United Republic of Tanzania
Ministry of Health, Community Development, Gender, Elderly and Children
&
President's Office - Regional Administration and Local Government

Health Facility-Based LLINs Distribution

Reference Guide

June, 2016

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Mpango wa Taifa wa Kudhibiti Malaria

Health Facility - Based LLINs Distribution

Reference Guide

mwongozo huu wa washiriki katika vituo vya kutolea huduma
za afya ni kwa majaribio ya awali

Contents

Foreword

The national malaria strategic plan (2014-2020) recognizes Integrated Malaria Vector Control (LLINs, IRS, larviciding, environment measures) as one of the five core interventions for malaria control. The National Insecticide Treated Nets strategy therefore calls for various means of ensuring that the coverage of LLINs is sustained at 85% and above. Although mass campaigns are the best method for rapid scale up of LLINs coverage, especially when the household ownership levels are low, mass campaigns alone are not enough to sustain universal coverage as the loss of LLINS starts after distribution. This calls for complementary distribution mechanisms to provide a continuous supply of replacement LLINs, as an integral part of a comprehensive national LLIN strategy. In Tanzania, the government will increase access of LLINs by distributing LLINs at health facilities targeting biologically vulnerable groups (pregnant women and under five children).

This reference guide is developed to support trainings at all levels to enable intended participants to aquire necessary knowledge and skills required for effective LLIN distribution at health facilities. This guide is therefore organized in two section. Section A covers the training of regional and district teams while Section B covers the on-job orientation of health care workers. It is expected that the trainers will be equipped with necessary knowledge and skills to orient health care workers on the effective implementation of the LLIN distribution. Among other topics, this section will cover practical details of LLIN distribution, including quantification, procurement, issuing, documenting, reporting and re-ordering of LLIN. Section B describes step by step orientation of health care providers at health facilities.

Using this manual National Trainers will train Regional and District level personnel on how to effectively implement health facility-based LLIN distribution and also how to facilitate orientations of health facility workers. Similarly, Regional and District Facilitators will use the manual as a reference guide to conduct on-the-job orientations of health facility workers for proper implementation, documentation and reporting of health facility-based ITN distribution.

It is my hope that, use of this manual, will facilitate and ensure that, LLINs are effectively distributed, monitored and used by targeted beneficiaries.

Acknowledgement

The training on Health facility based distribution of LLINs distribution will enhance the efforts of Ministry of Health, especially the National Malaria Control Program in its bid to reduce the maternal mortality and children mortality that may be caused by malaria.

It is my hope that all intended participants will use the knowledge and skills that they will gain from this training to efficiently implement this program.

I would like to exress my sincere appreciation to those who participated in developing the implementation guidelines, and later this training package. The Ministry believes that, this work could not be completed if it wasn't for your individual and collective contributions. In a special way, I would like to acknowledge the NMCP and respective department who lead this assignment.

We are also indebted to the United States Aid Agency, through the Presidents' Malaria Initiative who funded the development of this package.

Lastly but not least, we appreciate the efforts of FXBT Health, a local firm contracted to develop this package. We are also thankful to malaria implementing partners the John Hopkins Univeristy through the VectorWorks project, Population Services International, Tanzania Communication and Development Center and JSI for their technical input and contribution that has resulted into having this training manual.

Dr. Mpoki Ulisubisya
Parmanent Secretary
Ministry of Health, Community Development,
Gender, Elderly and Children

Overview

This trainer manual is developed to support trainings at all levels on the Trainers necessary knowledge and skills required for effective LLIN distribution at health facilities. This trainer manual is therefore organized in two section. Section A covers the training of regional and district teams while Section B covers the on-job orientation of health care workers. The first section has five units. The first unit introduces the training topics and covers the rationale and background for health facility-based LLIN distribution. The second unit presents the national, regional, district and health facility level structures, functions and protocols that are necessary to ensure effective implementation of the LLIN distribution. The third and fourth units concentrate on the practical details of LLIN distribution, including quantification, procurement, issuing, documenting, reporting and re-ordering of LLIN. The fifth unit aims to train the trainers on how they will orient, monitor and supervise. Health care workers at the Health facility and gives opportunity for them to develop a training plan and practices the orientation exercise. Section B has four units which are related to Section A. This section describes step by step orientation of health care providers at health facilities.

Development of the LLINs distribution Reference Guide

- Ministry of Health, Community Development, Gender, Elderly and Children and VectorWorks working with stakeholders developed the National Guidelines for LLINs development
- The VectorWorks project engaged a Consulting firm (FXBT Health) to develop this trainer manual based on the national guidelines for health facility-based LLIN distribution
- FXBT Health and VectorWorks developed a draft training manual and accompanying power point presentation slides for trainings at all levels
- Implementing Partners reviewed the draft training material after which a revised draft will be developed
- The Ministry of Health, Community Development, Gender, Elderly and Children worked with the VectorWorks project, other stakeholders and the national and regional personnel in selected regions to test the revised draft training manual as part of a pilot for health facility-based LLIN distribution
- The reference guide was finalized based on experiences, lessons and recommendations from the field tests

Intended users

It is expected that National Trainers will use this manual to train Regional and District level personnel on how to effectively implement health facility-based LLIN distribution and also how to facilitate orientations of health facility workers. This manual will also be used by the trained Regional and District Facilitators for on-the-job orientations of health facility workers for proper implementation, documentation and reporting of health facility-based ITN distribution.

How to use this manual

The Reference Guide should be used as a reference document, which provides a detailed description on how to train personnel at all levels for effective implementation of health facility-based LLIN distribution. It is therefore expected that National Trainers will take time to be conversant with the units of this guide that are relevant to the topics they plan to cover during the training/ orientation sessions. This manual should also be used by the Regional and District Facilitators as reference material and a reminder for action items that should be addressed whiles conducting on-the-job orientations for health facility-based LLIN distribution for health workers in health facilities. .

Draft agenda for training of national trainers, regional and district level facilitators

Day 1

TIME	ACTIVITY	FACILITATOR
08:30 - 08:40am	Welcome remarks & introduction to the day	
08:40 - 09:00am	Participants introduction	All
09:00 - 09:30am	Introduction to Health Facility Based LLINs distribution	
09:30 – 10:00am	Management of LLINs distribution at health Facility	
10:00 – 10:30am	**Tea Break**	**All**
10:30 – 12:00am	Logistics and Supply Chain	
12:00 – 01:30pm	LLIN distribution, Issuing, documentation and reporting at health facility level	
01:30 – 02:30pm	**Lunch Break**	**All**
02:30 – 03:15pm	Planning for training/orientation and supervision visits	
03:15 – 04:30pm	Development of training and supervision plan	All
04:30pm	Closing remarks	NMCP

Day 2

TIME	ACTIVITY	FACILITATOR
08:30 - 08:40 am	Welcome remarks and Introduction	NMCP/Vector works
08:40 - 09:00 am	Final preparations before field work	All
09:00 – 11:00 am	Field work – Orientation exercise	All
11:00 – 11:30 am	**Tea break**	**All**
11:30 – 01:00 pm	Feedback from field work	All
01:00 – 02:00 pm	**Lunch**	**All**
02:00 – 02:30 pm	Closure	NMCP

Section 1

Section 1:
Trainings for National Trainers, Regional and District Facilitators

Intended Audience:

Regional and District:

- Immunization and Vaccination Officers
- Zonal MSD Officers
- Reproductive and Child Health Officers
- Pharmacists
- Malaria Focal Persons
- Health Management Information System Focal Persons and
- Health Officers

Session time – 1 day

Unit 1:

Introduction:

To Health Facility-based LLINs Distribution

Unit duration: 40 minutes

Unit objectives

At the end of this session, participants will be able to:

- o To review the health facility-based LLIN distribution training objectives
- o Explain the background and rationale of LLIN continuous distribution in general and health facility-based LLIN distribution in particular
- o Review the importance of LLIN for control of malaria

In this training, participants will be able to:

- Explain key messages regarding causes of malaria, prevention and use, care and repair of nets
- Understand the LLINs distribution project overview (in brief), accountability structures, roles and responsibilities of each stakeholder
- Demonstrate proper use of stock cards for documenting LLINs stocks, the use of clinic registers, R&R forms and HMIS forms in the proper documentation of LLINs received, re-ordered and issued at health facilities
- Understand the methodology (how to conduct trainings/ orientations) at health facilities
- Understand how to address issues found in health facility-based LLIN distribution as they conduct routine monitoring and supervision visits

