Bed net distribution program for the health zone of Kalole DR Congo

I. Justification of the program.

Malaria is the most important motive of consultation in the health facilities and consequently represents a major problem in primary health care in the Democratic Republic of Congo.

The national Malaria program has published that a child under five years in Congo suffers an average of 10 episodes of malaria during one year's time and 25 to 30% of infants deaths are caused by Malaria.

The low frequentation rate of ANC in certain regions causes a lake of protection against Malaria for pregnant women and is one reason for augmentation of maternal deaths, abortion and premature births. During pregnancy the Malaria attacks are more frequent and more serious. Pregnant women have a risk 2 to 3 times higher to develop serious Malaria than others living in the same zone. Malaria during pregnancy can be the acute symptomatic form or/and a chronic anemia.

Also the rate of assisted deliveries in the health facilities is still too low and the utilization of prescolar service is neglected in most areas.

All available statistics of the Malteser program South Kivu show that Malaria is diagnosed in 53% of all consultations in the health facilities and is the major cause of mortality in the health zones.

The Malaria problem is about the same all over the regions of Malteser intervention. Therefore the health zones with the lowest level of income were chosen where the population is not able to pay for bed nets and where the highest rates of malaria and lethality of malaria had been found

In harmony with the national policies Malteser target in first approach pregnant women coming to antenatal care clinics and women on the delivery ward of the health facilities. In second approach children that come regularly to postnatal care and vaccination.

2. The health Zone of Kalole

Kalole health zone is situated in the province of South Kivu in eastern Congo. It is one of the newly created health zones by dividing Shabunda health district in 2004. Kalole health zone is only recently accessible and only by plane. The nearest airstrip is in the neighboring Province of Maniema, about 50 km from Kalole centre. There is no road to get there from Bukavu (about 364 km) and within the health zone the roads are only accessible for motorbikes or bicycles and the distances are long. The surface is about 8.000 km2. The total of the health zone is covered by tropical rain forest, only the northern part is mountainous, for the greater part its plain. The population is estimated for 2007 at 96.112 habitants.

The health zone officially has 26 health centers, but only 5 health centers are operational, there is no hospital in the health zone The health facilities are very isolated (2 – 5 hours walking) but they all offer the minimal packet of curative and preventive service and they are all equipped for assisted deliveries.

People in Kalole health zone have not received any humanitarian aide until 2007, when Malteser International started its intervention in four health centers. Children in this health zone have not been vaccinated since 1996 and a measles epidemic in 2006 has caused a lot of deaths. The first vaccination campaign, organized by UNICEF, took place end of 2006

Like in the other two health zones, the program of bed net distribution was not designed as a special action, but integrated in the existing service of the health centers to promote the preventive activities and assisted deliveries

Getting to Kama (Province Maniema) is the easiest part .....

in Kalole it becomes tricky

Even with bicycle

or motorbike…….transport is not easy

II. Global object.

The object for this program is the following

Reduction of morbidity and mortality of Malaria for children under five years and pregnant women

III. Special objects

1. 50% reduction of malaria crisis in children under five years and pregnant women.
2. Getting a minimum of 50% of pregnant women and 20% of children under five years sleeping under bed nets.
3. Augmentation of utilisation rate of antenatal service at 50%, postnatal service at 20% and assisted deliveries at 30%.

IV. Beneficiaries

The program concerns pregnant women that come regularly to antenatal service, children under five years that come regularly to postnatal service and vaccination and women that deliver in the health facilities

The following health facilities will execute the program.

CSR Kalole

CSR Lusenge

CSR Matala

CSR Penekusu

CSR Zingu

V. Modalities of execution

V.1. responsibilities for the program

a. Malteser International:
Malteser gives the bed nets to the health centres and supervises the evolution of the activity.
Also the elaboration of distribution reports, verification of utilisation and analysis of epidemiologic data is one of the responsibilities of Malteser International

b. The central bureau of the health zone
The BCZ is the principal responsible on health zone level. It will assure the technical follow up and coordination of the program.

c. The health facilities
The responsible of the health centre and the responsible of the maternity are forming the executing level of the program. Together with the members of the community they are also responsible for the follow up of the correct utilisation by home visits.
The health centres give a monthly report to Malteser International

d. Stockage of bed nets.
The bed nets are stocked in the medical depot of Malteser International at Bukavu.
The health zone will make a monthly demand according to the reports of distribution. The bed nets are delivered to the health zone and stocked in the local medical depot. The participating health centers will get the nets from the local depot for free distribution.

VI. Attended results:

1. Pregnant women present at the ante natal clinic and mothers at the postnatal service are well informed concerning the problems due to Malaria and the advantages of using bed nets.
2. Educational sessions are given during antenatal and postnatal activities
3. At least 30% of bed nets are followed up with a questionnaire through home visits
4. The utilization rate of antenatal service is at 50%, for postnatal service at 20% and for assisted deliveries at 30%

VII. Conditions for distribution

a. Pregnant woman regularly seen in antenatal service
b. A mother that comes regularly to the postnatal and vaccination service
c. A women that deliver at the maternity of one of the participating centers

VIII. Follow up and evaluation

a. *Supvision and evaluation*

The follow up of the program will be included in the regular supervision program of Malteser International and the central bureau of the health zone.
The results archived with the distribution are analyzed by Malteser International
The statistical report of morbidity and mortality of Malaria in the participating health centers will be analyzed on a monthly base

CSR Kalole