included mainly the Environmental Health Technicians (EHTs) and nurses from beneficiary wards or HFs, key district personnel (District Medical Officers, Administrators/Stores managers, District Environmental Health Officers, EHOs, Health Promotion Officers and District Nursing Officers) were trained as trainers for the ward level personnel. The district orientation trainings were held from April 8 – May 17, 2019. The trainings were held in District Health Executive board rooms for district level trainings and at HFs outpatient and waiting mother’s centres for HF level participants.

Major outcomes of these district trainings included: Trainers well trained, action plans for ward level activities developed, distribution points identified and strategies for effective implementation developed. The trainings used the same approaches as indicated above. Table 3 below indicates the number of health workers (HWs) trained by district (by gender).

TABLE 3: HEALTH WORKERS TRAINED ON MASS DISTRIBUTION BY DISTRICT AND GENDER

District	Date	Target	Males	Females	Total
Bindura	4/8/2019	25	14	13	27
Rushinga	4/11/2019	20	15	3	18
Shamva	4/12/2019	30	21	19	40
Mazowe	4/9-10/2019	60	30	36	66
Centenary	4/11/2019	30	25	14	39
Guruve	4/12/2019	35	24	14	38
Mbire	4/13/2019	10	6	3	9
Mt Darwin	4/26/2019	40	20	19	39
Goromonzi	5/17/2019	40	14	20	34
Murewa	5/17/2019	40	9	29	38
Total		330	178	170	348

A total of 348 HWs were trained on mass distribution. Goromonzi trained 34 (85%) of the HWs as others were engaged in other programs of LLINs. The district provided on-the-job training for those who had missed the district level trainings. The district orientation trainings were done by the districts and provinces with technical and logistical support from ZAPIM. The duration of the training was one day and the training venues were hospital and rural district council boardrooms (free venues). After the district trainings the HF workers were then tasked with the training of VHWs. Table 4 shows the number of VHWs trained by district.

TABLE 4: VILLAGE HEALTH WORKERS TRAINED BY DISTRICT AND BY GENDER

District	Target	Males	Females	Total
Bindura	60	14	118	132
Rushinga	54	18	36	54
Shamva	96	36	126	162
Mazowe	150	81	455	536
Centenary	102	27	133	160
Guruve	84	33	102	135
Mbire	24	22	33	55
Mt Darwin	96	34	50	84
Goromonzi	102	182	18	200
Murewa	102	16	98	114
Total	870	463	1169	1632

A total of 1,652 VHWs were trained. Of these 463 (28.4%) were male and 1169 (71.6%) were female. Due to selection challenges and the need to have each VHW operate in his or her village, some districts trained all their VHWs. This approach resulted in the doubling of the numbers trained when compared to the target. This was undertaken at no extra cost to the project as the resources for the six VHWs were shared equally amongst all the participating VHWs for that ward. Mazowe District trained the largest number of VHWs of 536, followed by Goromonzi and Guruve Districts with 200 and 135 VHWs trained respectively. Mt Darwin District had some of their VHWs away from their home stations, hence could not be trained on the due dates. However they were trained on job before they embarked on mass distribution activities.

8. STAKEHOLDER SENSITIZATION

The 2019 Mass Distribution LLIN sensitization used a four-tiered approach. The four tiers were the province, district, ward and village level sensitization meetings. This tiered approach ensured that the program had appropriate buy-in from all the important stakeholders. At ward level, councilors, village heads, VHWs, and other community leaders were sensitized on the objectives of the program. One key feature of these sensitization meetings was encouragement of net use at all times. The community leaders were advised and encouraged to come up with community policing measures for those who misuse the nets. Other key issues discussed include:

- Wards targeted and why
- Benefits and importance of using LLINs and how they work
- Encouraging the use of LLINs when people sleep outside
- How to hang up a rectangular net
- How to hang a net on outside sleeping spaces
- Net aeration
- Care and maintenance of the nets for them to last a long time
- Disposal of plastics and waste water after washing a net
- Community responsibilities in ensuring that nets are used properly and not misused

Immediately after training HF staff and VHWs, ward and village sensitisation meetings were conducted before embarking on household registration as outlined during the trainings. This was done within a period of 3-5 days after training.

FIGURE 2: VOLUNTEERS DEMONSTRATING HOW TO HANG A RECTANGULAR NET.



The first sensitization meeting was held at ward level with Ward Councilors, HCCs, village heads, heads of schools and churches. The HF staff were the facilitators with support from the district traditional

leaders and other influential leaders in the community. The village meetings were addressed by VHWs with support from the HF staff and were for all village residents. The focus was on the importance of using an LLIN at all times, net aeration, care of the net and how to hang the rectangular net (see photo, Figure 2). Village meetings were held over at least one hour and over 2-3 hours for ward meetings as no refreshments were provided. Critical issues that were discussed and agreed upon at the ward meeting were on community policing measures, key benefits of consistent and continuous use of LLINs and clear supporting points on how these key benefits will improve their lives. The meeting participants whether leaders or community members convinced on their risk of contracting malaria which will motivate them for LLIN use.

