

ITN DISTRIBUTION REPORT FOR MULANJE



Submitted to:

Against Malaria Foundation

Distribution dates :

14 to 27 November, 2010

Location:

Mulanje District, Malawi

Introduction

Malaria continues to be a major public health problem in Malawi, with an estimated six million cases occurring annually. Its effects are greater among children under five years of age and pregnant women. Malaria transmission is largely determined by climatic factors, including temperature, humidity, and rainfall. Vector abundance follows seasonal rainfall patterns and increased temperature raises the parasite's reproductive rate, thereby influencing the prevalence rate of malaria in the population. Transmission is higher in areas with high temperatures and during Malawi's rainy season (October through April), particularly along the lakeshore and lowland areas of the lower Shire valley.

The Ministry of Health in collaboration with its partners has been implementing the National Malaria Strategic Plan 2005–2010 whose goal is to scale up malaria interventions towards the national vision of "Malaria-free Malawi". Principal strategic areas include case management, intermittent preventive treatment (IPT) among pregnant women, insecticide-treated mosquito nets (ITN) and indoor residual spraying. Save the Children in one of the key partners for the National Malaria Control Program (NMCP) supporting both prevention and case management interventions in the country. Currently, Save the Children is supporting the Ministry of Health to implement the Community Case Management (CCM) strategy in the hard-to-reach communities in six districts.

In the year 2010, Save the Children Malawi Country Office (SCiMw) entered into an agreement with Against Malaria Foundation for the distribution of 20,000 insecticide treated nets (ITNs) in the hard to reach villages of 12 health facilities of Mulanje district, where the Community Case Management (CCM) program is implemented. SCiMw paid for 25% of the costs of these nets while AMF contributed the remaining 75% of the costs. The shipment costs were paid by SCiMw. The nets were distributed in 86 villages where the Health Surveillance Assistants (HSAs) of the Ministry of Health are operating village health clinics to identify and treat common childhood illnesses, particularly pneumonia, malaria and diarrhoea with support from SCiMw. After consulting with the NMCP and the District Health Officer (DHO) of Mulanje, it has been agreed that the nets shall be distributed to all pregnant women and children below the age of five years residing in the 86 villages.

Description of the targeted area

The Ministry of Health in Malawi, through the CCM 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.

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.

Project location for the mosquito net distribution covered traditional areas of Mabuka and Nkanda. The distribution exercise was conducted within communities, at village clinic points, where community health workers provide the CCM service to treat malaria, pneumonia and diarrhoea cases in under-five children. The ITN distribution was done in 83 villages.

Methodology of the distribution

There were four teams which were involved in the distribution exercise of the mosquito nets in Mulanje.

Each team comprised of the following members:

- One staff from the District Health Office
- One Staff from Save the Children
- One volunteer from Against Malaria Foundation (PwC volunteers)
- One Health Surveillance Assistant who manage sick children in the hard to reach village a
- One Driver

Additional support was obtained from the members of the village health committees of the respective villages.



Health education session on prevention of malaria

Before the distribution, each team was conducting the following activities in the villages: Conducting Malaria health education talk covering; transmission, signs and symptoms of Malaria, how malaria is treated and prevention methods for Malaria with emphasis on the use of Insecticide treated mosquito net.



Demonstrations on hanging of a mosquito net

Demonstrations of how to use the mosquito nets were conducted at each point. Illustrations are shown on the videos and photos which are in the DVDs. See the picture below.





Village health committee and distribution teams how to use the Mosquito net in the home.

Registration of beneficiaries

After the health education talk, beneficiaries were lined up on a queue up for registration, the following procedures were followed:

- Listing the names of beneficiaries
- Care givers signing acknowledging receipt of the Mosquito net





Challenges

It was noted that the net distribution was a welcome activity as noted on the turn up of the beneficiaries. However, even adults wanted to receive the mosquito net but the target was not allowing them to r eceive.

Key Achievements

All the 20,000 ITNs were distributed in the 86 villages as per the plan. Please refer to Annex 1 for the details of the health facilities and villages, where the nets were distributed.

Acknowledgements

We are very grateful to the Against Malaria Foundation for helping our work in Malawi to ensure that every child attains the right to survival. Our special thanks to the volunteers from Pricewaterhouse Coopers (PwC) who made appreciable contributions during the distribution process.

We also extend many thanks to the District Health Officer of Mulanje District for releasing members of staff to actively participate in the net distribution



We are heavily indebted to management and administration department from Save the Children for timely provision of logistical support in ensuring that the exercise becomes a success.

