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

Trainer Manual

September, 2016

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Mpango wa Taifa wa Kudhibiti Malaria

Health Facility-Based
LLINs Distribution

Trainer Manual

Table of Contents

Abbreviations and Acronyms

ANC	Antenatal Care
CHMT	Council Health Management Team
DED	District Executive Director
DHIS-2	District Health Information Software (Version 2)
DHMT	District Health Management Team
DMO	District Medical Officer
DRCHCo	Distsrict Reproductive and Child Health Coordinator
eLMIS	Electronic Logistic Management Information System
GoT	Government of Tanzania
HFGC	Health Facility Governance Committee
HMIS	Health Management Information System
HMT	Hospital Management Team
HSB	Hospital Services Board
HTC	Hospital Therapeutic Committee
ILS	Integrated Logistics System
ITN	Insecticide-treated Nets
IVD	Immunization and Vaccine Development
JHU	Johns Hopkins University
JSI	John Snow Inc.
LLIN	Long-lasting Insecticide-treated Nets
LMU	Logistics Management Unit
MoH	Ministry of Health
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MSD	Medical Stores Department
MTUHA	Mfumo wa Taarifa za Utoaji Huduma za Afya
NATNETS	National Insecticide-treated Nets
NMCP	National Malaria Control Program
PMI	United States President's Malaria Initiative
PO-RALG	President's Office – Regional and Local Government Authorities

PSS	Pharmaceutical Services Section
R&R	Report and Requisition
RAS	Regional Administrative Secretary
RBM	Roll Back Malaria Partnership
RCHCo	RCHCo Reproductive and Child Health Coordinator
RCH	Reproductive and Child Health
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
SBCC	Social and Behaviour Change Communication
TA	Technical Assistance
TCDC	Tanzania Communication and Development Center
TPRI	Tropical Pesticides Research Institute
VEO	Village Executive Officer
VHC	Village Health Committee
WEO	Ward Executive Officer
WHO	World Health Organization
WHOPES	World Health Organization Pesticides Evaluation Scheme

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 (ITN) strategy, contained within the Strategic Plan, calls for various means of ensuring that the coverage of long-lasting insecticide-treated nets (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 reach and sustain universal coverage as the loss of LLINS starts after distribution. To reach vulnerable or out-of-reach populations without nets and replace damaged nets, complementary distribution mechanisms are needed to provide a continuous supply of replacement LLINs, these mechanisms should be an integral part of a comprehensive national LLIN strategy. In Tanzania, the government aims to increase access to LLINs by distributing LLINs at health facilities targeting biologically vulnerable groups (pregnant women and children under five).

This manual was developed to support trainings at all levels to provide trainers with the knowledge and skills required to implement effective LLIN distribution at health facilities. The trainer manual is organized in two sections: Section A covers the training of regional and district teams, focusing on practical details of LLIN distribution, including quantification, procurement, issuing, documenting, reporting and re-ordering of LLIN; and Section B covers the on-the-job step-by-step orientation of health-care workers at health facilities. At the end of the trainings trainers will be equipped with necessary knowledge and skills to orient health-care workers on the effective implementation of the LLIN distribution.

Using this manual, national trainers will train regional- and district-level personnel how to effectively implement health facility-based LLIN distribution as well as 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 LLIN distribution.

Acknowledgement

The training on health facility-based distribution of LLINs distribution will enhance the efforts of Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), especially the National Malaria Control Program (NMCP), in its goal to reduce malaria-related maternal and child mortality.

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

I would like to express my sincere appreciation to those who participated in developing both the implementation guidelines and this training package. This work would not have been completed if it had not been for your individual and collective contributions. In a special way, I would like to acknowledge the NMCP for leading this assignment.

We are also indebted to the United States Presidents' Malaria Initiative (PMI), which funded the development of this package.

Last, but not least, we appreciate the efforts of FXBT Health, a local firm contracted to develop this package. We are also thankful to our malaria implementing partners—John Hopkins University through the VectorWorks project, Population Services International (PSI), Tanzania Communication and Development Center (TCDC) and John Snow Inc (JSI) for their technical input and contributions that resulted in this training manual.

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

Overview

This manual was developed to support trainings at all levels by providing trainers with the necessary knowledge and skills required to conduct effective long-lasting insecticide-treated net (LLIN) distribution at health facilities. The trainer manual is organized in two sections: Section A covers the training of regional and district teams, while Section B covers the on-the-job orientation of health-care workers. Section A is comprised of 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 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 trainers the opportunity to develop a training plan and practice the orientation exercise. Section B has four units that take trainers through the step-by-step orientation of health-care providers at health facilities.

Development of the LLINs distribution trainer manual

- Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and the VectorWorks project worked with stakeholders to develop the national guidelines for LLINs development
- VectorWorks 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 PowerPoint presentation for trainings at all levels
- Implementing partners reviewed the draft training material after which a revised draft was developed
- The MoHCDGEC worked with VectorWorks, other stakeholders and 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 training manual 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 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 LLIN distribution.

How to use this manual

This trainer manual should be used as a reference document, as it 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 and 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 while conducting on-the-job orientations for health workers engaged in health facility-based LLIN distribution in health facilities.

