

## Implementing mass long-lasting insecticidal net distribution campaigns in Mozambique

### Lessons learnt from Nampula and Niassa provinces

#### Key messages

- » Effective mass long lasting insecticidal net (LLIN) distribution requires responsiveness to the unique needs of each context, and streamlining of complex and simultaneous activities.
- » Learning from the implementation of mass LLIN distributions, as well as forward-thinking is key to anticipating challenges and delivering effective and timely solutions for future campaigns.
- » Transparent, proactive and regular communication with all stakeholders, contractors and local agents enhances collaboration, effectiveness and for implementing a mass LLIN campaign.

#### INTRODUCTION

Malaria accounts for a high percentage of Mozambique's disease burden, affecting all population groups, but especially children under five and pregnant women, and those living in rural areas across the country. In 2016, about six million cases and close to 1,700 deaths from malaria were reported with malaria accounting for approximately 40 percent of hospital admissions. In an effort to address this, the National Malaria Control Program (NMCP) aims to reduce malaria morbidity and mortality by 50 percent of the 2009 levels by the year 2017.

Malaria Consortium has extensive experience supporting governments in planning and implementing large-scale distributions of long lasting insecticide-treated nets (LLINs) through campaigns and continuous channels. In Mozambique, Malaria Consortium has been part of a nationwide initiative to scale up prevention and control efforts since 2011 through the Malaria Prevention and Control project led by the Ministry of Health. Under this project and the government's motto of 'Leave Malaria Out', Malaria Consortium supported the NMCP in the northern provinces of Nampula and Niassa to deliver over four million long lasting insecticidal nets (LLINs), procured by the Global Fund's Pooled Procurement Mechanism, to over one million households. The NMCP led the overall planning and implementation within a decentralised health system. Malaria Consortium provided operational support in Nampula and Niassa provinces.

In Nampula province, Malaria Consortium supported the introduction at scale of a new operational model for universal

LLIN coverage, which was developed with partners and the NMCP, and based on existing operational guidelines on the planning and implementation of a mass LLIN distribution campaign (Figure 1). The challenges encountered and identified during this demonstration project in November 2016 served as the basis for improving the delivery of the LLIN campaign in Niassa in April 2017.

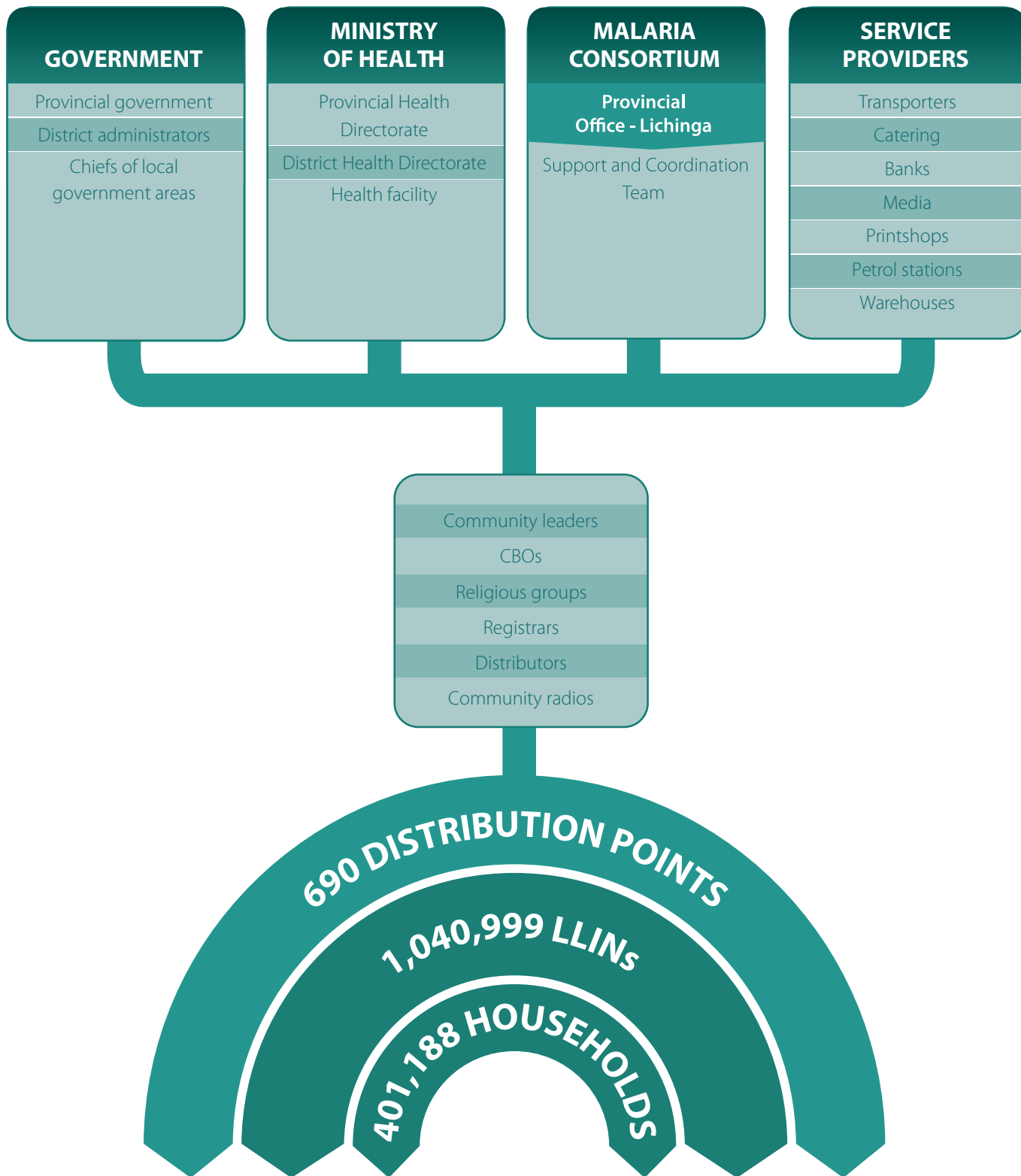
This Learning Brief shares Malaria Consortium's experience from implementing the LLIN campaigns in the two provinces and from working in collaboration with partners in the efforts to reduce the burden of malaria in Mozambique. It highlights six values that guided the implementation of the campaigns: technical excellence, collaboration, innovation, responsiveness, results orientation and integrity.



