Against Malaria Foundation

LLIN Distribution Programme – Detailed Information

Summary

# of LLINS	Country	Location	When	By whom
875 (5 months) **875 (5 months)**	**Uganda**	**Soroti**	**March-July 2010** **August-December 2010**	**International Midwife Assistance, on behalf of the Teso Safe Motherhood Project**

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 Teso Safe Motherhood Project (TSMP) operates a health clinic in Soroti, Uganda at Plot 8, Ongodia Road (latitude: 1.71 N, longitude 33.60 E). The clinic once exclusively served the internally displaced persons (IDPs) living in camps in and around Soroti (five camps). Now the Ugandan government has declared the Teso Region where Soroti is located to be "IDP free," creating a somewhat tricky situation for NGOs that still serve the IDPs. There are still thousands of people living in the camps, more and more they are orphaned children left behind. As well, many IDPs have relocated into slum developments that are continuing to grow around Soroti. The camps and slum areas are now both locations where the patients that attend the TSMP clinic live. Presently at the clinic the net distribution is limited (due to funds) to pregnant mothers. Since the population of destitute in the camps and slums is estimated to be 31,000, we expect 1,550 women to be pregnant each year in that catchment area.

Many IDPs have relocated outside of the town of Soroti, eastward into a sub-county called Kamuda. TSMP conducts mobile outreach clinics in two Kamuda villages, Lale and Aboket, that are without primary health care or antenatal care. Nets are distributed to pregnant mothers there during antenatal visits. The population in Aboket is estimated to be 8,967, and the population of Lale is estimated to be 6,649. So each year in Aboket and Lale combined, 781 will find themselves pregnant each year. Between our clinic and outreach, we anticipate serving a total of 2,331 newly pregnant mothers in 2010.

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

Soroti is a small town in the middle of a rural area. The population is estimated at 56,800. The village of Aboket, in a very remote area of Kamuda sub-county, has a population of 8,967. The village of Lale in another part of the entirely rural Kamuda sub-county, has a population of 6,649.

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

Uganda is incredibly high risk for malaria. The endemic risk for malaria is 90 to 95 percent, according to the United Nations Population Division. Depending upon the season, up to 75 percent of the patients who visit TSMP are actively sick with malaria. According to the World Health Organization, between 70,000 and 110,000 deaths a year are attributable to malaria.

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.

In our clinic, the Teso Safe Motherhood Project, 19,802 patients were diagnosed with malaria in 2009. This number represented 65 percent of our total patient population. We had no deaths from malaria in 2009. For more information about malaria in the area, please see the attached three forms. One form is from the Soroti Regional Hospital, one is from the District Health Office with month-by-month data for the Soroti District, and one is from TSMP with our clinic's month-by-month data.

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.

While we treat much malaria illness in all our patients, we have chosen, for reasons of financial limitations, to distribute bednets to pregnant women only. We target this select, vulnerable group at their first prenatal visit to prevent death and illness among this population. According to the Centers for Disease Control and Prevention, malaria during pregnancy can harm both mother and baby. It can cause maternal anemia, fetal loss, premature delivery, intrauterine growth retardation and delivery of low birth-weight infants. Low birth weight is the greatest risk factor for neonatal mortality and a major contributor to infant mortality. Malaria is a major contributor to low birth weight and perinatal death. Additionally, malaria causes maternal anemia, a condition that contributes heavily to maternal mortality. We can prevent much death and disability by preventing malaria during pregnancy.

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

Currently, we purchase treated bednets through Population Services International. The cost per net is USD$11, and there are months that nets are simply not available for purchase. Most months however TSMP distributes nets to all pregnant mothers. According to local officials, there is no good data on current ITN use in this area and no formal bednet distribution programmes exist in the area.

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.

Soroti was a good location for establishing a clinic as it is triangulated between five IDP camps. There was a big battle with the rebels in Soroti in 2003, and the government forces prevailed. People felt safe there, and camps went up. The Kamuda sub-county was chosen as the first destination for mobile outreach because it's the area closest to our clinic that is both remote and without services. Mobile outreach was begun when the government began pressuring people to leave the camps. Jennifer Braun, executive director of International Midwife Assistance (the U.S. charity that funds the Teso Safe Motherhood Project), made these decisions. She can be reached in the U.S. at +1 303 588 1663 or in Uganda at +256 0774 36 18 79 or at jbmidwife AT midwifeassist.org.

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 government office with which we consult is the Soroti District Health Office. We have an excellent working relationship with the District Health Officer (DHO) Dr. Charles Okadi. His number is +256 0772 37 08 51 and email is charlesokadi AT yahoo.com. The DHO is the representative of the national malaria prevention team at the district level, and Dr. Okadi is fully supportive of our work. We liaise with the district office about many issues and enjoy a very positive affiliation.

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.

See above.

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

All services at TSMP are free and nets are no exception. The nets are, and will remain, free of charge.

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?

Most important pre-distribution activities are institutionalized already at the TSMP clinic. The nursing assistants responsible for registering patients at the clinic employ a variety of methods to ensure that patients are from our catchment area. In the outreach areas, all the people are extremely needy. Within our target population, the Ugandan Ministry of Health instructs us to multiply the total population by 0.05 to get the total number of pregnancies. This is the size of our target population. The issues of making the nets accessible and sensitizing the population to distribution have been done already.

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.

Bednets are distributed when a new patient books with the antenatal department. Every new mother receives a net from the midwife who does that visit. This is charted on the mother's antenatal card. Every time she returns for an antenatal visit, she discusses her net use with the midwife. The antenatal clinic is conducted four days per week at the TSMP clinic in Soroti. One day per week, Thursday, is spent doing outreach, and those days the ladies in Kamuda who are seen by the midwife receive their nets. Bed net distribution and on-going assessment are built into the regular antenatal care schedule, individualized to each mother.

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

The initial talk about net use, correct use of the net and caring for the net is done by the midwife at the first antenatal visit. Malaria education in general is one of the topics covered at the morning health education talks held at the registration area. In the morning when many patients have arrived early and are bottle-necked at the registration area, one of the staff members (nurse, midwife or doctor) holds health education talks. These talks include, but are not limited to, malaria prevention education.

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.

Yes. We make a house-to-house follow up to determine the level of correct usage of the nets.

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

We shall absolutely send you a post distribution summary after distribution.

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.**

Yes. We will send you digital photos.

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.**

Yes. We will provide you with video footage.

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 shall carry out a post-distribution survey to assess the level of usage as requested.

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

Jeni Harger, program support officer, International Midwife Assistance, 303-859-9595, jharger AT midwifeassist.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!**