Against Malaria Foundation

LLIN Distribution Programme – Detailed Information

Summary

# of LLINS	Country	Location	When	By whom
4,000	**Indonesia**	**Sukadana, West Kalimantan**	**Jul-Aug 2008**	**Health In Harmony**

Further Information

1. Please describe the specific locations & villages to receive nets and the number to each? Please provide longitude/latitude information. (Important note: If the distribution is approved, approval will be for the nets to be distribution to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.)

Alam Sehat Lestari (ASRI) is a project that is supported by and tightly linked with the US non-profit Health In Harmony. The project is based in the villages surrounding Gunung Palung National Park in West Kalimantan, Indonesia, where it represents an innovative approach to healthcare for rural poor. Through partnerships with local communities, Project ASRI integrates essential medical care services with environmental protection strategies in the villages on the edge of threatened rain forest. Our work is founded on the realization that global health for all depends on recognizing and promoting the link between human and environmental health at the local level.

Currently, ASRI is initiating an anti-malaria campaign in the project area, where there is a high incidence of the disease. The first area on which we will focus is Sukadana (109.95 deg E; 1.25 deg S), where ASRI project headquarters are located. Based on the model we develop and test in Sukadana in 2008, we will expand our anti-malaria campaign to other villages surrounding Gunung Palung National Park beginning in 2009. The National Park itself is 90,000 hectares and the villages surrounding this area are accessible either by road or boat.

2. Is this an urban or rural area and how many people live in this specific area?

Sukadana, as well as the other villages surrounding Gunung Palung National Park, is a relatively undeveloped rural area with few available resources. Mosquito nets of any variety are not available for purchase in these villages, nor would they be affordable given local incomes should they become items in local stores.

Our anti-malaria campaign will focus on two “desa”, or village units that together represent Sukadana. In the first, called Pangkalan Buton, the most recent government census

counted 703 families. In the second desa, called Sutra, the census counted 913 families. The total number of individuals in the area of our focus is approximately 8000.

3. Is this a high risk malaria area? If yes, why do you designate it as high?

Sukadana represents a high risk malaria area of Indonesia. Malaria is one of the primary reasons for visits to local health clinics, according to physicians at the local government clinic and the ASRI project clinic. As it is common for people in the region to self-treat for malaria, rates of infection are likely to be even higher than noted by local doctors. Plasmodium vivax is common on the coast, with higher rates inland of Plasmodium falciparum; Within Sukadana itself people are commonly exposed to both species of the malarial parasite.

In addition to data from local clinics, a formal survey of 1254 households conducted in February 2007 by ASRI staff found that >90% of all households had experienced high fevers within the three months prior to the survey. Most went undiagnosed, but a large percentage are likely to have been malaria.

4. How many *reported* cases of malaria and malaria deaths were there in this area in 2005? If you do not have statistics please make a qualitative comment.

The most recent statistics we have access to are from 2005 from the Regency government statistics. Data is collected from every government health clinic. The data from the sub-regency in which Pangkalon Buton and Sutra reside show 391 cases within a population of 17,475, or 22.37 cases per 1,000 people. However, as noted above, this number is likely to be a vast underestimate.

5. Is this distribution of nets 'blanket coverage' of an area/village or to a select/vulnerable group? If the latter, please describe this group.

Our distribution plan is one of blanket coverage. The average income in this region is $13 per month, less than half of the WHO's standard of absolute poverty. A general statement that all households in the project area are in need of aid in fighting malaria is well-qualified.

6. What is the existing level of ITN use in this area? Are there existing bednet distribution programmes in this area?

There are no formal bed-net distribution programmes in this area. No treated bed-nets are available. Untreated nets can be purchased only at prohibitive expense and distance from Sukadana in the provincial capital. Some local people make their own nets from old banners and sheets.

7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position and organisation of the person/s making the decision.

Sukadana was chosen as the target area because it is the central location of the ASRI health clinic and associated

environmental conservation program and because malaria is prevalent in the area. ASRI aims to protect both human health and the environmental health of Gunung Palung National Park, which represents a critically important watershed for local communities. Illnesses such as malaria constitute one of the pressures on local poor that pushes these people into exploitation of the natural environment. Such exploitation—logging, gold mining with mercury, fish-bombing—further endangers human health. Anti-malarial work, including bednet distribution, is one of the corner-stones of our integrative program to protect human and environmental health.