**Figure 1: Key components of an LLIN distribution campaign**

*Adapted from The Alliance for Malaria Prevention (2012). A toolkit for mass distribution campaigns to increase coverage and use of long lasting insecticide treated nets, Second Edition*

**Figure 2: Participating stakeholders in the LLIN distribution campaign in Niassa**





## 1. ADVOCACY AND MICROPLANNING



**OUR VALUE:**  
COLLABORATION

### Effective coordination at provincial, district and field level

Effective coordination is at the heart of the success of large-scale LLIN distribution campaigns. In order for coordination structures to function effectively, strong leadership is required. During the campaign in Nampula province, one of the challenges was that those involved in the campaign lacked clarity on what their roles were. Drawing from this experience, Malaria Consortium ensured that all stakeholders had a clear understanding of their responsibilities by supporting provincial and district health authorities in their coordination role through:

- » Regularly communicating, occasionally on a daily basis, with all district health authorities to share updates and timely identify issues that needed addressing
- » Proactively facilitating weekly coordination meetings with provincial health authorities and documenting action points and those responsible for resolving specific issues
- » Sharing weekly updates with all partners to maintain an overview of the campaign and reacting as needed to a constantly changing environment.

*“The key for success in such an operation is **anticipation**: not just detailed planning, but also mapping and foreseeing unexpected challenges and constraints that may arise along the process. This requires in-depth knowledge of the local operational context, including barriers to access to remote areas, a detailed evaluation of the capacity of each stakeholder to fulfil its role and responsibility. Most importantly, [it also requires] a thorough analysis of perceptions and expectations of the various stakeholders involved ... and the respective roles and responsibilities of implementing partners, and [Malaria Consortium’s] organisation as a team.”*

