

Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
20,000	Malawi	Mulanje	September 2010 - October 2010	Save the Children

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.)

The nets will be distributed in Mulanje district where Save the Children (SC) is supporting 12 of the 23 health facilities (year 2010) in the implementation of a Community Case Management (CCM). The CCM strategy, which falls under the Integrated Management of Childhood Illnesses (IMCI) policy, is one of the high impact interventions advocated by the government of Malawi under the essential health care package for accelerated child survival and development. The Multiple Indicator Cluster Survey of 2006, indicates that Mulanje district has the lowest proportion of households owning a mosquito net (26 %) among all the other districts in the country.

The Ministry of Health in Malawi, through the IMCI implementation strategy, prioritises those communities that are far from health facilities(>8km) for provision of life saving high impact interventions to reduce under-five mortality, of which distribution of insecticide treated bed nets is part of.

Project location covers traditional areas of Mabuka and Nkanda. The distribution exercise will be held at community level, at village clinic points, where community health workers provide the CCM service to treat malaria, pneumonia and diarrhoea cases targeting under-five children. The ITN distribution is planned in 86 village clinic points as shown below.

Table 1: Approximate estimations for mosquito net distribution per village clinic

#	Village Clinic	Health Centre	#of Children	# of ITN
Sublocation 1				
1	Kuselema	Mulomba	232	232
2	Makwangwala	Mulomba	232	232
3	Mwala	Mulomba	232	232
4	Kamwendo	Mulomba	232	232
5	Phulanya	Mulomba	232	232
6	Muzombwe	Mulomba	232	232
7	Kombola	Mulomba	232	232
8	Dyanyama	Mulomba	232	232
9	Basale	Mulomba	232	232
10	Juma	Mulomba	232	232
11	Chinama	Mulomba	232	232
12	Robeni	Mulomba	232	232
13	Gowero	Mulomba	232	232
14	Ndanga	Mulomba	232	232
15	Matuwisa	Mulomba	232	232
16	Sagawa	Mulomba	232	232
17	Mphwanye	Kambenje	232	232
18	Mbunumbu	Kambenje	232	232
19	Magombo	Kambenje	232	232
20	Shaibu	Kambenje	232	232
21	Sadibwa	Kambenje	232	232
22	Tothoro	Kambenje	232	232
23	Nogwe	Kambenje	232	232
24	Nengwere	Kambenje	232	232
25	Mulera	Kambenje	232	232
26	Chitimbe	Kambenje	232	232
		Total nets sublocation 1:		6032
Sublocation 2				
1	Murewane	Chambe	232	232
2	Mongola	Chambe	232	232
3	Mbendera	Chambe	232	232
4	Khanyanga	Chambe	232	232
5	Matwika	Chambe	232	232
6	Nalikata	Chambe	232	232
7	Mbewa	Chambe	232	232
8	Maning'a	Chambe	232	232
9	Ntonya	Chambe	232	232
10	Miyano	Chambe	232	232
11	Mussa	Chambe	232	232

12	Muhowa	Chambe	232	232
13	Ntchathu	Chambe	233	233
14	Mwinyere	Chambe	233	233
15	John	Chambe	233	233
16	Nankwaliwada	Chambe	233	233
17	Milima	Chambe	233	233
18	Nasiyaya	Chambe	233	233
19	Kabuthu	Dzenje	233	233
		Total nets sublocation 2:		4415
Sublocation 3				
1	Nantchwatchwa	Milonde	233	233
2	Mpuchila	Milonde	233	233
3	Kapesi	Milonde	233	233
4	Kambali	Milonde	233	233
5	Kachelenga	Milonde	233	233
6	Nyangu	Chinyama	233	233
7	Fulama	Chinyama	233	233
8	Chilkadwe	Chinyama	233	233
9	Mandula	Chinyama	233	233
10	Masepula	Chinyama	233	233
11	Khanyizira	Bondo	233	233
12	Nkuta	Bondo	233	233
13	Ngwezu	Bondo	233	233
14	Mulima	Bondo	233	233
15	Naluwadi	Bondo	233	233
16	Kashoni	Bondo	233	233
17	Michenga	Bondo	233	233
18	Tengani	Bondo	233	233
19	Mkundi	Bondo	233	233
20	Mnessa	Bondo	233	233
		Total nets sublocation 3:		4660
Sublocation 4				
1	Sazola	MDH	233	233
2	Nande	MDH	233	233
3	Namazoma	MDH	233	233
4	Supuni	MDH	233	233
5	Simoni	Thuchira	233	233
6	John	Thuchira	233	233
7	Macholowe	Thuchira	233	233
8	Mlele	Thuchira	233	233
9	Chiuta	Thuchira	233	233
10	Nsikita	Thuchira	233	233
11	Wanama	Thuchira	233	233
12	Binali	Thuchira	233	233
13	Nkunlola	Thuchira	233	233
14	Fundi	Thuchira	233	233