Expected outputs

- Washiriki watakuwa na ufahamu kuhusu usambazaji wa vyandarua vyenye viuatilifu • Participants will be knowledgeable on LLINs health facility based distribution guidance
- District plans on health facility based training will be developed and reviewed
- Participants will understand their roles, responsibilities and accountability functions for effective LLINs health facility based distribution

Background and rationale of continuous distribution and LLIN distribution at health facilities

- June 2011 - RBM VCWG issued a Consensus Statement on Continuous Distribution Systems of LLIN
- Statement acknowledges mass campaigns as the best method for rapid scale up of LLIN coverage, especially when household ownership levels are low
- Mass campaigns alone are not enough to sustain universal coverage as the loss of LLIN starts soon after distribution
- Complementary distribution mechanisms are required to provide a continuous supply of replacement LLINs, and should be an integral part of a comprehensive national LLIN strategy
- As a result, to ensure that these biologically vulnerable groups (pregnant women and under five children) continue to access LLINs, the Government of Tanzania (GoT) plans to reintroduce LLINs distribution in health facilities.
- This is in line with the broader NATNETS strategy to ensure that LLIN coverage in Tanzania is sustained at 85%.
- The new model of health facility-based LLIN distribution will distribute LLINs directly to the intended beneficiaries, without the use of a voucher or the need for co-payment.
- Pregnant women visiting the antenatal clinic (ANC) and children receiving immunization services used to obtain LLINs through the National Voucher Scheme or “Hati Punguzo”, where vouchers were given to beneficiaries to redeem for a LLIN at a vendor point at a subsidised price. Hati Punguzo was implemented from 2004-2014.
- A pregnant woman will receive a free LLIN during her first ANC visit for each pregnancy to ensure that the benefits of protection to mother and unborn child begin early in pregnancy.
- A child receiving the first measles vaccination will get a free LLIN to ensure that the child’s sleeping space is covered; particularly when infants are no longer sleeping with their mothers.
- In the view of sustainability and cost-effectiveness, the health facility-based LLIN distribution program will use existing government structures and systems.
- An accountability reporting system has been developed to ensure effective accountability and transparency in distributing LLINs.

According to the National Malaria Strategic plan (2014-2020) Core interventions to control malaria in Tanzania are:

- Integrated Malaria Vector Control (LLINs, IRS, larviciding, environment measures)
- Malaria diagnosis, treatment, preventive therapies and vaccines
- Promotion of malaria prevention and curative services through information, education and communication
- Surveillance, monitoring and evaluation
- Programme management, partnership development and resource mobilization

What are LLINs and Why?

- An insecticide-treated net is a mosquito net that repels, disables and/or kills mosquitoes coming into contact with insecticide on the netting material.
- A long-lasting insecticide treated net (LLIN) has insecticide incorporated within or bound to the netting material, which lasts for at least three years of recommended use or 20 washes.
- All mosquito nets provide a physical barrier but the insecticide on the treated nets have a repellent/ killing effect that adds a chemical barrier to the physical one.
- The insecticide therefore kills the malaria vectors and by reducing the vector population in this way, ITNs, when used by a majority of the target population, provide protection for all people in the community, including those who do not sleep under nets.
- Studies have shown that relatively modest coverage (around 80%) within a community can achieve overall equitable community-wide benefits.
- ITNs have been shown to avert about 50% of malaria cases.
- ITNs are relatively inexpensive.

Key communication and advocacy messages in LLINs distribution

Community members should be informed on the following:

- The importance of accessing ANC and Immunization and Vaccine Development (IVD) services
- The right of pregnant women and children receiving a measles 1 vaccine to get a free LLIN at the health facility
- The procedure in which the target groups can access and obtain LLINs
- The importance/benefits of proper and regular use, care and repair of LLINs
    - Air the net for 24 hours or more before sleeping in it.
    - leep under the LLIN every night with net tucked in
    - Care properly for your LLINs so they will last 3 years

- Recommended ways of washing, drying and repairing LLINs
  - Wash gently using both hands and regular bar soap
  - Wash LLIN in a basin or bucket of water
  - Always dry LLIN under shade and not in direct sun
  - Repair any hole that you see in LLIN by stitching

Make These Points

- Pregnant women and children under 5 years used to get LLINs through the 'hati punguzo' program which was phased out in 2014
- GoT is reintroducing the distribution of LLINs in health facilities but distribution will use a different approach
- LLINs will be distributed directly (without use of vouchers) to the target populations at health facilities and free of charge (with no shared costs)
- Distribution will use existing government systems and structures
- Mosquito nets provide a physical barrier and treated nets have an additional advantage of a repellent effect or chemical barrier. The insecticide therefore kills the mosquitos and reduces the vector population. When used by a majority of the target population, treated nets provide protection for the larger community.

Unit 2:

Management of Health Facility-based LLINs Distribution

Unit duration: 45 minutes

Unit objectives

At the end of this session, participants will be able to:

- Explain LLINs planning, coordination and accountability structures at national, regional and district level
- Describe roles and responsibilities of regional and district teams
- Describe accountability structures and functions at national, regional, district and health facility levels

I. Planning and coordination

- **Coordination committees** at national, regional and district levels will be responsible for the overall planning, coordination, implementation, monitoring, and supervision of health facility-based LLINsLLIN distribution and will also provide technical support for effective implementation.
- At national level, the LLINs **Task Force** will plan and coordinate health facility-based LLINsLLIN distribution activities.
- Participants of these meetings include key players from MOHCDGEC, PO-RALG, development partnersPartners, implementing partners and private sector representativesrepresentative.
- At regional and district levels, similar planning and coordination meetings should be held for health facility-based LLINsLLIN distribution.
- The regional level coordination committee will be composed of the existing **RHMT** and members of the **CHMT, the RAS** and relevant representatives from the RAS's office, and personnel from other relevant units and divisions at the regional level.
- At district level, teams and personnel of similar authority and responsibility as at the regional level will form the district level coordination committee
- Focal persons for the various aspects of implementation (logistics and supply chain, training, monitoring and supervision, data collection and reporting, and SBCC) should be part of the coordination committees at each level.

II. Accountability

Rationale

Accountability for LLINs at all levels is essential to program sustainability. Without proper accountability, program costs may be unnecessarily inflated and fraud may result in loss of trust and financial support. To ensure accountability for LLINs distributed through health facilities, officials at health facility, district, regional and national levels should access and review monthly and quarterly reports that compare the expected and actual numbers of beneficiaries with the actual numbers of LLINs being ordered, delivered and distributed at all levels.