Community sensitization meetings were conducted starting on April 11th and throughout the whole distribution period. The most important meetings were those for community leaders as there are the custodians of local customs and cultures. Each HF at least conducted one community leaders' meeting. Table 5 shows the number of community members sensitized prior to and during LLIN distribution.

TABLE 5: NUMBER OF COMMUNITY MEMBERS SENSITIZED BY GENDER 2019

District	Males	Females	Total
Bindura	357	445	802
Rushinga	198	67	265
Shamva	5,080	7,805	12,885
Mazowe	532	383	915
Centenary	117	216	333
Guruve	272	200	472
Mt Darwin	78	149	227
Goromonzi	3,977	5,223	9,200
Murewa	1,257	2,236	3,493
Total	11,868	16,724	28,592

For Goromonzi, Murewa and Shamva the figure includes that of community members sensitized prior to net distribution. For the rest of the districts the figures are for community leaders sensitized.

9. HOUSEHOLD REGISTRATION

This activity involved moving from house to house registering the number of people and sleeping spaces per household. This activity was done by VHWs with support from the EHTs and nurses. The activity was carried out over a period of ten days between April 24 and May 31, 2019. The number of days required for registration depended on the number of households and the spatial distribution of the households in that ward. One special feature about the 2019 Mass Distribution campaign was the aspect of registering sleeping spaces outside including those located at the field or tobacco curing bans. This was welcomed by the various communities. Table 6 gives a summary of the household registration data by district.

TABLE 6: LLINS REGISTRATION DATA BY DISTRICT APRIL-MAY 2019

District	Household Registered in LLIN Wards	Population in LLIN wards	Estimated LLINs Required
Bindura	15,395	71,398	45,444
Centenary	16,032	75,408	40,595
Guruve	24,804	103,513	61,065
Mazowe	47,465	208,782	133,689
Mt Darwin	16,947	80,733	51,505
Rushinga	7,457	32,565	20,370
Shamva	12,265	61,988	52,579
Mbire	3,128	12,927	11,749
Total	143,493	647,314	416,996
Goromonzi	38,412	174,512	107,430
Murehwa	30,279	145,315	98,917
Total	68,691	319,827	206,347
Grand Total	212,184	967,141	623,343

10. LLIN DISTRIBUTION

Logistics

Two distribution approaches were adopted. Mashonaland Central Province used the provincial distribution approach. LLINs were first delivered to two regional warehouses at Nzvimbo Growth point in Mazowe and Camsasa in Guruve Districts respectively. Mashonaland East Province used the district-based approach where coordination was in the hands of the DEHO who worked closely with ZAPIM in ensuring timely delivery of LLINs to distribution points.

For the Provincial approach the Provincial Field Officer in close liaison with ZAPIM coordinated the delivery of LLINs to the districts and eventually to the distribution points. Distribution from the National Warehouse to district and regional stores was done by Global Health Supply Chain Management (GHSCM) project implemented by Chemonics. The stores personnel of MoHCC at district level and some EHTs were engaged as stores personnel and they managed the distribution to districts and distribution points. Delivery from the regional and district stores was done by the provinces and districts with support from ZAPIM. Mashonaland Central used five lorries and Mashonaland East used one lorry. Once the nets were delivered guards were immediately engaged to provide security for the LLINs.

Districts received the instruction that LLINs were to be distributed to beneficiaries within two days of delivery so as to cut down on costs and unforeseen risks. Stock cards were used to manage the stocks of LLINs. Various modes of transport were used from the HFs to outreach points, were used ranging from trucks, pick-up trucks, motorbikes and scotch carts as seen in Figure 3 below.