15	Kundwero	Thuchira	233	233
16	Mbyelima	Mimosa	233	233
17	Njirambo	Mimosa	233	233
18	Mjojo	Mpala	233	233
19	Fikani	Mpala	233	233
20	Chimwaza	Mpala	233	233
21	Makwete	Mpala	233	233
		Total nets sublocation 4:		4893
Total number of mosquito nets: 20,000.				

The nets will be distributed within three weeks within four zones in the two TAs. During the distribution pictures will be taken.

The GPS coordinates for Mulanje are as follows :
Latitude -16.026676, Longitude 35.500259

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

Mulanje district, located in the Southern part of Malawi is mainly rural and mountainous with very poor road network and difficult access to essential health services. The famous tea plantations in the district make the malaria situation worse by creating breeding places for mosquitoes.

Mulanje district has a population of 525,429. Mabuka and Nkanda Traditional Areas (TA), where the distribution exercise will be conducted, have a total population of 138, 949 with 104 hard to reach village clinics, of which 86 are active.

The distribution exercise will target households with under five children situated in the hard to reach villages, >8km from the listed health facilities.

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

Malaria is endemic in all parts of the country, with seasonal peaks between December and April. Over 85 percent of malaria infections in Malawi are due to *P. falciparum*. According to the DHO's information, Mulanje is a high malaria risk area and the two TAs report relatively high number of malaria cases through its health facilities.

4. Baseline malaria case information. How many reported cases of malaria and malaria deaths were there in this specific area in the most recent period available? We are looking for data from health clinics in the area. Month by month information is strongly preferred. We are NOT looking for regional level/national level information. Please cite your source. Baseline malaria case information forms the basis of comparison post-distribution.

The distribution exercise will cover the catchment population of 12 Health facilities namely, Kambenje , Mulomba , Thuchila, Mulanje District Hospital , Mimosa,

Milonde , Chinyama , Chambe , Mpala , Dzenje and Bondo. The available data on malaria cases seen at the district hospital is shown below.

Table 2: Outpatient cases seen at Mulanje district hospital (Jan-June 2010)

Months (2010)	Cases	
	Seen Under 5 Years	Over 5 Years
January	20,202	24,043
February	17,009	20,249
March	16,195	17,915
April	16,089	16,527
May	13,419	15,665
June	11,481	12,810
Total	94,395	107,209

Source: Malaria district coordinator, mulanje; August 2010.

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.

The results of MICS 2006, indicate that in Malawi at least 51% of households in Malawi own at least one mosquito net, however survey results further revealed that urban households are more likely to have a net unlike rural households. Most of the households targeted for this exercise are likely not to have a mosquito net because the population is rural.

Households with under-five children situated 8km or more for the nearest health centers (hard to reach households) will be targeted for this exercise. The total number of nets to be distributed per household will vary according to household ownership mosquito nets and also the number of under five children per household.