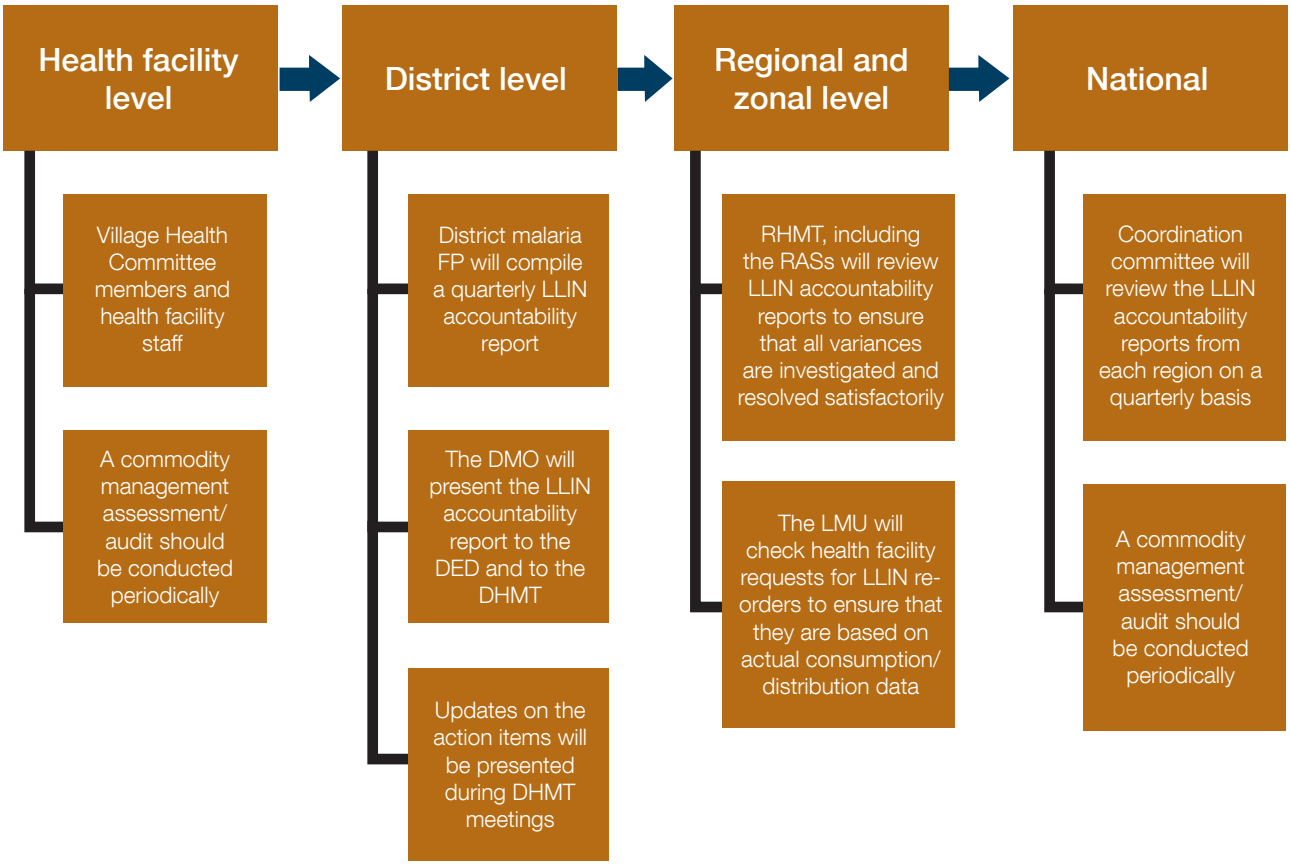
LLINs Accountability Report

This report will be produced through interfacing DHIS2 and eLMIS to enable comparison of utilization (service) data and stock data ***The DHIS2 captures number*** of ***pregnant women attending ANC and children receiving measles vaccination while the eIMIS captures stock data from health facilities***.

The reporting system uses population data to generate standard percentage of pregnant women to compare with reported visit. Some of the expected analysis include:

- Comparison of number of LLINs issued versus actual number of clients seen
- LLINs received versus issued and stock at hand
- Number of pregnant women seen versus the 4% population standard

Accountability levels



Health facility level

- Physical count of LLINs delivered at health facilities should be conducted, verified and proof of delivery signed off by Hospital Therapeutic committee (HTC) and HFGC members for district level facilities and lower level facilities respectively.

- Health facility personnel are responsible for proper storage, safety, issuing of LLINs to the target groups, and regular and proper stocktaking.

Tools available at health facility level for LLINs accountability

Type of tool	Type of data
MSD sales invoice	1. Quantities of LLINs delivered
Ledger/ stock card	1. Quantities of LLINs received 2. LLINs stock on hand 3. Number of LLINs issues
R&R Form	1. Beginning LLINs balance 2. Quantities of LLINs received 3. Quantities of LLINs consumed 4. LLINs stock on hand 5. Quantities of LLINs requested
ANC Register	1. Number of LLINs issued to pregnant women
Under 5 Register	1. Number of LLINs issued to children receiving measles vaccine

District level

- The **HMIS Focal Person and the District Pharmacist** will enter data into the HMIS and eLMIS platform respectively. The Malaria Focal Person will generate the accountability report.
- The **District Malaria Focal Person** will compile all health facility LLIN accountability reports and submit them to the **District Medical officer (DMO)** and **District Executive Director (DED)**.
- Accountability reports for each health facility will be reviewed by the **DMO** and approved by **DED**.
- The **DMO** and **DED** will discuss issues as highlighted by the LLIN accountability report and work with the **District Monitoring Team** to use recommendations from the LLIN accountability report to inform targeted monitoring visits to health facilities as required.
- The LLIN accountability report will also be presented to the Council Health Management Team (CHMT) during their monthly meetings, and together, they will decide on a plan of action for health facilities with detected variances. Updates on the action items and action taken based on LLINs accountability reports will be presented during CHMT meetings.
- Both the **DMO** and the **DED** will be responsible for ensuring that all variances and issues from LLIN accountability reports are followed up and resolved satisfactorily.
- The **Ward Executive Officer (WEO)**, **Village Executive Officer (VEO)** and the **HFGC** will support the District Monitoring Teams in the follow-up visits to health facilities.
- In the case of hospitals, **Hospital Management Team (HMT)** and **Hospital Services Board (HSB)** will be responsible for ensuring that all variances and issues are investigated and resolved.
- The LLIN accountability reports from all districts will be shared with the **Regional Medical Officer (RMO)** and **Regional Administrative Secretary (RAS)**, along with recommendations and/or a request for additional support for implementation where needed

Regional and zonal level

- The MoHCDGEC in collaboration with President's Office- Regional Administration and Local Governments (PO-RALG) will conduct advocacy meetings to orient RASs, Council Directors, Regional Health Management Teams (RHMTs) and CHMTs on the health facility-based LLIN distribution program.
- The Regional **Malaria Focal Person** will compile all districts LLINs accountability reports.
- **RHMTs** and the **RASs** will review LLINs accountability reports and ensure that all variances at health facility level in all districts are investigated and resolved satisfactorily and discussed during the RHMT meetings.
- The regional monitoring team will support the district monitoring teams in visits to health facilities to address and resolves all LLIN distribution related issues.

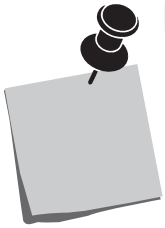
- The compiled regional report will be submitted (as a regional LLINs accountability reports for their region) along with actions taken, recommendations and/or requests for additional support for implementation where needed, to the MoHCDGEC and PO-RALG at national level every quarter
- The **Logistics Management Unit (LMU)** will check health facility requests for LLINs re-supply to ensure that they are based on actual LLIN consumption/distribution data.
- Personnel from the LMU will also conduct visits to health facilities to encourage timely and accurate commodity reporting and re-ordering
- The **Zonal Medical Store Department (MSD)** will be responsible for the safe storage of LLINs at zonal/ regional level and the supply of LLINs to health facilities (including management of contracted transporters/private transporters if required).
- At the MSD warehouse, LLINs to be transported to health facilities should be loaded onto vehicles in the presence of both the Warehouse Officer and the Vehicle Driver.
- The Vehicle Driver and the Warehouse Officer must both sign the proof of delivery notes to show a mutual agreement on the quantity of LLINs loaded on the vehicle for delivery to health facilities.

National Level

- The MoHCDGEC through NMCP will review the LLINs accountability reports from each region on a quarterly basis.
- A commodity management assessment/audit should also be conducted periodically (at least once a year) to review beneficiary, stock and delivery records to account for the numbers and flow of LLINs through the supply chain system.

Review Questions: (TRUE/FALSE)

1. **The HFGC together with VEO are not supposed to receive and countercheck LLINs supplied to health facilities with health facility staff**
2. **Data used to compile the LLINs accountability reports will be from existing systems such as HMIS and (eLMIS)**
3. **It is the duty of a District Nursing Officer to ensure accountability for LLINs from the health facility-based LLIN distribution program**
4. **The RAS will share regional LLIN accountability reports with PO-RALG's Director for Health, Social Welfare and Nutrition**
5. **The Malaria Focal Person will generate the accountability report**



Key Points

- For effective monitoring and oversight of activities at all levels, the LLIN Task Force will form a Health Facility-based LLIN distribution sub-committee comprising of personnel from organizations as listed above
- The **HMIS Focal Person and the District Pharmacist** will enter data into the HMIS and eLMIS platform respectively. The Malaria Focal Person will generate the accountability report.
- Accountability reports for each health facility will be reviewed by the **DMO** and approved by **DED**.
- During supervision, supervisors should ensure ANC and IVD clinic health workers are documenting LLIN issued to beneficiaries in the ANC and IVD clinic registers as expected.
- During the visit, tallies of monthly LLIN issued as recorded in the HMIS monthly summary forms will also be checked for proper entry

Unit 3:

Logistics and Supply Chain Management

Unit duration: 90 minutes

Unit objectives

At the end of this session, participants will be able to:

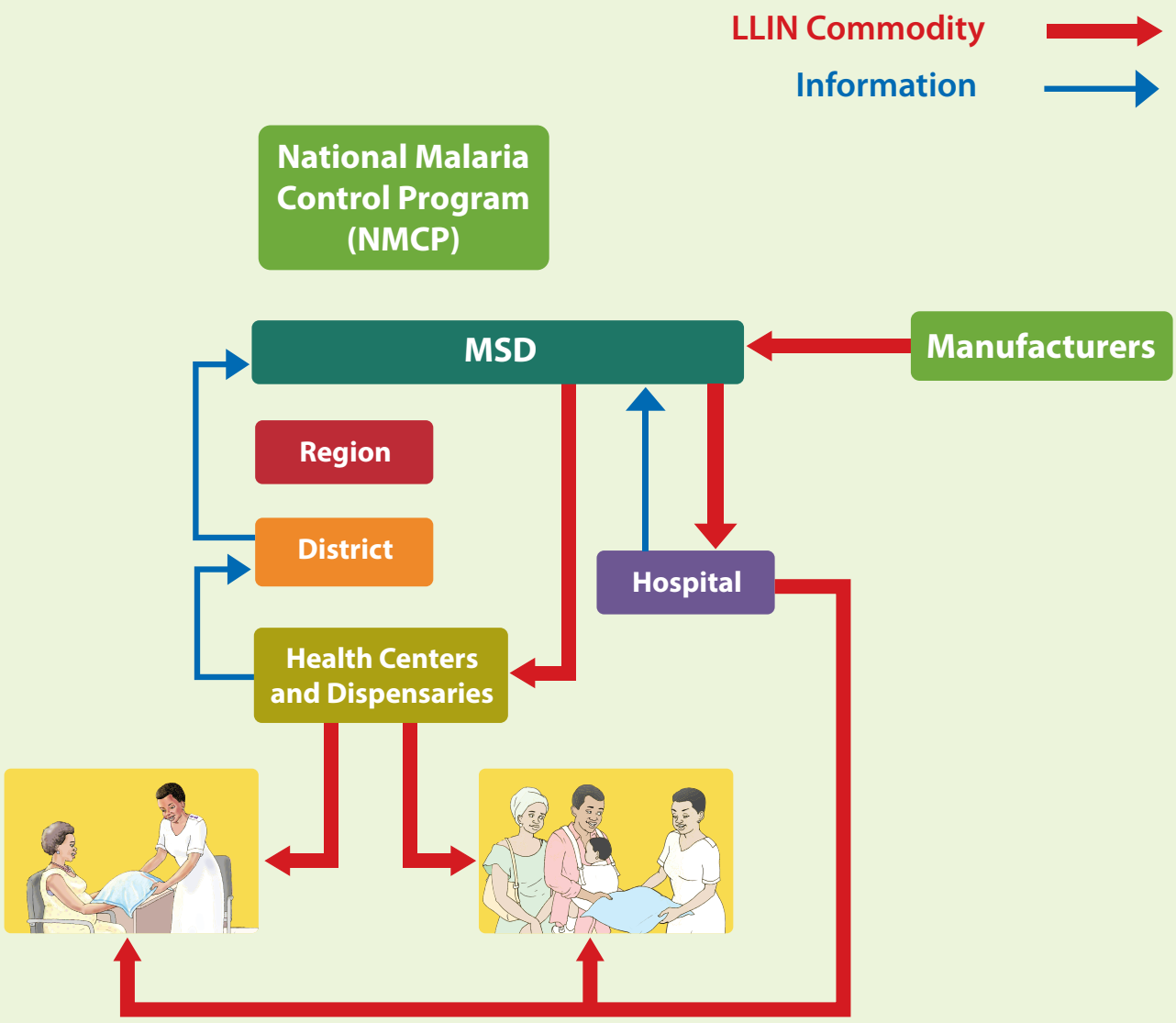
- Describe the flow of LLINs from the medical store department to the targeted population
- Describe the LLIN ordering, documentation and reporting process for health facility-based LLIN distribution
- Explain the transport/distribution of LLINs from MSD warehouse to health facilities

I. Procurement

Quantities of LLINs to be procured can be estimated using available data for ANC and immunization service delivery (and computed based on averages for at least 2 past years).

- Funding for LLIN distribution in Tanzania currently depends on donor funding cycles. Funding should be guaranteed at least 1 year ahead of the LLIN procurement process.
- Funding partners will therefore be required to plan and commit funds in advance to ensure continuous availability of LLINs.
- All LLINs procured to be used in Tanzania should be in line with the World Health Organisation Pesticide Evaluation Scheme (WHOPES) recommendations and registered with the Tropical Pesticides Research Institution (TPRI).

Flow of Information and Commodity



II. Ordering system for LLINs

The supply of LLINs to health facilities will be through the Integrated Logistics System (ILS) and it will follow the existing ordering schedules of the health facilities.

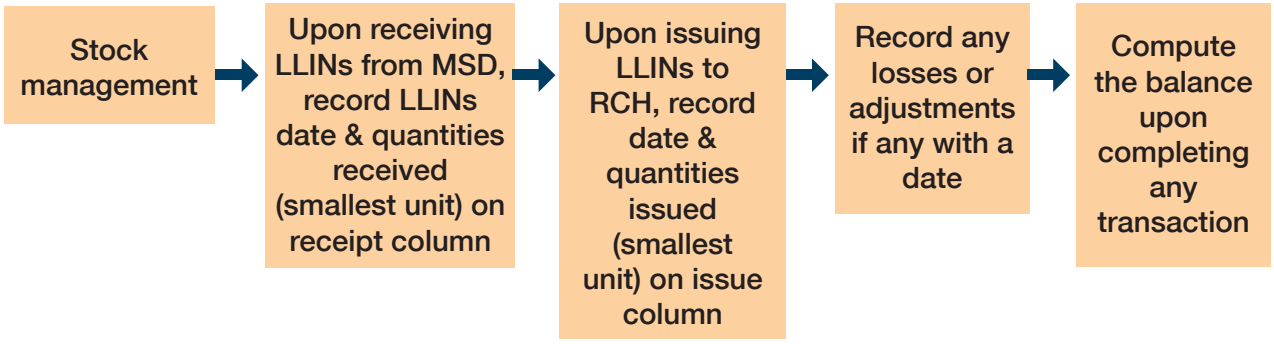
To ensure that the flow of LLINs from central to health facility level is un-interrupted, the stock to be held from the central to the lower level will be as follows:

- **Health facility level:** Minimum level – 3 months and Maximum level 6 months
- **MSD Zonal level:** Minimum 6 months and maximum 9 months

Initial LLIN Supply

- The initial supply of LLINs to health facilities will be done by a 'smart push' approach, where each health facility will be provided with their initial required 6-month supply of LLINs.
- Consignments of LLINs will be distributed to health facilities by the MSD and a private contracted logistics company. The quantities of LLINs to be supplied to each health facility will be determined and approved by NMCP.

Inventory management of LLINs at health facility

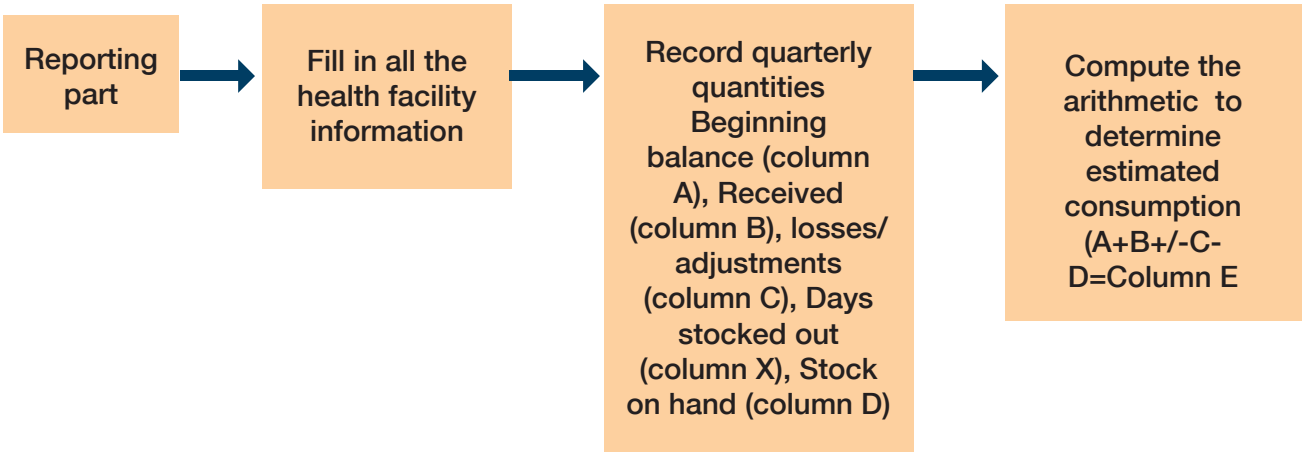


- Receipt of LLINs at the health facility requires the presence of the Health Facility In-charge and the HFGC who will verify the quality and quantities of LLINs supplied.
- Documentation of LLINs received will be done in the health facility store ledger book (Appendix III), capturing the quantities received, date of receipt and MSD invoice number.
- After that, Proof of Delivery/MSD sales invoice is signed and returned to MSD for documentation.
- In case of a mismatch of actual quantities of LLIN received at health facility and quantities quoted on the MSD sales invoice, the Health Facility In- charge will fill in a Claims Form (Appendix IV) and submit a copy to MSD/transporter.