FIGURE 3: AN OX DRAWN CART CARRYING LLINs TO A VILLAGE DISTRIBUTION POINT



Distribution Coverage

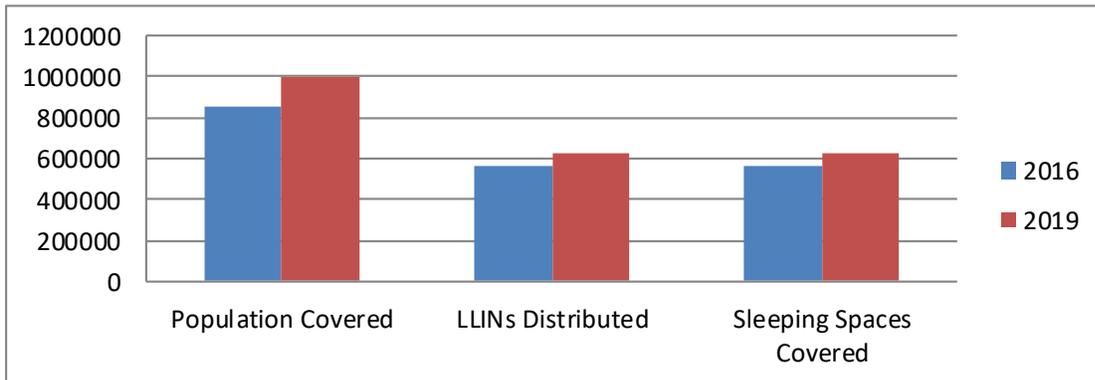
Distribution of LLINs to beneficiaries started on the 10th of June 2019 and was completed on July 5, 2019. The distribution days were 8 days per static distribution point. In line with the strategy of taking nets to the people a total of 421 distribution points were established. These consisted of 106 static facilities (HFs) and 315 outreach points. The opening up of more outreach points was hampered by the unavailability of transport to deliver nets from HFs to proposed outreach points. Local farmers and business persons who had promised transport failed to deliver due to the non-availability of fuel at local filling stations. Table 7 shows the LLIN distribution coverage by district.

TABLE 7 LLIN DISTRIBUTION BY DISTRICT (JUNE-JULY 2019)

District	H/H Covered	Population Covered	Sleeping Spaces Targeted			Total Nets Distributed		
			Inside	Outside	Total	Inside	Outside	Total
Bindura	16,136	75,824	46,898	1,087	45,444	46,898	1,087	47,985
Centenary	16,763	76,265	38,985	2,383	41,368	38,781	2,023	40,804
Guruve	23,650	92,937	58,559	2,506	61,065	55,833	2,017	57,850
Mazowe	47,465	203,123	131,175	2,514	133,689	128,008	1,118	129,126
Mbire	4,690	15,926	9,893	1,856	11,749	9,887	1,733	11,620
Mt Darwin	17,109	82,744	43,684	7,821	51,505	45,426	6,454	51,880
Rushinga	7,747	33,060	18,132	871	19,003	19,006	1,364	20,370
Shamva	17,763	86,188	51,147	1,631	52,778	52,579	2,174	54,753
Total	151,323	666,067	398,473	20,669	416,601	396,418	17,970	414,388
Goromonzi	40,068	175,427	109,708	623	110,331	109,956	1,737	111,693
Murewa	31,879	151,768	97,378	1,539	98,917	97,217	1,160	98,377
Total	71,947	327,195	207,086	2,162	209,248	207,173	2,897	210,070
Grand Total	223,270	993,262	605,559	22,831	625,849	603,591	20,867	624,458

As a result of the Mass Distribution campaign, a total of 223,270 Households with 625,849 sleeping spaces were covered. Of the 624,458 (99.8%) LLINs distributed, 20,867 (3%) were for covering outside sleeping spaces. This was the first time in the history of Mass Distribution in the country that outside sleeping spaces were specifically earmarked for LLINs distribution. These spaces included those at the fields, along stream banks, at the tobacco curing barns and at small scale miners (gold panners) locations. The total population covered was 993,262 (99.8%) out of a target population of 967,141. When compared to the Mass Distribution of 2016 there has been an increase in the coverages for all key figure indicators Figure 4 shows a comparison of coverage between the 2016 campaign and the 2019 campaign.

FIGURE 4: MASS DISTRIBUTION OF LLINS 2016 AND 2019



In 2019, a total of 993,262 people were covered by LLINs. This is a 16% increase in population coverage when compared to the population covered in 2016. A total of 624,458 LLINs were distributed in 2019 which is an 11% increase when compared to 2016.

Distribution Model

A village-based distribution model was adopted during the 2019 Mass Distribution campaign. This model involved taking the nets to the people and assigning villages specific days and time to collect their nets. This strategic approach of establishing LLINs outreach points and providing LLINs even for outside sleeping spaces was highly welcomed by the communities.

II. LESSONS LEARNED AND RECOMMENDATIONS

ZAPIM has the following lessons learned to share from the 2019 Mass Distribution Campaign:

- The theme **My Net My Life** ensured that the beneficiaries were kept engaged during the distribution process
- The use of appropriate communication structures (Councilors, Health Centre Committees, VHWs, Traditional/Village Leaders and local Leadership and Schools) to notify beneficiaries ensured that word reached all the targeted communities
- The aggressive approach adopted in LLINs promotion is beginning to bear fruit as most communities prefer LLINs instead or in addition to IRS
- The appointment of a LLIN focal person at district level improved communication, coordination and implementation of activities.
- Gold panners preferred repellants instead of IRS or LLINs
- Tobacco farmers preferred LLINs instead of IRS
- The use of standard forms and reporting templates ensured that there was standardization of data collected and reported on
- The use of the daily master tracker ensured that LLINs distribution was monitored on a daily basis and challenges quickly resolved.