The community health workers from the targeted areas in the district are currently doing a household listing to determine the exact number of under-five households being served by the CCM program. In addition, the CHW are also collecting information on the total number of nets per household, this will be the basis for the mosquito net distribution criteria at community level. The proposed distribution criteria is as follows:

- Houses with more than 2 U5 children and no nets: 3 nets
- Houses with 2 U5 children and no nets: 2 nets
- Houses with more than 2 U5 children and 1 net: 2 nets
- Houses with 2 or more U5 children and 1 net: 1 net
- Houses with 1 U5 child: 1 net
- Houses with no U5 children: no nets

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

In November 2002, the Government of Malawi introduced a subsidy on mosquito nets and developed ITN guidelines to standardize and facilitate the distribution of mosquito nets in Malawi. The Government and development partners supply mosquito nets and insecticide treatment kits for distribution at subsidized costs to communities through three main distribution channels: health facilities, community organizations, and the private sector. Despite huge improvement in net ownership and use observed since 2000 (DHS, 2000), As indicated earlier, the 2006 MICS¹ shows that only 51% of households in Malawi have at least one net and 31% of children under five slept under a net the preceding night. The results also indicate that Mulanje district has the lowest proportion of households owning a mosquito net (26 %) among all the other districts in the country.

Project Hope is currently implementing a BCC strategy on malaria program in the district, there is no other agency which is involved in the distribution of mosquito nets according to district health officials.

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.

The decision to distribute the nets through the CCM project was made by Michael McGrath, SC Country Director in liaison with Save the Children Senior Manager for Health, Joby George. The address is: Save the Children, P.O. Box 30374, Lilongwe .Malawi.

Mulanje is one of the districts with not so impressive child health indicators comparing with other districts in Malawi (MICS, 2006). Save the children is currently supporting Ministry of Health in the Implementation of a child health program, community case management which is delivered at community level through Health Surveillance Assistant, a cadre employed by the government.

The distribution of the nets will be complementary to other activities currently being supported by SC in the targeted areas to reduce childhood morbidity and mortality. We chose to distribute the nets in this area because SC has an established relationship with community structures which will be utilised/enhanced during the distribution exercise.

8. Have you consulted with the country's National Malaria Programme 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.

The proposed plan was discussed with Ms. Doreen Ali, National Malaria Control Program Manager, Cell +265-888-374-043. We were advised to ensure good coordination

¹ National Statistics Office, UNICEF Malawi (2006). Monitoring the situation of women and children: Malawi Multi-Indicator Cluster Survey Preliminary Report.

with the malaria control activities within the district through the health facilities to avoid overlaps.

Alternate plan to distribute the nets in Mulanje was discussed and approved by Mr Zwoya, the focal person for ITN distribution at the Ministry of Health headquarters. He stressed on the importance of IEC during the distribution exercise to avoid household misuse.

9. 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.

Dr Charles Bright Chimpambano. District Health Officer
P.O Box 227, Mulanje
Cell: +265 888 858 501

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

We confirm that the nets will be distributed free-to-recipients

11. Please describe all pre-distribution activity, including how the size of the target group and number of nets required will be ascertained and how the local community and leaders will be involved in this phase of the work?

The nets will be distributed to under five households falling within the catchment population of all the community health workers who are providing the CCM service in Mulanje district. All the CCM HSAs in Mulanje will provide a list of under five households from their catchment populations, which will form basis for the distribution criteria.

The CCM project has budgeted for the clearance and distribution costs of the nets. Save the Children has arranged transportation for pick up of the nets from PSI to Mulanje DHO, through the MoH district health office van. The proposed dates for distribution are from 15th Sept 2010-10th October 2010. Save the Children CCM project will incur all the distribution costs.

In total, we will have four distribution teams for the four sub location. Each distribution team will have a representative from Save the Children and the District Health Office. Staff from the health center will be actively involved in the pre-distribution, distribution and post distribution exercise. It is expected that there will be a pre-distribution sensitization meeting at community level prior to the distribution day in all the distribution points. The pre distribution meeting will be facilitated by officials from the health centers. It is expected that each distribution team will handle approximately 5,000 nets by the end of the exercise. One team will cover approximately 2 distribution points in a day.

The district health office, members of the district health management team particularly those responsible

for malaria control activities and IMCI program will be involved in the execution of the distribution exercise.

All recipients will be asked to sign (thumb print) for the nets to ascertain that the nets have not diverted to other areas.

12. Please describe how the bednets will be distributed and by whom. Please give detail. Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.

The target area will be divided into 4 sub locations as is required; each sub location will comprise at least 2 Health centers', in total 12 health centers will be targeted.