*Fernando Bambo, Deputy Project Coordinator,  
Malaria Consortium Mozambique*



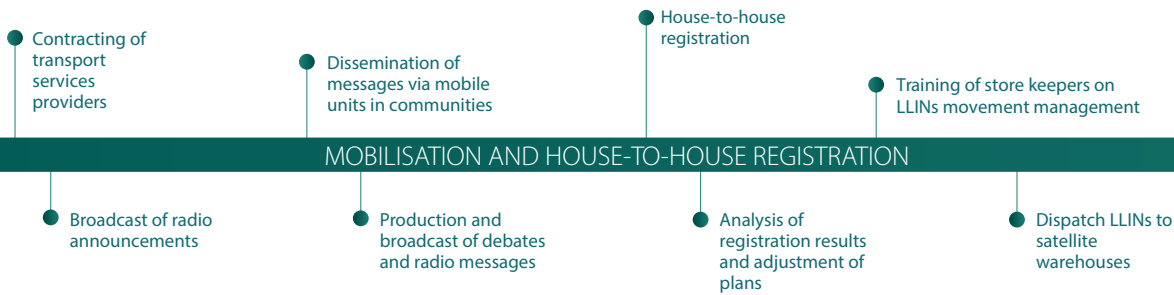
**OUR VALUE:**  
TECHNICAL EXCELLENCE

### Macro versus micro planning

Most of the procurement and resources allocation for the two campaigns were derived from a macro-plan, which was based on population census data that was often not up-to-date. During the micro-planning stage, districts updated the plan with recent data obtained from the administrative level. The updated plan showed that the resources needed were recurrently higher than what was initially planned, which led to trade-offs with the limited resources available. It is therefore crucial that future LLIN distribution campaigns engage provinces and districts in defining the programme’s needs much earlier in the planning cycle.

*“Running such a campaign is like running a marathon. It requires coordinated movements, it requires balance, rhythm, spatial orientation, and most importantly a high commitment towards success. Similarly, in this unprecedented campaign, we needed to gain and keep engagement of all stakeholders focused on our common goal over three months: successful delivery of LLINs to everyone. My role was to bring together various actors, each with different practices, sensitivities and organisational culture, and to leverage synergies towards a cooperative effort. The coordination meetings with the provincial health directorate were decisive for this process, allowing open discussion of issues and joint problem-solving.”*

*Joaquim Chau, Malaria Consortium  
Provincial Coordinator, Niassa province*



## 2. MOBILISATION and HOUSE-TO-HOUSE REGISTRATION



**OUR VALUE:**  
**INNOVATION**

### Efficient allocation and use of resources

To support field activities during the campaign, a range of materials were needed, including coupons, household registration forms, stationary and training materials. As an alternative to using a third-party supplier to deliver the materials to districts, Malaria Consortium worked with provincial health authorities in both provinces to send the materials through national health service staff who regularly travelled to the districts. The materials were loaded on the vehicles used by staff, clearly labelled for easy identification, and properly packaged to ensure it was protected during transit. A tracking system was set up to confirm its delivery. This solution was not only cost-effective and led to more efficient use of resources, but also increased ownership among local health authorities as they took responsibility for the transportation of materials.



**OUR VALUE:**  
**RESPONSIVENESS**

### Flexibility and responsiveness in procurement

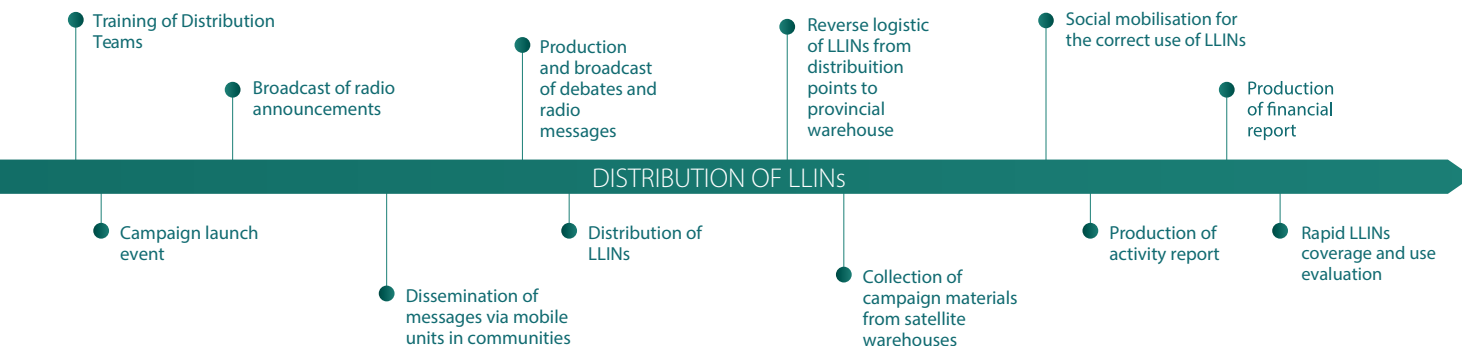
The LLIN distribution operational model required that all districts conduct field activities simultaneously over a period of approximately four weeks – which included house-to-house registration to the delivery of LLINs. Unexpected events and urgent requirements needed to be considered in order to provide the financial, operational and logistical support to complete activities within the planned timeframe. Solutions such as shortening usual lead times in goods and services procurement was sometimes necessary in order to deliver the campaign on time, while at the same time, adhering to organisational and donor procedures for the procurement of goods and services.