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

Day 1

TIME	ACTIVITY	FACILITATOR
08:30 – 08:40am	Welcome remarks and 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 overview of the previous day	NMCP/VectorWorks
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	Closing remarks	NMCP

Trainer Instructions

To ensure that the training is successful, make sure you are well prepared:

- Ensure that participants arrive at the venue on time
- Observe time in each session as indicated in the proposed schedule

The following tools are required:

- Computer
- Projector
- Flip chart
- Marker pens
- LLINs Trainer Manual
- LLINs Reference Guide
- Registration forms
- Workshop evaluation forms

Section A:

Trainings for National Trainers and Regional and District Facilitators

Intended Audience

Regional and District Level:

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

Session time - 1 day

Unit 1:

Introduction to Health Facility-based LLINs Distribution

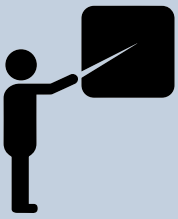
Unit duration: 40 minutes

Unit Objectives

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

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

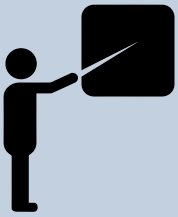
Trainer Instructions: Slide 3



DISPLAY unit objectives

REVIEW the unit objectives, highlighting that the country is moving from the voucher system ("Hati Punguzo") to distribution of free LLINs at the health facility

Trainer Instructions: Slides 4-6



CLARIFY training objectives, and differentiate them from the introduction chapter objectives

EXPLAIN key components of the training, schedules and expected outputs as illustrated in the training slides

In this training, participants will be able to:

- Explain key messages regarding causes of malaria, prevention and use, and 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, report and requisition (R&R) forms and Health Management Information System (HMIS) forms in the proper documentation of LLINs received, re-ordered and issued at health facilities

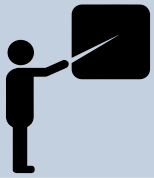
- Understand the methodology (how to conduct trainings and orientations) at health facilities
- Understand how to address issues found in health facility-based LLIN distribution as they conduct routine monitoring and supervision visits

Expected Outputs

- 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

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

Trainer Instructions: Slides 7-10



EXPLAIN to participants the rationale of continuous distribution and LLIN distribution at health facility emphasizing on the need to have multiple channels of distribution in order to ensure universal coverage

In June 2011, the Roll Back Malaria Partnership (RBM) Vector Control Working Group (VCWG) issued a consensus statement on continuous distribution systems of LLIN. Key points include:

- The 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

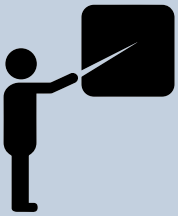
To ensure that biologically vulnerable groups—pregnant women and children under five—continue to access LLINs, the Government of Tanzania (GoT) plans to reintroduce LLIN distribution in health facilities. This strategy is in line with the broader National Insecticide-treated Nets (NATNETS) strategy to 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 care (ANC) clinic 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. Now, 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. Similarly, a child receiving their first measles vaccination will get a free LLIN to ensure that the child’s sleeping space is covered. This is particularly important when infants no longer sleep 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.

Trainer Instructions: Slides 11-13



Brainstorm (large group discussion)

- What are the national core interventions in controlling malaria?
- Why are LLINs important for control of malaria?
- What is the recommended coverage of household ownership and use of LLINs that will ensure community wide benefits? (50%? 70% 80%? 100%?)

According to the National Malaria Strategic Plan (2014–2020), core interventions to control malaria in Tanzania are:

- Integrated Malaria Vector Control (LLINs, indoor residual spraying (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

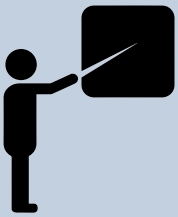
What are LLINs and Why?

- An insecticide-treated net (ITN) is a mosquito net that repels, disables and/or kills mosquitoes coming into contact with insecticide on the netting material.
- An 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 kills the mosquitoes—reducing the vector population—and when used by a majority of the target population, ITNs 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.

II. Key communication and advocacy messages in LLINs distribution

Trainer Instructions: Slides 14-19



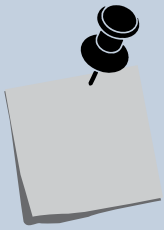
REVIEW key communication and advocacy messages

INFORM participants to pay attention on key facts about LLINs, as there will be a role play to related to them in Unit 3.

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 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
    - Sleep under the LLIN every night with net tucked in
    - Care properly for your LLINs so they will last three 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

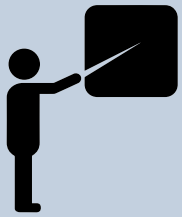


- Pregnant women and children under five years used to get LLINs through the "hati punguzo" program, which was phased out in 2014
- GoT is reintroducing the distribution of LLINs in health facilities, but distribution will use a different approach
- LLINs will be distributed directly (without use of 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

Trainer Instructions: Slide 22



CLARIFY objectives of the chapter overview

EXPLAIN key components of LLINs distribution

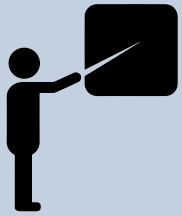
Unit objectives

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

Trainer Instructions: Slides 23-25



EXPLAIN key components of health facility-based LLIN distribution planning and coordination at national, regional and district levels

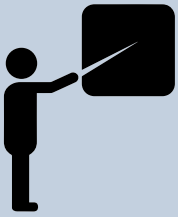
HIGHLIGHT the fact that accountability for LLINs at all levels is essential to program sustainability

- **Coordination committees** at national, regional and district levels will be responsible for the overall planning, coordination, implementation, monitoring, and supervision of health facility-based LLIN 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, the President's Office – Regional and Local Government Authorities (PO-RALG), development partners, implementing partners and private sector representatives.

- At regional and district levels, similar planning and coordination meetings should be held for health facility-based LLIN distribution.
- The regional level coordination committee will be composed of the existing Regional Health Management Team **(RHMT)** and members of the Council Health Management Team **(CHMT)**, the Regional Administrative Secretary **(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 social and behaviour change communication (SBCC)—should be part of the coordination committees at each level.

II. Accountability

Trainer Instructions: Slides 26-30



EXPLAIN rationale for the accountablity system at all levels for health facility-based LLIN distribution

Rationale

Accountability for LLINs at all levels is essential to program sustainability. Without proper accountability, program costs may be unnecessarily inflated and potential 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

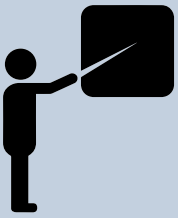
This report will be produced through interfacing District Health Information Software, version 2 (DHIS-2) and the electronic Logistic Management Information System (eLMIS) to enable comparison of utilization (service) data and stock data. The DHIS-2 captures number of pregnant women attending ANC and children receiving measles vaccinations, while the elMIS captures stock data from health facilities.