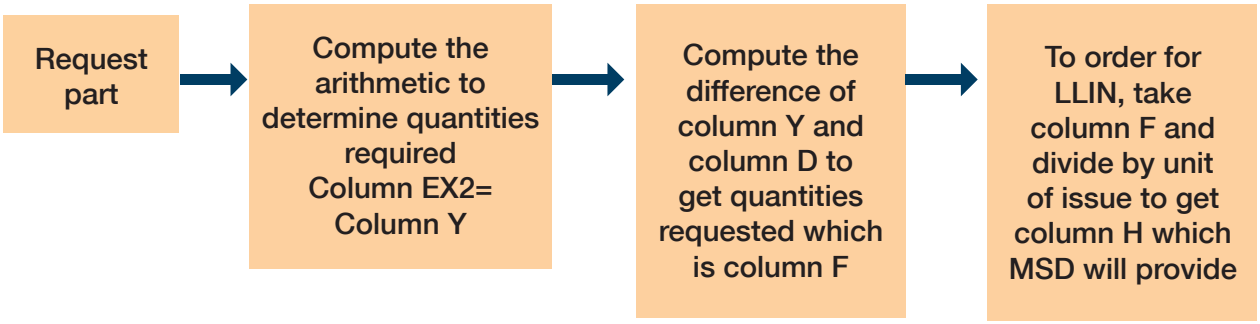
Subsequent supplies/restocking

- After the smart push, orders for re-supplies will be demand driven through a health facility quarterly ordering system using the ILS R&R form.
- This system allows each health facilities to start ordering immediately according to their ordering schedules.
- In cases of health facility stock outs before a scheduled ordering period, the Health Facility In-charge will alert the District Pharmacist who will then communicate with MSD Zonal Stores for an emergency supply.

Reporting LLINs



Requesting LLINs



Scenario 1: Filling in the store ledger (20mins)

You are the Head of the Losombeti health center and today, is 6th May 2016 and you are opening a store ledge for LLINs. This is the first time you are receiving the LLINs

You have received 350 LLINs from MSD on 6th May 2016

May 6, 2016	You received 9 bale (50 LLINs in each) from MSD, with sales invoice number 5155
May 10, 2016	You release 50 LLINs to the ANC clinic, following their request, Requisition number 5346
May 12, 2016	You released 25 LLINs to the outreach team which was going to Immunization clinic.
May 30, 2016	A physical count was done and 205 LLINs were found

2) You have received 150 LLINs from private transporter on 15TH June 2016

June 15, 2016	160 LLINs received with “sales invoice” number 2017

Answer Sheet: Exercise 1

Ukurasa Na: 1

ITEM DESCRIPTION ***LONG LASTING INSECTICDE TREATED NETS (LLINs)***		MSD NUMBER 00005678
UNIT OF MEASURE BALE/40	UNIT OF ISSUE NET	MINIMUM STOCK LEVEL

Date	Ref. No.	From/To	Amount Received	Amount Issued	Adjustments	Balance	Comments	Name

Scenario 2: Filling in R&R form (25mins)

Appendix 2: Scenario 2: Filling in the R&R form

Use the information below to fill in the R&R form. This will be the quarterly report accounting for the LLINs in Sharina hospital, Nachingwea district. Make sure you follow instructions provided.

Today, is the 1st July 2016, and it is time for Sharina hospital to fill the R&R form, for the second quarters, (April – June 2016).

In the past 3 months, the hospital distributed LLINs as follows:

- APRIL:
  - o Pregnant women 0
  - o Children under 5 who were seen at clinic 0
  - o Children under 5 years who were seen at oureach events 0
- MAY:
  - o Wakina mama wajawazito 56
  - o Pregnant women 56
  - o Children under 5 who were seen at clinic 45
  - o Children under 5 years who were seen at oureach events 7
- JUNE:
  - o Pregnant women 78
  - o Children under 5 who were seen at clinic 91
  - o Children under 5 years who were seen at oureach events 34

Stock Card/Ledge report

**Physical count on 31st March, 2016: =0* *Physical count on 30th June, 2016: = 108*

**LLINs received during this period:*

6th May 2016 350 LLINs,

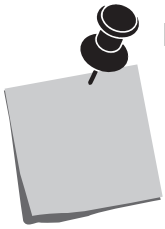
June 15th June 2016 150 LLINs

FORM 2A: QUARTERLY REPORT AND REQUISITION

Facility Name: Sharina Type of Facility: (Gov/NGO/FBO/Other) Gov

District: Nachingwea Reporting Period: April - June Year: 2016

Item Description	Unit of Measure U	Opening stock A	Recipts B	Adjustments C	Days item stocked out X	Balance (physical Count) D	Estimated Consumption A+B±C-D E	Maximum stock required (E×2) Y	Amount Required (Y-D) F	Amount to be ordered (F÷U) H	Comments



Key Points

- The supply of LLINs to health facilities will be through the Integrated Logistics System (ILS) and it will follow the existing ordering schedules of the health facilities
- To ensure that the flow of LLINs from Zonal MSD to health facility level is un-interrupted, the inventory control parameter at health facility level is: Minimum level – 3 months and maximum level - 6 months
- The initial supply of LLIN to health facilities will be done by a 'smart push' approach
- Receipt of LLINs at the health facility requires the presence of the Health Facility In-charge and the HFGC to verify the quality and quantities being supplied

Unit 4:

LLIN Issuing, documentation and reporting

Unit duration: 90 minutes

Unit objectives

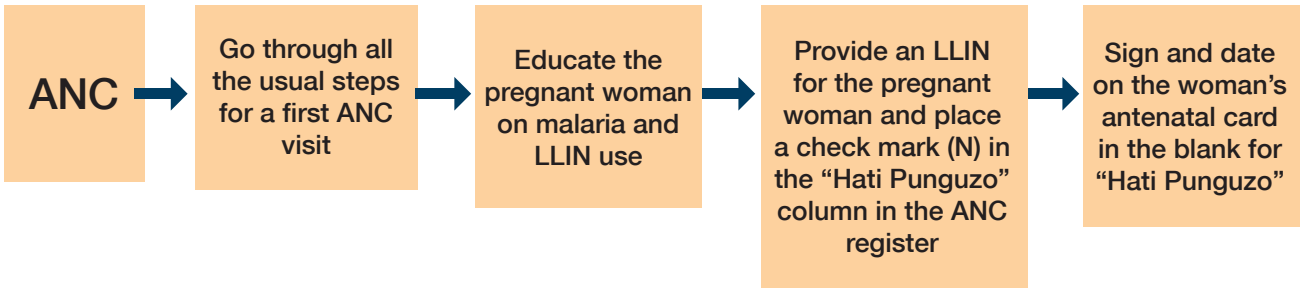
At the end of this session, participants will be able to:

- Describe the LLIN issuing process at ANC and IVD clinics
- Demonstrate the LLIN data collection and reporting system at health facility

I. Issuing and documentation

Health facilities will use the existing health facility registers and monthly HMIS summary forms in documenting and reporting numbers of LLINs issued respectively. During a pregnant woman's first visit to the ANC, the health worker should:

- Go through all the usual steps for a first ANC visit
- Educate the pregnant woman on the causes of malaria, malaria prevention, the proper use and care of LLIN and prompt testing and treatment
- Provide an LLIN to the pregnant woman and place a check mark (N) in the "Hati Punguzo" column in the ANC register (HMIS # 6) (Appendix V)
- Sign and date the pregnant woman's antenatal card (Appendix VI) in the space for "Hati Punguzo"

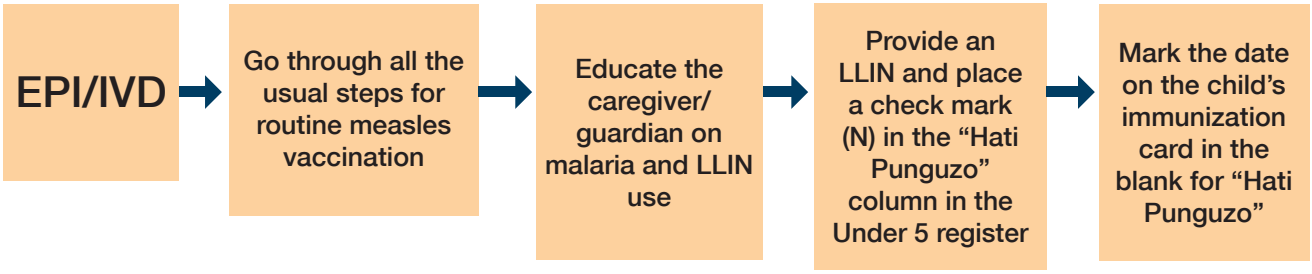


NOTE:

The current ANC register does not have a column for the recording of LLIN distribution. Health workers should be trained to place a check mark in the column labeled "Hati Punguzo". Future revisions of the register should re-label this column 'LLIN distributed'.