Sub-location	Name of Health Facility	List of Villages	Number of ITNS distributed	Distribution date
Mulomba and	Mulomba	Kuselema	200	15/11/2010
Kambenje		Makwangwala	150	15/11/2010
		Mwala	350	15/11/2010
		Kamwendo	230	15/11/2010
		Phulanya	150	15/11/2010
		Muzombwe	200	15/11/2010
		Kombola	300	15/11/2010
		Dyanyama	140	15/11/2010
		Basale	200	16/11/2010
		Juma	230	16/11/2010
		Chinama	250	16/11/2010
		Robeni	230	16/11/2010
		Gowero	240	16/11/2010
		Matuwisa	200	16/11/2010
		Sagawa	300	16/11/2010
	Kambenje	Magombo	250	16/11/2010
		Shaibu	230	17/11/2010
		Sadibwa	239	17/11/2010
		Tothoro (Mangwere)	350	17/11/2010
		Nogwe	240	17/11/2010
		Nengwere	220	17/11/2010
		Mulera	239	17/11/2010
		Chitimbe	240	17/11/2010
	Subtotal for Mulonb	a and Kambenje sub-location	5,378	
Dzenje and		Murewane	240	18/11/2010
Chambe		Mongola	340	18/11/2010
		Mbendera	240	18/11/2010
		Khanyanga	258	18/11/2010
		Matwika	269	18/11/2010
		Nalikata	210	18/11/2010
		Mbewa	350	18/11/2010
		Maning'a	334	18/11/2010
		Ntonya	345	19/11/2010
		Miyano	345	19/11/2010
		Mussa	256	19/11/2010
		Muhowa	235	19/11/2010
		Ntchathu	347	19/11/2010
		Mwinyere	240	19/11/2010
		John	233	19/11/2010
		Nankwaliwada	231	19/11/2010
		Milima	236	19/11/2010
	Dzenje	Nasiyaya	233	25-11-2010
	Subtotal for sub	-location Dzenje and Chambe	5,200	
Milonde,	Bondo	Khanyizira	250	22-11-2010
Chinyama and		Nkuta	210	22-11-2010

Annex 1: List of villages where the ITNs were distributed

Sub-location	Name of Health Facility	List of Villages	Number of ITNS distributed	Distribution date
Bondo		Ngwezu	232	22-11-2010
		Mulima	160	22-11-2010
		Naluwadi	190	22-11-2010
		Kashoni	220	22-11-2010
		Michenga	250	22-11-2010
		Tengani	180	22-11-2010
		Mkundi	240	23-11-2010
		Mnessa	224	23-11-2010
	Chinyama	Nyangu	207	25-11-2010
		Chilkadwe	203	25-11-2010
		Mandula	245	25-11-2010
		Masepula	239	25-11-2010
	Milonde	Nantchwatchwa	265	24-11-2010
		Mpuchila	237	24-11-2010
		Kapesi	236	24-11-2010
		Kambali	244	24-11-2010
		Kachelenga	189	24-11-2010
	Subtotal for sublocation N	lilonde, Chinyama and Bondo	4,221	
Mulanje DHO,	Thuchila	Simoni	200	20/11/2010
Mimosa, Mpala		John	300	20/11/2010
and Thuchila		Macholowe	240	20/11/2010
		Mlele	200	20/11/2010
		Nsikita	270	20/11/2010
		Wanama	280	20/11/2010
		Binali	250	20/11/2010
		Nkunlola	230	20/11/2010
		Fundi	230	20/11/2010
		Namainja	220	23-11-2010
	Lujeri Estate Clinic	Gondwa	240	23-11-2010
		Kalozwa	230	23-11-2010
	Mimosa (2 VHCs)	Mbyelima	180	23-11-2010
		Njirambo	190	23-11-2010
	Mpala (4 VHCs)	Mjojo	250	24-11-2010
		Fikani	198	24-11-2010
		Chimwaza	240	24-11-2010
		Makwete	235	23-11-2010
	Chambe (18 VHCs)	Murewane	240	18/11/2010
	Milonde (5 VHCs)	Nantchwatchwa	265	24-11-2010
		Mpuchila	237	24-11-2010
		Kapesi	236	24-11-2010
		Kambali	244	24-11-2010
		Kachelenga	189	24-11-2010
	MDH (4 VHCs)	Sazola	234	26-11-2010
		Nande	230	26-11-2010
		Namazoma	320	26-11-2010
		Supuni	234	26-11-2010

Sub-location	Name of Health Facility	List of Villages	Number of ITNS distributed	Distribution date
Subtotal for sublocation Mulanje DHO, Mimosa, Mpala and Thuchila			5,201	
Total Number of Nets Distributed			20,000	

Report compiled by:

Enoce Nyanda- CCM Project Officer

Tiyese Chimuna- CCM Project Manager