The reporting system uses population data to generate standard percentage of pregnant women to compare with reported visit. Expected analyses 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

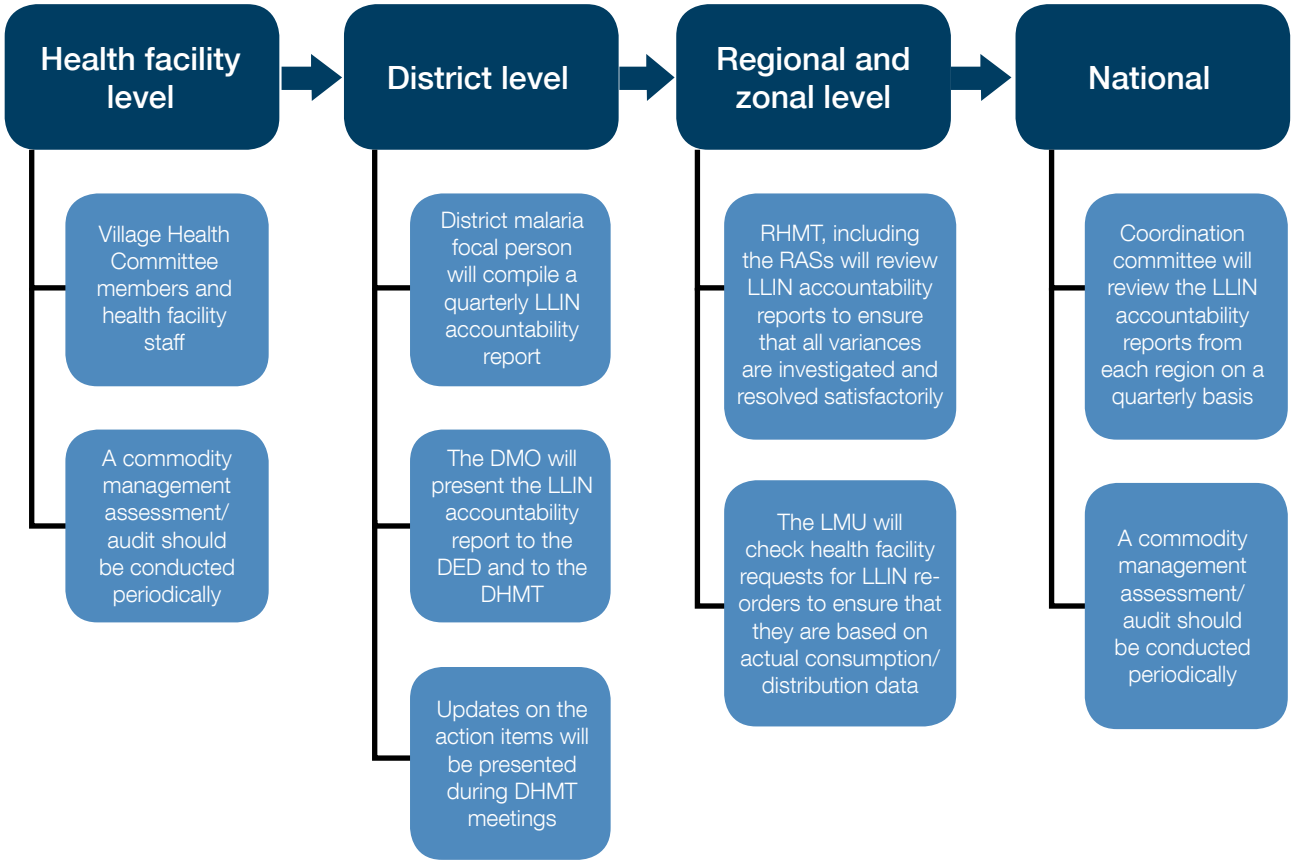
Trainer Instructions: Slide 31



PROJECT the SLIDE on levels of accountability

CLARIFY objectives and overview

EXPLAIN key components LLINs coordination at national, regional and district 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 **Health Facility Governance Committee (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	• Quantities of LLINs delivered
Ledger/ stock card	• Quantities of LLINs received • LLINs stock on hand • Number of LLINs issues
R&R Form	• Beginning LLINs balance • Quantities of LLINs received • Quantities of LLINs consumed • LLINs stock on hand • Quantities of LLINs requested
ANC Register	• Number of LLINs issued to pregnant women
Under 5 Register	• 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 **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 **RAS**, along with recommendations and/or a request for additional support for implementation where needed

Regional and zonal level

- The **MoHCDGEC** in collaboration with **PO-RALG** will conduct advocacy meetings to orient RASs, **Council Directors, 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).

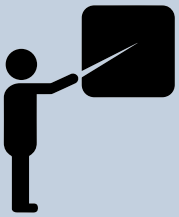
- At the MSD warehouse, LLINs to be transported to health facilities should be loaded onto vehicles in the presence of both the **Warehouse Officer** and the **Vehicle Driver**.

- 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.

Trainer Instructions: Slide 33



REVIEW QUESTIONS

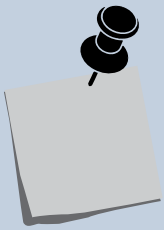
ASK participants to voluntarily respond to the review questions

REVIEW the concept if most there is no concus regarding the CORRECT response.