Similarly, when a caregiver brings a child to the clinic or an outreach for a measles vaccine, the health worker should:

- Go through all the usual steps for routine measles immunization and record all the required information in the Under 5 register (Appendix VI)
- Educate the caregiver/ guardian on the causes of malaria, malaria prevention, the proper use and care of LLIN, and prompt testing and treatment
- Provide an LLIN and place a check mark (N) in the "Hati Punguzo" column in the Under 5 register (HMIS # 7)
- Sign and date the child's immunization card (Appendix VIII) in the space for "Hati Punguzo"



NOTE:

The current Under 5 register does not have a column for the recording of LLIN distribution. Health workers should be trained to place a check mark in the column labeled "Hati Punguzo". Future revisions of the register should re-label this column 'LLIN distributed'

Role play 1 and 2: (SLIDE 30) - 25mins

Ask 4 volunteers to practice the following scenarios:

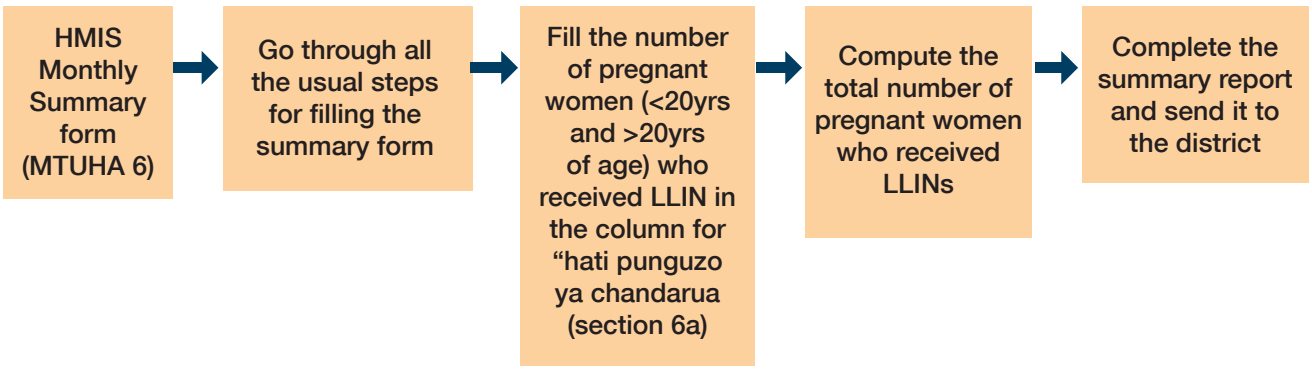
1. Issuing of LLINs at ANC to a pregnant woman who is 35 years old, mother of 6. All children are alive; however, 3 of them had episodes of malaria during childhood, necessitating frequent hospital visit and sometimes hospitalization. She has a net, but not sure if it is treated.
2. Issuing a LLINs to a father who brought her son to IVD clinic for the vaccine because his wife is not feeling well. The father is a plumber and he is in a hurry. He insists that the details should be provided to the wife, when she comes to clinic because he doesn't have a lot of time.

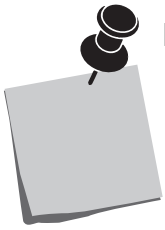
Review with the group:

- What did the providers do well?
- What could be improved?

II. Reporting

- At the end of each month, each facility should tally the total number of LLIN issued in the health facility for both ANC and IVD clinics (both static and outreach) and record it in the monthly HMIS summary form.
- The HMIS summary form should be submitted to the District Medical Officer by the 7th day of each month by the Health Facility In-charge.
- Summaries of LLIN issued at ANC and IVD in each health facilities in each district will be reviewed for accuracy and completeness, and then entered into the HMIS platform.
- The District HMIS Focal Person should enter data into the system by the 14th day of each month.





Key Points

- Health facilities will use the existing health facility registers and HMIS forms in documenting and reporting numbers of LLINs issued respectively.
- At the end of each month, each facility will tally the total number of LLIN issued in the health facility in both ANC and IVD clinics and records it on the monthly HMIS summary forms for ANC and vaccination to be submitted to the DMO by the 7th day of each month.
- A supplementary Health Facility Monitoring Checklist for assessing LLIN storage, documentation and reporting of LLIN issued at ANC and IVD clinics should be used in addition to other tools during routine health facility monitoring visits.
- To evaluate the impact of the Health Facility-Based LLIN distribution program, assessment should consider among other factors the ccontribution of Health Facility-Based LLIN distribution to overall LLIN ownership and access levels, relative to other sources of LLINs.

Unit 5:

Planning for trainings, Orientations and supervision visits

Unit duration: 45 minutes

Unit objectives

At the end of this session, participants will be able to:

- Explain training, monitoring and supervision plan, and modalities
- Develop district plans and budget

I. Trainings/Orientations

Trainings and orientations for health facility-based LLIN distribution should focus on operational issue, on the processes for LLIN stocks received and requests for restocking based on agreed LLIN stock thresholds and on processes to ensure proper documentation of LLIN issued to beneficiaries using the clinic registers, reporting of monthly summaries of LLINs issued, and how to educate beneficiaries on malaria prevention and proper care for LLINs.

The following trainings/ orientations should be conducted to ensure that LLIN distribution, documentation and reporting is well done:

A. National level

- A team of national level trainers from MoHCDGEC (NMCP, RCHS, Pharmaceutical Services Section (PSS), PO-RALG, MSD, Health Education and Promotion Unit) and Implementing Partners should be formed.
- The national level trainers are equipped with knowledge and skills to conduct effective monitoring and supervision of health facilities for LLIN distribution and how to use relevant checklists for monitoring and supervision visits.

B. Regional & district level

- The national level trainers will facilitate trainings for regional and district personnel.
- Participants should include members of the regional and district technical teams, especially the:
  - Immunization and Vaccination Officers,
  - Zonal MSD Officer,
  - Logistics Management Unit (LMU),
  - Reproductive and Child Health Officers,
  - Pharmacists,
  - Malaria Focal Persons,
  - Health Management Information System Focal Persons and
  - Health Officers from both regional and district levels.

- The regional and district level facilitators will be equipped with knowledge and skills to conduct effective on-the-job trainings/ orientations for health facility workers, and also conduct monitoring and supervision of health facilities for LLIN distribution and how to use relevant checklists for monitoring and supervision visits.

C. Health facility level (Orientation)

- A team of 2 trained personnel from the district level will visit a health facility to provide an on-the-job orientation session for all health personnel in their health facilities.
- Orientations at health facility level will be supported and supervised by trained facilitators from the regional and national levels.
- The trained personnel from regional and district levels should not be of the same cadre/profession i.e. a Regional Pharmacist joining a team with District Pharmacist.
- HFGC and VHC members should also be included in the orientations at health facilities.
- The on-the-job orientations should be practical and should make reference to the available registers and tools at the health facility.
- Each session should not be more than half a day for each health facility.

II. Supportive supervision

At health facility level, supervision for LLINs distribution is vital, especially in the early stages of implementation. Effective supervision helps to ensure good implementation and to identify issues and address them appropriately.

In the first 3 months of implementation, supervision visits by the trained regional and district monitoring team and with support from the national monitoring team should be conducted to all health facilities.

The purpose of these initial supervision visits is to ensure that:

- Health workers are conducting LLINs distribution at ANC and IVD clinics as expected, including educating beneficiaries on malaria prevention, net use, care and repair accordingly
- Store keepers are documenting LLINs stocks as required and stocks on hand is as recorded (physical count of LLINs)
- ANC and IVD clinic health workers are properly documenting LLINs issued to beneficiaries in the ANC and IVD clinic registers as expected
- Tallies of monthly LLINs issued are recorded correctly in the LLINs monthly summary forms

Beyond the first 3 months of supervision visits, district and regional monitoring teams and the LMU should incorporate the monitoring of LLINs into routine quarterly MoH monitoring visits to health facilities.

At national level:

- Supervision and follow-up monitoring visits at the national level has to be conducted by National Monitoring Team and the LLINs Task Force members.
- The National Monitoring Team should conduct at least one monitoring visit to each region every year.