The proposed sub locations are as follows:

- ⇒ Sub location 1 : Mulomba, and Kambenje health facilities
- ⇒ Sub location 2: Dzenje and Chambe health facilities
- ⇒ Sub location 3: Milonde, Chinyama, Bondo health facilities
- ⇒ Sub location 4: Mulanje District Hospital, Mimoso, Mpala and Thuchila Health facilities

The distribution staff will form 4 teams and each distribution team will comprise of the following people

- Three government employees from the district health office, health centre and the Health Surveillance Assistant (HSA)
- A driver
- 1 SC CCM staff

The distribution team will share the necessary roles a week before the distribution exercise, the roles will centre on video footage, capturing of photos and coordination of the distribution exercise. The communications officer from the country office will coordinate the documentation exercise.

The distribution process will be conducted simultaneously in the 4 sub locations by the 4 teams

- The distribution point will be at the village health clinic in all the sub locations
- In total there will be 86 distribution points from the 4 sub locations
- The distribution points will equal to the total number of CCM HSAs covering almost half of the district. It is expected that one distribution team will cover two distribution points/village clinics in a day
- It is estimated that the distribution process will take approximately 15 days

13. Please describe the malaria education component of the distribution. Please give a detailed answer.

The Ministry of Health in Malawi has already developed messages on the maintenance and effective usage of LLINs and the prevention of malaria in addition to LLIN use. During the distribution of these nets, these messages will be used.

The messages will be in these categories:

- *Use and maintenance of LLINs*: process of proper nets hanging, how to maintain it, process of how to wash and dry them, sleeping under treated bed nets through-out the year, etc.
- *Malaria prevention*: importance of sleeping under treated nets, environment sanitation, waste management, proper drainage system, protective clothing to prevent mosquito bite
- *Early Signs of malaria*: fever, vomiting, headache, loss of appetite.
- *Early treatment seeking*: Immediate referral to the nearest health facility or to a trained IMCI service provider in the nearest location, in this case, to the village clinic established in their area.

Demonstration of net hang up will be done in some selected houses close to the village clinics to reinforce the messages given and also show the community how to customize net hanging in their kind of housing structures.

Health staff from the nearest health facility and/or Health Surveillance Assistants (HSA) will be involved to provide health education messages to the parents/guardians during the distribution sessions.

14. Please confirm: a) you will conduct immediate post-distribution follow-up to assess the level of usage (hang-up %) of the nets; b) this take place within four weeks of the distribution; c) you will provide us with the findings.

We can confirm that we will conduct the immediate post distribution survey and will share the results with AMF

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

A post distribution summary will be sent to AMF upon completion of the exercise

16. Please confirm you will send us, post-distribution, at least 60 digital photos per sub-location*, taken at the distribution/s, to be added to our website as we report on the distribution to donors.**

60 digital photos per sub location will be sent to AMF after the distribution exercise

17. Please confirm you will provide at least 15 minutes video footage from each sub-location. It does not need to be 'broadcast' quality and can be taken with a handheld digital video camera.**

We will provide 20 minutes video footage from each sublocation

18. Please confirm: you will carry out longer-term Post-Distribution Reviews (PDRs) to assess the level of usage (hang-up %), correct usage and condition of the nets; b) this will take place 6, 18, 30 and 42 months after the distribution of the nets; c) you will provide us with the findings.**

We will conduct the 18 month post distribution survey and will share results with AMF. At this time we cannot commit to the conduct of post-distribution surveys 30 and 42 months after distribution, as these are beyond the end of our current funding for this project. If additional funding is provided, we will carry out the final two surveys.

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

Tiyese Chimuna, CCM Project Manager, Save the Children-Malawi, P.O. Box 30374, Lilongwe , Malawi. Phone: +265 1 755 750 or +265 995 209 766.
Email: tchimuna AT savechildren.org

*Sub-locations are mutually agreed and are typically a portion of the total distribution ie A 20,000 net distribution, for photo and video reporting purposes, might be divided into 5 sub-locations.

**Information on the provision of photos, video, Post-distribution Summary and Post-Distribution Reviews is included in the attached document.

Ends—

THANK YOU!