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

Key Points



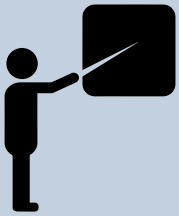
- For effective monitoring and oversight of activities at all levels, the LLIN Task Force will form a health facility-based LLIN distribution sub-committee comprised of personnel from organizations as listed above.
- The **HMIS Focal Person and the District Pharmacist** will enter data into the HMIS and eLMIS platforms, 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

Trainer Instructions: Slide 35



DISPLAY unit objectives for logistics and supply chain management

ASK one of participant to read unit objectives and suggest how s/he envision the reporting and ordering if the distribution is going to happen at a health facility

REVIEW the objectives listed, highlighting that existing HMIS and Integrated Logistics System (ILS) systems will be used to report and order LLINs, respectively

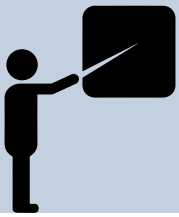
Unit objectives

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

Trainer Instructions: Slides 36-38



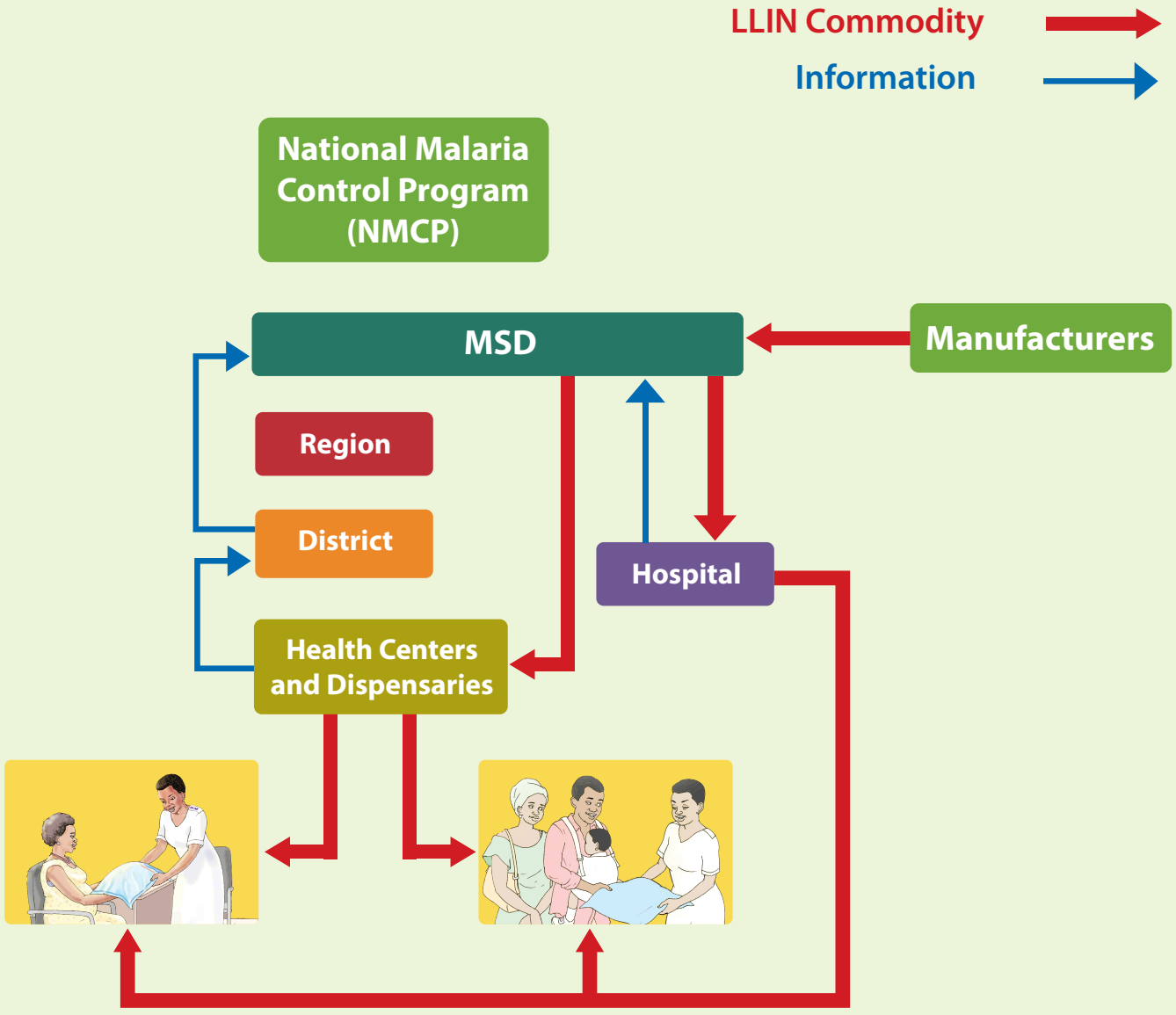
PROJECT the slide on the flow of data and commodities
On slide 36, ask one volunteer to describe the flow of commodities

CLARIFY using follow up slides

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 two past years).

- Funding for LLIN distribution in Tanzania currently depends on donor funding cycles. Funding should be guaranteed at least one 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 ILS and 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:

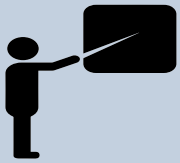
- **Health facility level:** Minimum three months and maximum six months
- **MSD zonal level:** Minimum six months and maximum nine months

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 six-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 National Malaria Control Program (NMCP).

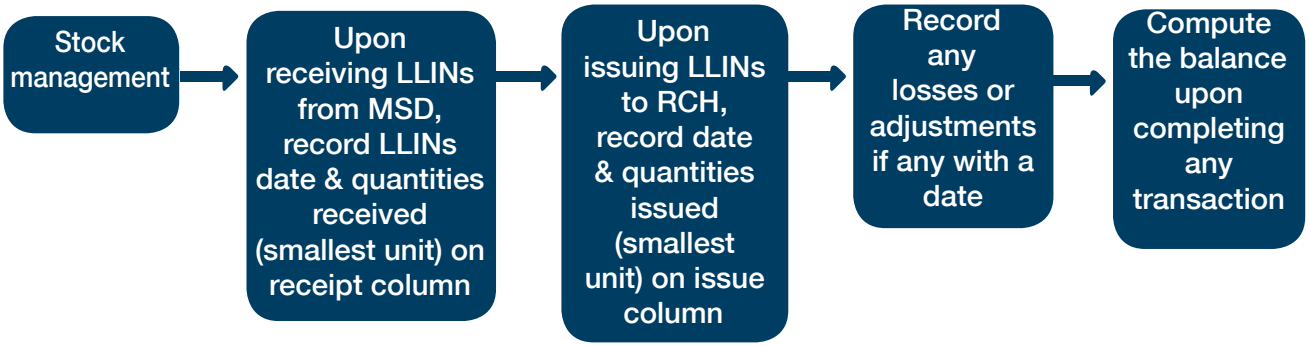
III. Inventory management of LLINs at health facility