Table 8 below captures the success, challenges and solutions of the 2019 Mass Distribution Campaign. Table 9 includes recommendations to address these challenges and indicates who has responsibility for addressing these challenges going forward.

TABLE 7: SUCCESSES, CHALLENGES AND SOLUTIONS

Successes	Challenges	Solutions
<ul style="list-style-type: none"> ○ People received education on use of the LLIN, how it works, how to hang the LLIN including handling, care and maintenance of the LLIN. ○ The LLIN hanging demonstrations done before one received an LLIN were very educative as confirmed by village heads during feedback meetings. ○ LLINs were provided to outside sleeping spaces unlike in previous years where LLINs were only meant for use inside houses only ○ LLINs were given for free ○ LLINs were brought closer to the people by establishing outreach LLINs distribution points. 	<ul style="list-style-type: none"> ○ Some people were out of the ward during registration ○ Some registered households had travelled and hence were missed ○ Names wrongly omitted during the transfer of data from the VHWs books to the main register ○ Border challenges between districts on registration of beneficiaries ○ Temporary shortage of LLINs 	<ul style="list-style-type: none"> ○ Those H/Hs which did not receive LLINs will be covered by CD. ○ HFs should verify data from VHWs at all times ○ There should be inter district meetings to harmonize operations along the district boundaries. ○ The 5% contingency was used to cover the

<ul style="list-style-type: none"> ○ The distribution was very orderly and there were no long queues as villages were given specific days to come for LLINs collect the waiting time for one to collect a net was reduced ○ The village based approach also ensured that people received appropriate messages in small numbers. ○ Community Leaders actively supported the program by holding sensitization meetings and some accompanied their villagers to the distribution points ○ VHWs were given time to educate the people about LLINs by Village heads. <ul style="list-style-type: none"> ○ Religious communities/Objectors accepted the program as they also collected the LLINs and they agreed to use the LLINs during night gatherings. ○ The 5% contingency minimized shortage of LLINs as this covered those missed during registration. 		gap
--	--	-----

TABLE 8: RECOMMENDATIONS

Challenges	Recommendations	Responsibility
<ul style="list-style-type: none"> ○ Local partners failed to provide the promised vehicles to service outreach points 	<ul style="list-style-type: none"> ○ Future project to consider hiring private transport for delivering nets from HFs to outreach points ○ The activity to be accorded a national event so that resources are availed from provincial to districts level ○ Engage business and farming communities/organizations in all developmental programs from the planning stage 	<ul style="list-style-type: none"> ○ ZAPIM ○ NMCP/PMDs
<ul style="list-style-type: none"> ○ Timing of campaign did not coincide with providing protection during peak transmission season 	<ul style="list-style-type: none"> ○ Future campaigns should be done between March and May for impact 	<ul style="list-style-type: none"> ○ NMCP/ZAPIM
<ul style="list-style-type: none"> ○ Delays in daily reporting and sending data by districts 	<ul style="list-style-type: none"> ○ Provinces should take charge and play an active role in LLIN activities in the same way they conduct IRS operations 	<ul style="list-style-type: none"> ○ PEHO/DEHO
<ul style="list-style-type: none"> ○ Appearance of people who had not registered prior to net distribution due to some past false promises by other organizations 	<ul style="list-style-type: none"> ○ Conduct an intensive awareness campaign prior to household registration ○ Organizations should fulfil their promises to the communities 	<ul style="list-style-type: none"> ○ ZAPIM/NMCP/PMDs
<ul style="list-style-type: none"> ○ Workers not released to receive LLINs on the scheduled distribution dates 	<ul style="list-style-type: none"> ○ Continue to engage local leaders and employers on best distribution methods for these 	<ul style="list-style-type: none"> ○ DEHOs/ZAPIM

	communities	
<ul style="list-style-type: none"> ○ Low collection rates in peri-urban areas as people were at work (formal and non-formal) as they could not get time off to collect their nets. 	<ul style="list-style-type: none"> ○ Engage business community and also conduct some intense awareness campaigns prior to net distribution 	<ul style="list-style-type: none"> ○ DEHOs/HPOs

12. CONCLUSION

ZAPIM surpassed all targets set for the 2019 Mass Distribution campaign. The provision of LLINs for outdoor sleeping places and the establishment of LLINs distribution points closer to the people by adopting the village/farm based distribution model was a huge success. The leadership role played by MoHCC personnel at provincial, district and HF levels enabled the campaign to achieve the desired objectives within the stipulated time frame. Future mass distribution should consider establishing outreach points to bring the nets closer to the people.