At regional level:

- Monitoring visits to districts will be integrated into the existing regional monitoring schedules.
- The Regional Monitoring Team and the Malaria Focal Person will lead these monitoring visits.
- Ad hoc monitoring visits may be conducted as and when required.
- The Regional Reproductive and Child Health Coordinator (RRCHCo), Regional Pharmacist, Regional Malaria Focal Person and Regional HMIS Officer should to be involved in the monitoring visits.

At Council/District level:

- Monitoring of LLINs distribution in health facilities will be integrated in the existing district's monitoring schedules.
- Ad hoc monitoring visits to the health facilities may be conducted as and when required.
- The District Reproductive and Child Health Coordinator (DRCHCo), District Pharmacist, District Malaria Focal Person and Council/District HMIS Officer should be part of the District Monitoring Team and should to be involved in the monitoring visits.
- A supplementary Health Facility Monitoring Checklist (Appendix XII) for assessing LLINs storage, documentation and reporting of LLINs issued at ANC and IVD clinics should be used in addition to other tools.
- An analysis of issues observed during supervision and monitoring visits and corrective measures taken or recommended should be included in the reports and discussed at district, regional and national coordination meetings.

Review Questions: (TRUE/FALSE)

Ask participants to sit in pairs and respond to the following questions.

1. It is expected that Health workers conducting LLINs distribution at ANC and IVD clinics will educate beneficiaries on malaria prevention, LLIN use, care and repair
2. Districts teams should conduct Ad hoc monitoring visits to the health facilities regularly
3. Monitoring visits to districts will be integrated into the existing regional monitoring schedules. The HMIS Focal Person will lead the regional monitoring team
4. Teams should use the Health Facility Monitoring Checklist to assess LLINs storage, documentation and reporting of LLINs issued at ANC and IVD clinics

III. Development of Training and supervision Plan:

- Prepare plans for health facility – based training (training and monitoring plans – highlight teams, date and budgets) using the provided template.
- After the training session, each district team shall be required to develop its health facility level training and monitoring plan.

Section 2

Section 2:
Orientation of Health Care Workers at Health Facilities

Intended Audience:

Health Facility based:

- Heath facility in charge
- Nurses at ANC/RCH
- Pharmacist
- Store keeper / Store in charge
- Village Executive Officer (VEO)
- Health Facility Governance Committee (HFGC) member

Time – Two hours

At the end of this orientation, participants should be able to:

- Explain the rationale of LLIN continuous distribution and the eligibility criteria for beneficiaries
- Describe proper use of stock cards for documenting LLIN supplies and stocks-on-hand
- Demonstrate the use of clinic registers for proper documentation of LLINs issued to beneficiaries
- Use of monthly HMIS summary forms for reporting LLINs distributed
- Use of R&R forms for reporting LLIN received and issued and for requesting resupplies
- Recall interpersonal communication and counselling on malaria prevention, LLIN use and care
- Sensitize communities about ANC and vaccination service utilization, health facility-based LLIN distribution and malaria prevention
- Explain the roles and responsibilities of health workers, HFGC members in ensuring the security and accountability of LLINs

Unit 1:

Introduction

- *Meet and introduce yourself to the health facility in-charge. Sign Guest book*
- *Inform them of your work and objectives.*
- *Identify focal persons (i.e. Store in charge, Nurse in charge at ANC, Nurse in charge at RCH)*
- *Thank them for their co-operation*
- *Invite VEO and HFGC members to discuss LLINs distribution at HF*
- *Ask about past experience in accessing LLINs (probe voucher system)*
- *Inform about the new system with emphasis on the accountability functions*

Clarify the following with regards to LLINs

- Health facility personnel are responsible for proper storage, safety and issuing of LLINs to the target groups.
- Physical count of LLINs delivered at health facilities should be conducted, verified and proof of delivery signed off by Hospital Therapeutic committee (HTC) and HFGC members for district level facilities and lower level facilities respectively.
- In case of variance, the VEO and HFGC will work with the Supervision team to investigate and ensure that all issues are resolved satisfactory

Unit 2:

Discuss the process of receiving commodities, storing and re-ordering in health facility

Ask to visit the store, and whenever possible conduct this unit in that premise. Ask the Health Facility In-charge or the Storekeeper to share the tools below.

Tools Required:

Ledger/ store cards

Inventory book

MSD Sales Invoice

R& R forms

Review Questions:

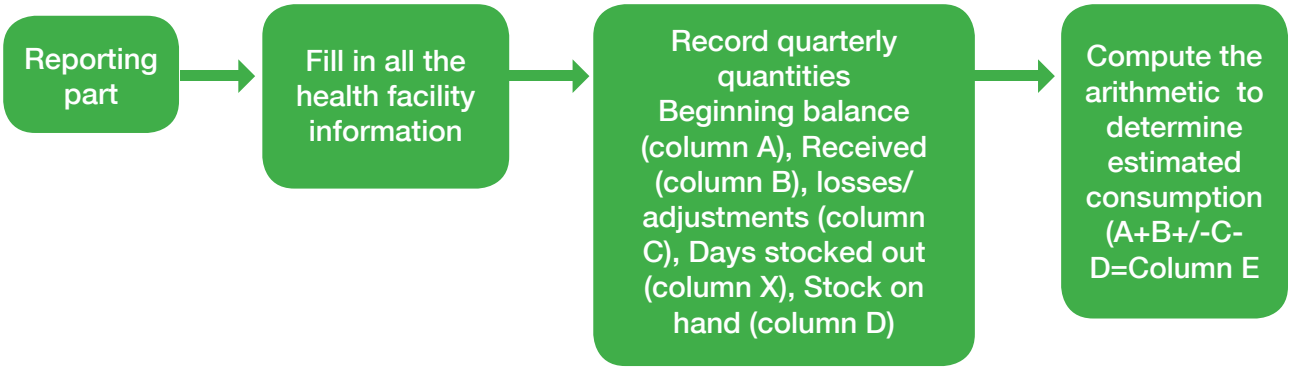
- Ask them to explain how they receive and issue commodities?
- Ask them necessary precautions they take to ensure that commodities are stored properly?
- What are some of the issues/conditions that could destroy LLINs?
- Ask them how they order new consignment of commodities (specifically probe about filling the R&R form)

Clarify the following with regards to LLINs:

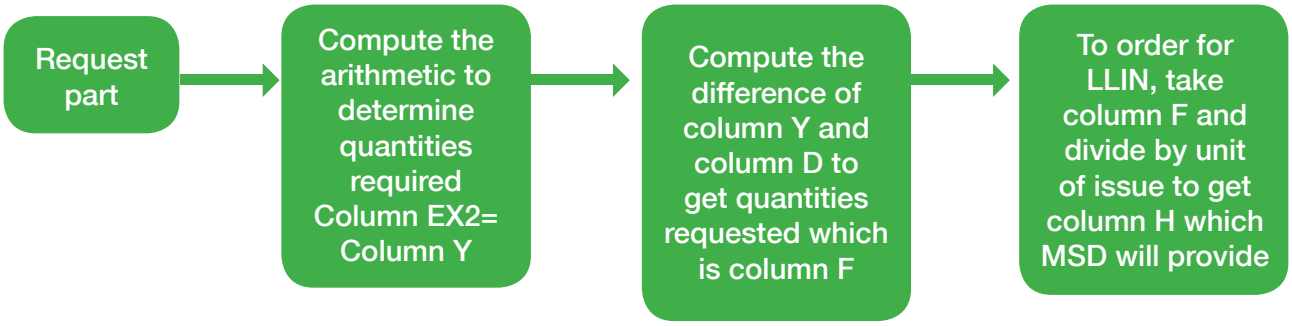
- Health facilities will get their resupplies of LLINs using the standard Report & Requisition (R&R) Form and they will follow the existing reporting schedule
- Orders for LLIN resupply from health facilities will be checked by the District Pharmacists, and entered into the Electronic Logistics Management Information System (eLMIS), checked by the Logistics Management Unit (LMU) at zonal level; nets will be released by the Zonal MSD warehouse and transported to a designated health facility by a contracted transporter or MSD.
- The initial supply of LLIN to health facilities will be done by a smart push approach
- After the smart push, orders for re-supplies will be demand driven through a health facility quarterly ordering system using the ILS R&R form.
- In cases of health facility stock out, the health facility in-charge should communicate with the district pharmacist who will then communicate with MSD for an emergency supply.
- Receipt of LLINs at the health facility requires the presence of the Health Facility In-charge and the HFGC who verifies the quality and quantities.
- Documentation is made in the ledger book of the health facility store capturing the quantities received, date of receipt and MSD invoice number.
- Proof of delivery is signed and returned to MSD for documentation.