**OUR VALUE:**  
**RESULTS ORIENTATION**

### Managing the logistics of simultaneous trainings

Registrars are responsible for house-to-house registration and providing households with a coupon that they can use during net distribution. A two-day training of household registrars was conducted simultaneously in about 1,400 locations in Nampula and 700 locations in Niassa. The training, often held in remote areas, involved catering for about 10,000 trainees in Nampula province and 4,000 in Niassa province. One of the challenges in organising the catering was that often, there were no local service providers or that local providers did not have capacity to provide the required service. A variety of approaches were considered to overcome this. Providing pre-packaged food kits was one option, however, this was difficult to implement in remote areas. The approach chosen was providing attendees with a stipend in cash so that they can arrange their own food supply during the trainings. The daily stipend value for the training days was set at the same rate as the stipend paid to registrars during field-level registration activities. This approach not only simplified the catering process but also satisfied registrars' expectations of receiving a consistent stipend.



### 3. LLIN DISTRIBUTION



**OUR VALUE:**  
**TECHNICAL EXCELLENCE**

#### Support effective social mobilisation

Social mobilisation is a key component of a successful LLIN distribution campaign, but can often be overlooked. For instance, during the Nampula campaign, district teams were often occupied with planning and implementation activities and were not able to develop structured social mobilisation plans. To overcome this challenge, a social mobilisation planning and budget template was designed for use in the districts, which provided district teams with a basis for the allocation of resources and the implementation of social mobilisation efforts.



**OUR VALUE:**  
**INTEGRITY**

#### Financial management

A key aspect of a successful campaign is stewardship in financial management, particularly as large sums of money, including through cash-on-hand, are disbursed over a few weeks during the campaign. In Nampula province, a mobile money system was piloted to reduce the transfer of large amounts of money, however, end users' lack of trust and experience in using electronic payments was a challenge. In Niassa, where the bank network is limited and the mobile money system was not viable for a large-scale operation, all payments at the community level were made through cash-on-hand. To minimise the risk of fraud and theft, a protocol was developed for all cash-on-hand payments, including clear lines of accountability and an agreement signed by each person responsible for making cash payments. This contributed to a smooth and timely implementation of the payments.



**OUR VALUE:**  
**INTEGRITY**

#### Contracting and management of service providers

A large-scale distribution campaign such as those conducted in Nampula and Niassa provinces mobilises various transportation – cars, lorries, motorbikes, boats and tractors – to reach remote localities. While local agents were the most appropriate choice to provide this transport service, many had limited capacity and needed support to respond to these needs.

To streamline the management of several contractors simultaneously across all districts, a district-based approach was pioneered in Nampula. This involved close coordination with the local authorities to contract one main service provider in each district. This provider was responsible for sub-contracting other local agents to deliver the requested transport service. Open and transparent communication with all local providers was key during the selection process. In Niassa, in order to further strengthen this process, a series of meetings were held in each district with all interested local agents to explain the conditions of the contract and to provide adequate information to selected sub-contractors.





*Redeeming bednets at the distribution point in Niassa province, Moambica locality, Sanga district in May 2017*

## NEXT STEPS

Following the Nampula pilot in 2016, the Ministry of Health and its partners have continued LLIN distribution to households in other provinces throughout 2017. Malaria Consortium is continuing to provide technical support to the NMCP to ensure that the lessons learnt from the implementation of the mass LLIN distribution campaigns in Nampula and Niassa provinces strengthen future LLIN distribution, and that the documentation of learning contributes to improved effectiveness.

Alongside these efforts to increase the access to and ownership of LLINs at household level across the country,

there is a need to continually increase awareness and empower communities on the importance of routine and consistent use of LLINs for optimal protection against malaria. Innovative social and behaviour change strategies must be developed, based on a thorough analysis of the determinants of LLIN use among the population in order to address the perceived barriers to LLIN use. Significantly expanding LLIN ownership and proper use of nets is essential for Mozambique to meet its goals of malaria control and to reduce the burden of malaria for those at greatest risk.

### Acknowledgements

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