Trainer Instructions: Slide 39



PRESENT the slides on the flow of LLINs stock management On slide 40, ask one volunteer to describe the stock management

CLARIFY using follow up slides

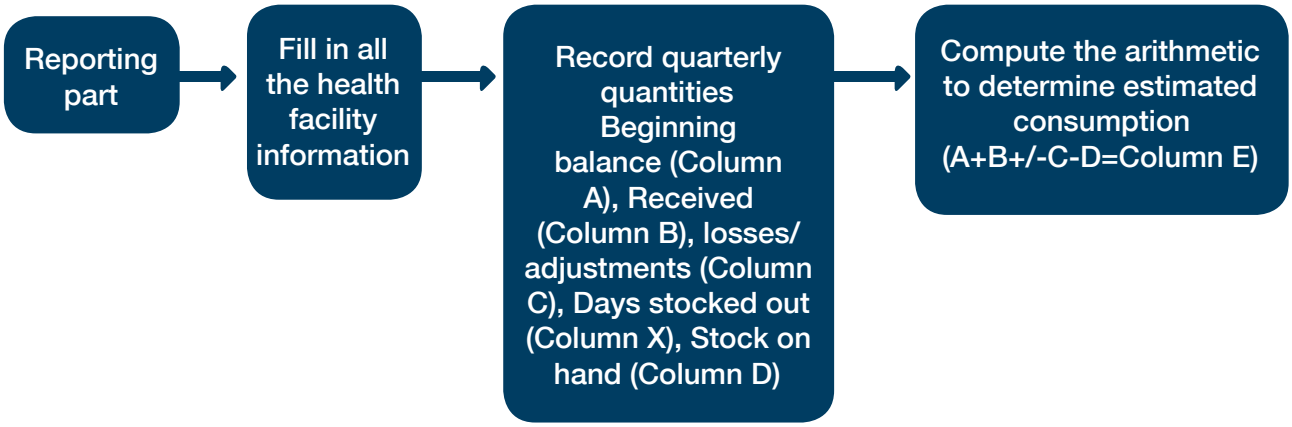


- Receipt of LLINs at the health facility requires the presence of the health facility in-charge and the HFGC who will verify the quality and quantities of LLINs supplied.
- Documentation of LLINs received will be done in the health facility store ledger book (Appendix III), capturing the quantities 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.

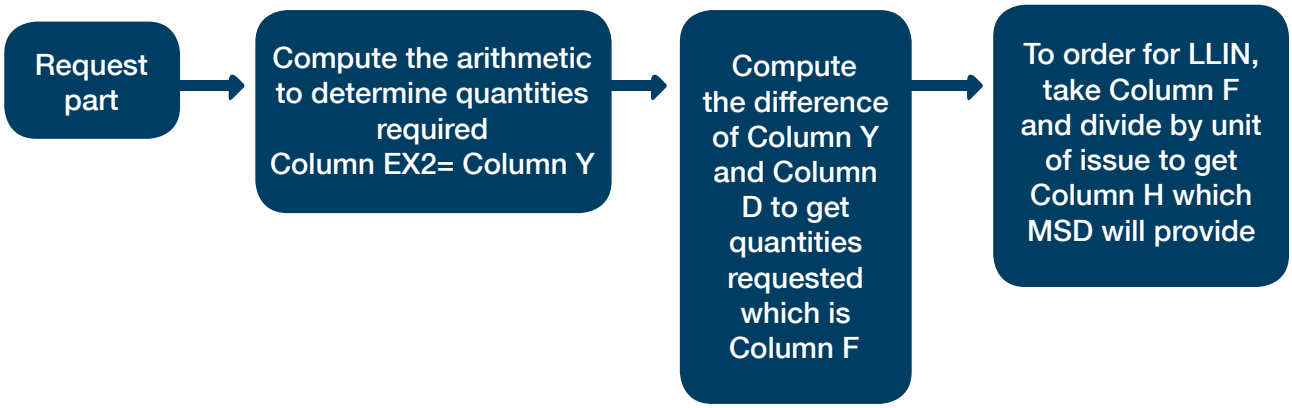
Subsequent supplies/ restocking

- 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 (20 minutes)

You are the head of the Losombeti health center. Today is 6 May 2016 and you are opening a store ledger for LLINs. This is the first time you are receiving the LLINs.

1) You received 360 LLINs from MSD on 6 May 2016

May 6, 2016	You received 9 bales (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 received 160 LLINs from private transporter on 15 June 2016

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

Answer Sheet: Exercise 1

Page No: 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
May 6, 2016	5155	MSD	360			360		
May 10, 2016	5346	RCH		50		310		
May 12, 2016		RCH		25		285		
May 30, 2016		Physical Count			-2	283	Loss	
June 15, 2016	2017	MSD		160		443		

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

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 1 July 2016, and it is time for Sharina Hospital to fill the R&R form for the second quarter (April–June 2016).