The decision to implement a bednet distribution campaign in Sukadana was made jointly by ASRI project staff (Dr. Kinari Webb, ASRI Director; Dr. Romi Beginta, ASRI Clinic Director; and Dr. Hotlin Ompussunggu, ASRI Program Manager) and Dr. Conidi Azis, Head of the Department of Health for Ketapang Regency. The decision is supported by the heads of both "desa" within Sukadana.

8. Have you consulted with the National Malaria Programme in your country about this distribution and what was their response? Please provide the name, position and contact details of the person/s with whom you have liaised.

We have been in touch with Dr. Conidi Azis, Head of the Department of Health for Ketapang Regenecy, at all stages of planning a bednet campaign. Dr Conidi is the the local administrator of the National Malaria Program.

He supports the ASRI project in its plans to implement a bednet distribution program and has agreed to provide customs letters so that the nets could be imported without excise tax and has also linked our program to the National Program so that we receive free malaria medications for treatment of acute cases. Dr. Conidi's contact details are as follows:

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9. Please describe any pre-distribution activity, in particular how the size of the target group and number of nets required will be ascertained?

Formal letters have been sent to the heads of the two village subunits within Sukadana village. They provided us with the most recent numbers available concerning the number of households.

In total, there are 913 households in Sutra district and 703 in Pangkalon Buton, or a total of about 8,000 individuals. We think it is reasonable to estimate one bednet needed for every two people—thus, we are requesting 4,000 bednets.

If this represents a slight overestimate for the Sukadana area, any additional nets will be used as we expand the

program to the neighboring area of Pampang Harapan. We will report the details of this to you at the appropriate time.

10. Please describe how the bednets will be distributed, by whom, whether distribution will be a focussed effort or part of a combined programme and if there will be an information/education component to the distribution? Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.

Distribution will occur in conjunction with the local government health clinic. The government clinic staff have agreed to work with us on this program. The heads of each village subunit will notify every neighbourhood (RT) head that on a given Friday they are to ask a member of every household in their neighbourhood to come to a meeting. (This is a common approach to meetings and distributions in Indonesia).

At this meeting, we will have a skit explaining the benefits and dangers (e.g., please, no fishing with them!) of treated bed nets. Each household will also receive a pamphlet with lots of clear drawings for those who cannot read. Nets will then be distributed to households based on the number of individuals in the house and their sleeping arrangements (sometimes four or five family members will all sleep in one bed).

There are 29 RTs (or neighbourhoods) within Sukadana village. We anticipate we can have two teams visit two RTs on a given Friday, so it should take us a minimum of 10 weeks to distribute all 4,000 bed nets. Our clinic is closed on Fridays, allowing us to do this kind of work. Any households not present during that week will be able to go to a neighboring RT to receive their net on a subsequent week. Each household will be asked to sign for their net(s).

11. What post-distribution follow-up is planned to assess the level of usage (hang-up percentage) of the nets? How long after the distribution will this assessment take place? Will you provide us with the findings? What will you be able to do subsequently to increase net hang-up if relevant?

One month after all bed nets have been distributed, we will conduct a survey in a sample of households from each RT. We will ascertain whether they are using the nets and, if not, why not.

If we find that people are not using the nets, we will design community education to address these issues. This information can then be used to improve our bednet distribution campaign and community education in subsequent villages. Given that many members of our staff are also local community members and that we often do house-calls, we will also have opportunities to continue to monitor net usage.

We would be very happy to provide you with the findings and would be grateful to hear about the successes and failures of other programs so that we can learn from them.

12. Please give the name and contact information for the (government) head of the district health management team for the/each area. Please ensure you include contact information.

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13. Please confirm the nets will be distributed free-to-recipients, a requirement for us to fund nets.

The nets will be distributed completely free of charge.

14. Please confirm you will send us, post-distribution, at least 40 digital photos per sub-location, taken at the distribution/s, to be added to our website as we report on the distribution to donors.*

We would be glad to provide you with photos. We will take at least 40 pictures per village subunit.

15. Please indicate if you will be able to provide video footage from each sub-location. This is not mandatory but is preferred and aids reporting to donors and encourages further donor giving.*

Confirmed.

16. Please confirm you will send a Post-Distribution Summary when the distribution is complete.*

We will happily provide a report after distribution is complete.

17. Please provide your name, role and organisation and full contact information.

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*Information on providing photos, video and a Post-distribution Summary is included in the attached document.