- In cases of mismatch of actual quantities of LLIN received at health facility and MSD sales invoice, the health facility In-charge should fill in the claims form and submit a copy to MSD/transporter.

Reporting LLINs



Requesting LLINs



Unit 3:

Discuss the process of issuing of LLINs to beneficiaries and proper documenting

Ask to visit the ANC/RCH, and whenever possible conduct this unit in that premise. Ask the Health Facility In-charge or Nurse in charge at ANC/RCH to share the following tools.

Tools Required:

ANC Register

Under 5 Register

Monthly summary forms

Review:

- Ask them to explain how they issue commodities such as Iron tablets to pregnant women?
- Verify that they indicate exactly where they document such distribution in client records and clinic registers?
- Ask if they recall how they used to issue and document issuing of voucher "Hati punguzo"

Outreach:

- Ask them to explain how they issue commodities in outreach settings?

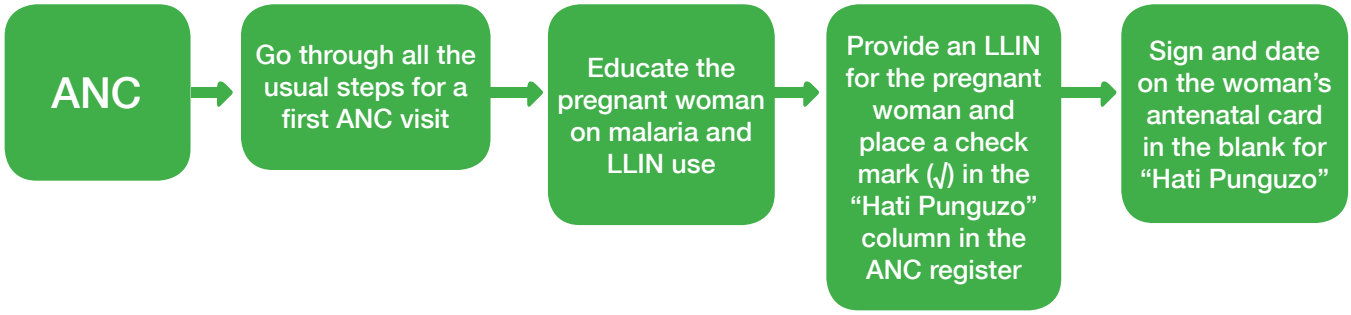
Clarify the following with regards to LLINs::

- Reporting the numbers of LLINs issued to these beneficiaries will be done using the standard Health Management Information System (HMIS) Form
- Go through all the usual steps for a first ANC visit
- Educate the pregnant woman on the causes of malaria, malaria prevention, the proper use and care of LLIN and prompt testing and treatment
- Provide an LLIN to the pregnant woman and place a check mark (N) in the "Hati Punguzo" column in the ANC register (MTUHA # 6)
- Sign and date on the **woman's antenatal card** in the blank for "Hati Punguzo"
- The health care worker should go through all the usual steps for routine measles immunization and record all the required information in the **Under 5 register**
- Educate the caregiver/ guardian on the causes of malaria, malaria prevention, the proper use and care of LLIN, and prompt testing and treatment
- Provide an LLIN and place a check mark (N) in the "Hati Punguzo" column in the **Under 5 register (MTUHA # 7)**
- Mark the date on the child's immunization card in the blank for "Hati Punguzo"

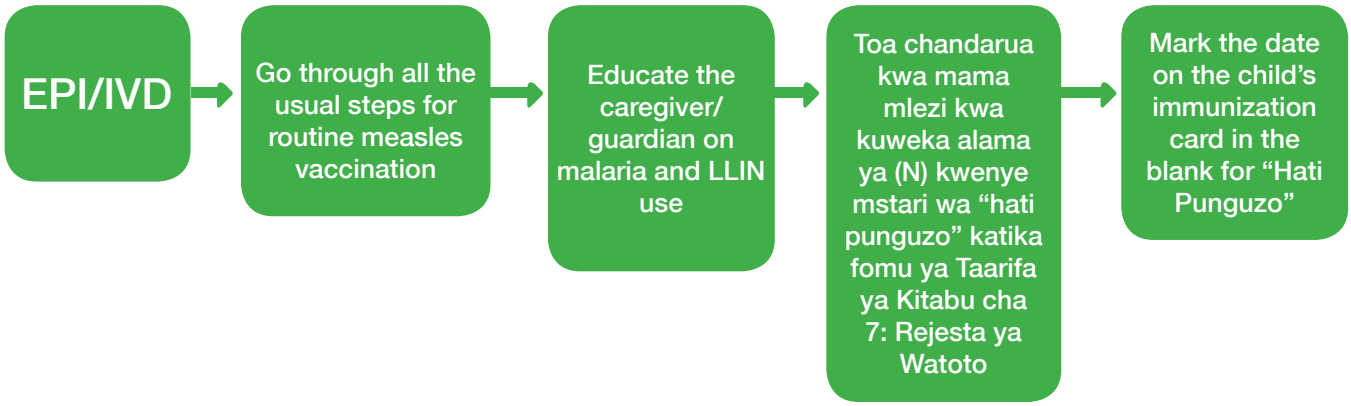
Mtoto:

- Mtoa huduma amwelimishe mzazi/mlezi juu ya visababishi vya ugonjwa wa malaria, kinga, ikiwa ni pamoja na utunzaji na matumizi sahihi ya vyandarua, upimaji wa malaria mapema na matibabu.
- Kisha mtoa huduma atoe chandarua na kuweka alama ya (N) kwenye safu ya "hati punguzo" kwenye rejesta ya mahudhurio ya watoto wa chini ya miaka mitano (MTUHA # 7).
- Mtoa huduma aweke saini na tarehe kwenye kadi ya mtoto katika safu ya "hati punguzo"

Antenatal Clinic



EPI/IVD Clinic



Unit 4:

Discuss monthly reporting of LLIN distribution in health facilities

Tools Required:

Monthly summary forms (ANC and Under-fiver)

Talling sheets

REPORTING LLINs:

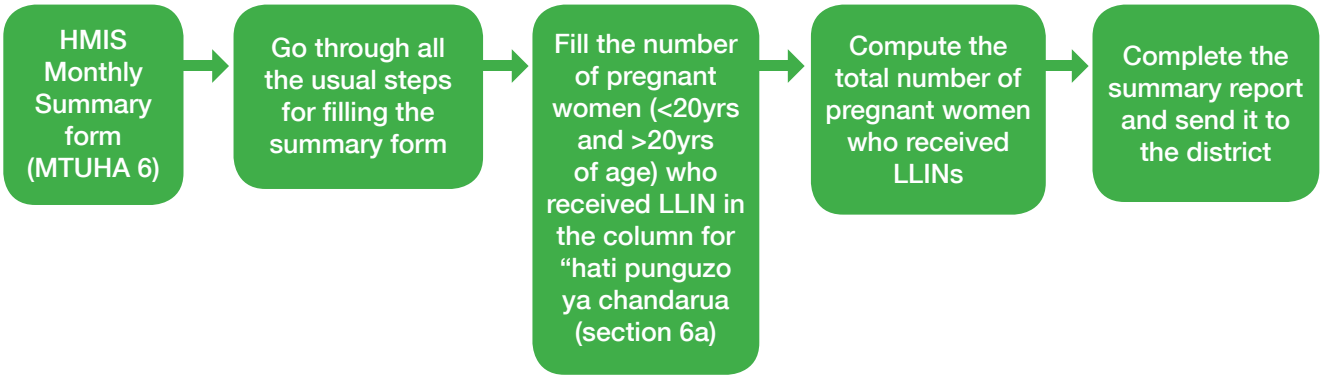
Review:

- Ask them to explain how they prepare monthly and quarterly report?
- Verify the tallying tools and process

Clarify the following with regards to LLINs:

- Reporting the numbers of LLINs issued to these beneficiaries will be done using the standard Health Management Information System (HMIS) Form
- Demonstrate how to tally the number of commodities / LLINs issued in the past month

HMIS - Monthly reporting



United Republic of Tanzania
Ministry of Health, Community Development, Gender, Elderly and Children
&
President's Office - Regional Administration and Local Government

Health Facility-Based LLINs Distribution
Reference Guide

USAID FROM THE AMERICAN PEOPLE
CDC
U.S. President's Malaria Initiative

JOHNS HOPKINS Center for Communication Programs

VECTOR WORKS
Scaling Up Vector Control for Malaria Prevention

TCDC Tanzania Communication and Development Center

psi Healthy lives. Measurable results.

Mpango wa Taifa wa Kudhibiti Malaria