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

- **APRIL:**
  - Pregnant women 0
  - Children under five who were seen at clinic 0
  - Children under five who were seen at oureach events 0
- **MAY:**
  - Pregnant women 56
  - Children under five who were seen at clinic 45
  - Children under five who were seen at oureach events 7
- **JUNE:**
  - Pregnant women 78
  - Children under five who were seen at clinic 91
  - Children under five who were seen at oureach events 34

Stock card/Ledger report

Physical count on 31 March 2016: 0
Physical count on 30 June 2016: 108

LLINs received during this period:

6 May 2016 – 350 LLINs
15 June 2016 – 150 LLINs

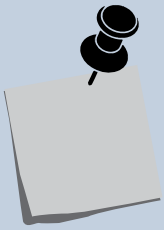
FORM 2A: QUARTERLY REPORT AND REQUISITION

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
Long Lasting Insecticide Treated Nets (LLINs)	Bale/40	0	520	0	0	108	412	824	716	18	

Key Points



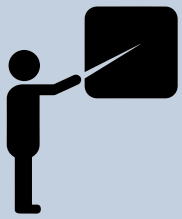
- The supply of LLINs to health facilities will be through ILS and it will follow the existing ordering schedules of the health facilities
- To ensure that the flow of LLINs from zonal MSD to health facility level is un-interrupted, the inventory control parameter at health facility level is: Minimum three months and maximum six 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, Documenting and Reporting

Unit duration: 90 minutes

Trainer Instructions: Slide 46



PRESENT unit objectives for LLINs issuing process at ANC and IVD clinics

EXPLAIN the background of LLINs distribution to participants

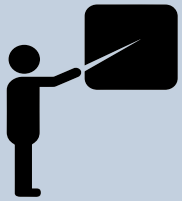
Unit Objectives

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

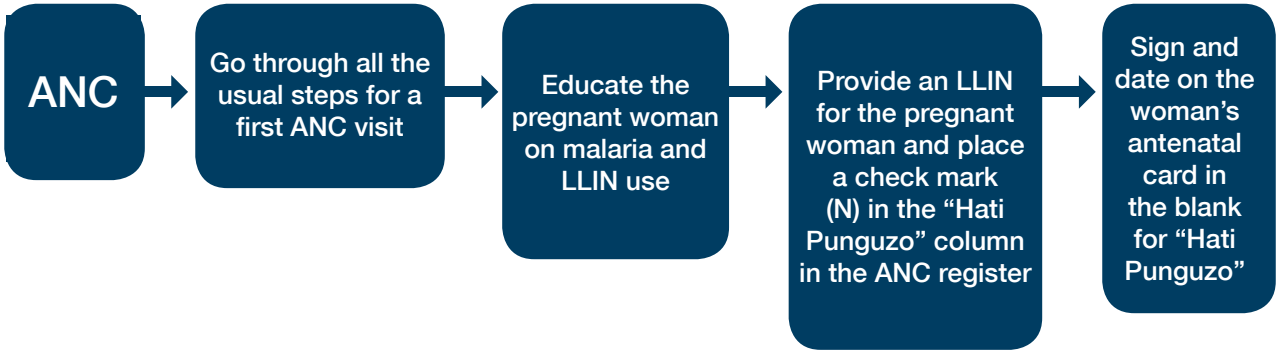
Trainer Instructions: Slides 47-48



ASK participant how they used to issue and document "Hati Punguzo" vouchers

DESCRIBE the process of issuing and documenting LLINs in HMIS registers. Note that, this is somewhat similar to how "Hati punguzo" was issued and documented

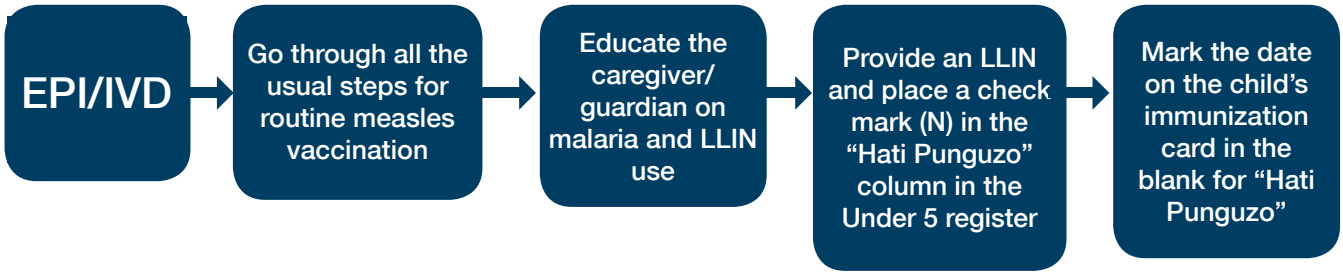
Health facilities will use the existing health facility registers and monthly HMIS summary forms to document and report numbers of LLINs issued, respectively. During a pregnant woman's first visit to the ANC clinic, the health worker should:



- 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 (25 minutes)

Ask four volunteers to practice the following scenarios:

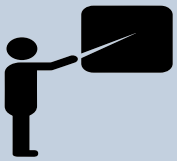
1. Issuing of LLINs at ANC to a pregnant woman who is 35 years old, mother of six. All children are alive; however three of them had episodes of malaria during childhood, necessitating frequent hospital visit and sometimes hospitalization. She has a net, but not sure if it is treated.
2. Issuing a LLINs 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 does not have a lot of time.

Review with the group:

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

II. Reporting

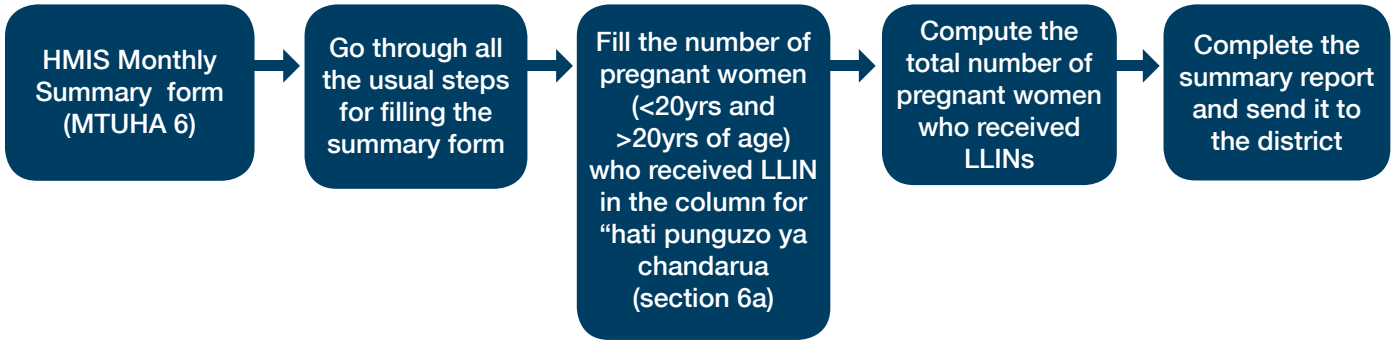
Trainer Instructions: Slides 50-53



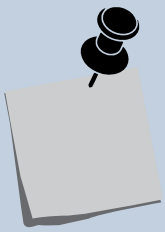
SHOW the slide on monthly reporting

EXPLAIN the reporting system using HMIS monthly summary form

- 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 DMO by the seventh 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 fourteenth day of each month.



Key Points



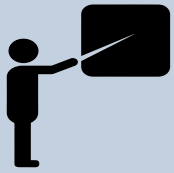
- Health facilities will use the existing health facility registers and HMIS forms in documenting and reporting numbers of LLINs issued respectively
- At the end of each month, each facility will tally the total number of LLIN issued in the health facility in both ANC and IVD clinics and records it on 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 contribution 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

Trainer Instructions: Slide 55



CLARIFY objectives

EMPHASIZE that, after orientation, there will be intensive supervision for three months

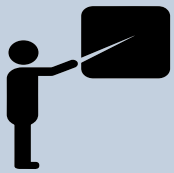
Unit objectives

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

Trainer Instructions: Slides 56-64



PRESENT slides on trainings/orientations

DIFFERENTIATE training of regional and district teams, from orientation at health facilities

Trainings and orientations for health facility-based LLIN distribution should focus on operational issues, on 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 including using the clinic registers, reporting monthly summaries of LLINs issued, and educating 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:

At the national level

- A team of national level trainers from MoHCDGEC—NMCP, RCHS, Pharmaceutical Services Section (PSS), PO-RALG, MSD, and the 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 use relevant checklists for monitoring and supervision visits.

At regional and district levels

- 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,
  - LMU,
  - Reproductive and Child Health Officers,
  - Pharmacists,
  - Malaria Focal Persons,
  - HMIS 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 conduct monitoring and supervision of health facilities for LLIN distribution including proper use of relevant checklists for monitoring and supervision visits.

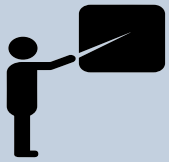
At the health facility level (Orientation)

Timu ya wakufunzi wawili, kutoka ngazi ya wilaya watatoa mafunzo kwa watumishi wa afya kwenye vituo vyao (wakiwa kazini). Maudhui ya vipindi vya mafunzo yatahusisha.

- A team of two 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, for example, a regional pharmacist joining a team with a district pharmacist.
- HFGC and Village Health Committee (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

Trainer Instructions: Slides 65-70



DISCUSS the modalities of supportive supervision as described

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 three months of implementation, supervision visits by the trained regional and district monitoring team, 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 three 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 the 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 the regional level

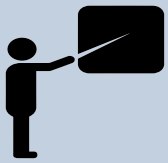
- Monitoring visits to districts will be integrated into the existing regional monitoring schedules.
- The Regional Monitoring Team and the Malaria Focal Person will lead these monitoring visits.
- Ad hoc monitoring visits may be conducted as and when required.

- 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 the 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.

Trainer Instructions: Slide 70



REVIEW QUESTIONS

ASK participants to voluntarily respond to the review questions

REVIEW the concept if most there is no concus regarding the CORRECT response.

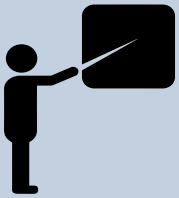
Review Questions: (TRUE/FALSE)

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 **(T)**
2. Districts teams should conduct ad hoc monitoring visits to the health facilities regularly **(F)**
3. Monitoring visits to districts will be integrated into the existing regional monitoring schedules. The HMIS Focal Person will lead the regional monitoring team **(F)**
4. Teams should use the Health Facility Monitoring Checklist to assess LLINs storage, documentation and reporting of LLINs issued at ANC and IVD clinics **(T)**

III. Development of Training and supervision Plan:

Trainer Instructions: Slide 71 (75 minutes)



PROVIDE the planning and monitoring template

SEAT district teams together, supported by regional and national representatives.

Each district should form a pair and develop each PAIR PLAN as per the template

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.


MAURITANIE
BOB MARLEY

Section B:

Orientation of Health-Care Workers at Health Facilities

Intended Audience

Health Facility based:

- Heath facility in-charge
- Nurses at ANC and reproductive and child health (RCH) clinics
- Pharmacist
- Store keeper/Store in-charge
- VEO
- HFGC member

Time – 2 hours

Section objectives

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, and sign guest book
- Inform them of your work and objectives
- Identify focal persons, such as the store in-charge, nurse in-charge at ANC, and nurse in-charge at RCH
- Thank them for their co-operation
- Invite VEO and HFGC members to discuss LLINs distribution at health facility
- 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 HTC and HFGC members for district- 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.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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

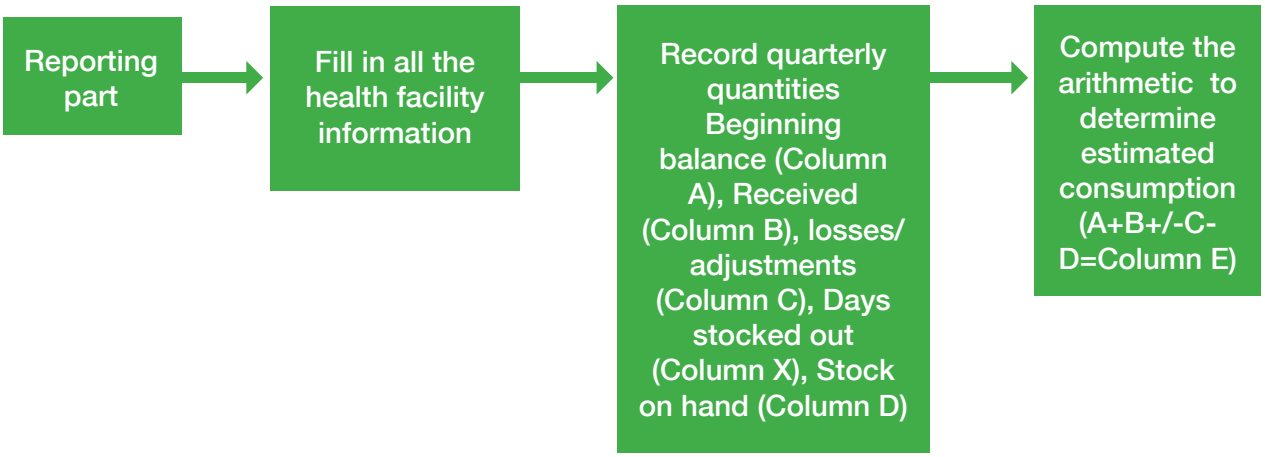
Review Questions:

- 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).

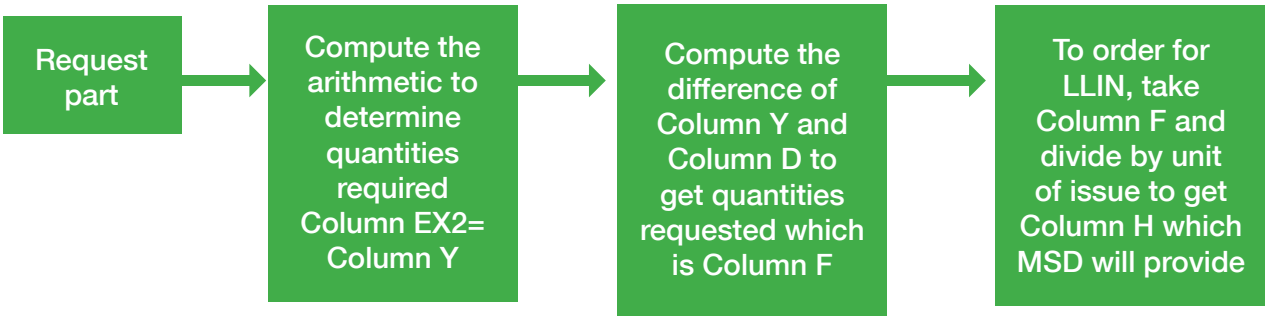
Clarify the following with regards to LLINs:

- Health facilities will get their re-supplies of LLINs using the standard R&R Form and they will follow the existing reporting schedule
- Orders for LLIN re-supply from health facilities will be checked by the district pharmacists, and entered into the eLMIS, checked by the 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.

Antenatal Clinic



EPI/IVD Clinic



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 location. 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:

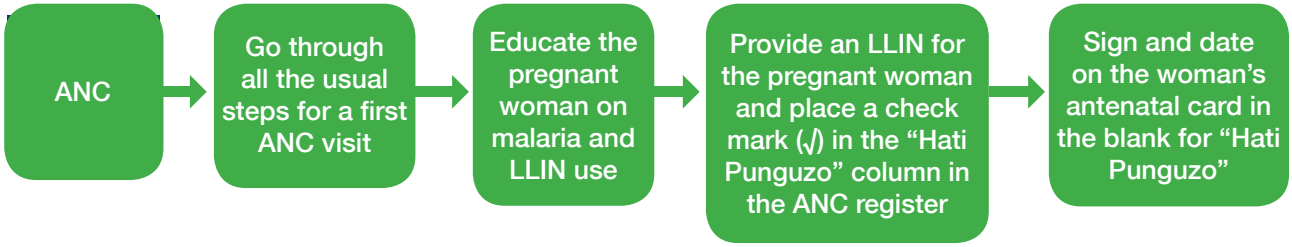
- Ask them to explain how they issue commodities such as iron tablets to pregnant women?
- Verify that they indicate exactly where they document such distribution in client records and clinic registers?
- Ask if they recall how they used to issue and document issuing of voucher “Hati punguzo”.

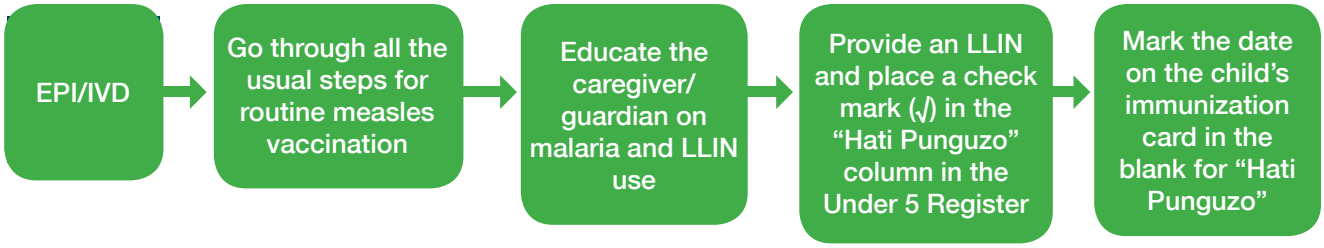
Outreach:

- 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 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 LLINs 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”


ANC
Go through all the usual steps for a first ANC visit
Educate the pregnant woman on malaria and LLIN use
Provide an LLIN for the pregnant woman and place a check mark (√) in the "Hati Punguzo" column in the ANC register
Sign and date on the woman's antenatal card in the blank for "Hati Punguzo"


EPI/IVD
Go through all the usual steps for routine measles vaccination
Educate the caregiver/ guardian on malaria and LLIN use
Provide an LLIN and place a check mark (√) in the "Hati Punguzo" column in the Under 5 Register
Mark the date on the child's immunization card in the blank for "Hati Punguzo"

United Republic of Tanzania

Ministry of Health, Community Development, Gender, Elderly and Children
and
President's Office – Regional Administration and Local Government

Health Facility-Based LLINs Distribution

Trainer Manual

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