

World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
10,000	Cambodia	Pourk, Angkor Chum & Varin Districts, Siem Reap Province	Feb-Jul07	American Red Cross, Cambodia Red Cross

Further Information

1. Please describe the specific location & villages that will receive nets and the number to each?

All 254 villages of Pourk, Angkor Chum, and Varin Districts will receive LLINs following the distribution strategy described under #5 below.

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

The targeted villages are rural. The total population is 213,749 or approximately 35,000 households. There are 30,566 children under 5 years of age and 48,521 women of reproductive age (15 - 49 years).

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

The three districts are high risk for malaria. Previously, only villages in Varin District were considered to be high risk for malaria due to proximity to the forest (either in the forest or within 250 meters from the forest). However, the *Report of the Malaria Baseline Survey 2004* spatial analysis revealed that "Positivity rates were higher nearer to forest with little difference between 0 to 250 metres compared with 251 m to 1 kilometre but a sharp decline in the zone from 1 to 2 kilometres from forest. This suggests that preventive measures should be targeted mainly to populations up to 1 kilometre of forest, which is a greater geographical range than the current strategy." Approximately 80% of the target villages are within 1 kilometer from the forest.

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.

Total confirmed malaria cases in 2005 was 1,212; no deaths. Total confirmed malaria cases in 2006 (thru 10/06) was 1,465;

one death. A two-stage random cluster sample survey (2005), representative of the three target districts, revealed that 38.3% of mothers reported their child under 2 years of age to have had fever in the 2 week preceding the survey.

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.

Approximately 7,000 nets will be distributed in the highest malaria incidence villages to all households with children under 5 years of age or women of reproductive age free of charge. Households with more than 3 children under 5 years of age will be provided with two nets.

This distribution will include all villages of Varin District and other villages determined to have the highest malaria incidence and will be selected in consultation with MOH officials. However, distribution of nets will be done following demonstrated understanding of key malaria messages by at least 80% of all mothers in the village (see pre-distribution strategy #9). Each village will complete an evaluation survey with participation from the Red Cross volunteer leader, village leader, and the Ministry of Health volunteer.

Approximately 1,000 nets will be distributed free of charge to second tier stakeholders including schoolteachers, commune leaders, and Buddhist monks and nuns. Schoolteacher and commune leaders will be requested to promote key malaria messages to their students and constituencies. Distribution to monks will be linked to a Buddhist chant contest; monks will be mobilized to develop chants related to key malaria messages in addition to other key family health practice messages.

Approximately 2,000 nets will be distributed free of charge to the poorest of the poor in the villages not targeted as highest incidence villages described above. Community committees will identify the poorest villagers and provide a free net to each of these families. However, distribution of these nets will also be done following demonstrated understanding of key malaria messages by mothers in the village as described above.

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

Existing ITN coverage according to the 2005 baseline study was 71%. This provides evidence of general acceptance of nets among villagers. Unfortunately, most of these nets were in extremely poor condition with large tears and holes. Additionally, less than 2% of these nets were insecticide treated.

The ICH Project is coordinating an ongoing long-lasting bed net distribution program throughout the project area. The strategy for this distribution has three target groups:

First, free nets are provided to pregnant women completing two ante-natal care (ANC) visits or women whom deliver at the health center. This strategy increases ANC attendance while targeting pregnant women at high risk for malaria.

Second, mosquito nets are sold in the village at an affordable price to improve access and availability among families with children under two who can afford to pay. The community will further benefit from this as revenue generated from these sales will stay in the villages as seed funding for emergency referrals that will help poor families cover the cost of transportation to the health center.

Third, first tier stakeholders including active village leaders, Ministry of Health volunteers, and Red Cross volunteers are provided with one free net to recognize and reward their valuable efforts towards improving health in their communities.

The distribution plan under #5 will complement and maximize ongoing malaria control efforts, including the distribution strategy described here, throughout the project area.

7. Why was the area/villages chosen for bednet distribution and who made this decision?

The three target districts were chosen for net distribution as they are the three participating districts for the Integrated Child Health Project implemented by the Cambodian Red Cross with financial and technical assistance from the American Red Cross. The three districts were targeted as they have some of the worst child health indicators in Cambodia. The decision was made in consultation with the Ministry of Health, Cambodian Red Cross, and the American Red Cross.

8. Have you consulted with the National Malaria Programme in your country about this distribution and what was their response?

The Integrated Child Health (ICH) Project has a highly collaborative relationship with the National Malaria Center (CNM). The CNM participated in the completion of a formative research study and the subsequent development of a malaria action plan. The action plan includes the segmented and targeted distribution of long-lasting insecticide treated mosquito nets described above. The requested donation of 15,000 nets will permit the full implementation of that plan. Furthermore, the CNM reviewed and endorsed educational materials developed to accompany distribution of long-lasting mosquito nets as part of the ICH Project. Additionally, local MOH officials including the Provincial Health Department and the Operational Health District are highly supportive of this application.

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

Pre-distribution activity related to education and behavior change communication for malaria transmission, prevention, identification of signs and symptoms, and referral to the

health center has been ongoing since February, 2006. This is done through an extensive network of nearly 2,000 Red Cross volunteers whom have been trained on child survival topics and whom complete home visits within their respective villages. This network permits the negotiation of improved health practices including malaria prevention, to all 35,000 targeted households in the project area. Community committees will be set-up with support from project staff. Community committees will complete evaluation surveys and target the poorest of the poor (depending on village classification). Each committee will determine the number of nets needed by their village. Each committee will submit a formal request for bed nets to the MOH director and ICH project manager with a copy of the results of their village's evaluation survey.

10. Please describe how the bednets will be distributed, by whom, between which dates, 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?

Bed nets will be carried to target villages by the project vehicle (highest incidence villages) or by motorcycle (all other villages). Distribution to the poorest of the poor will be done primarily by project and health center staff with support from the village leader, Red Cross volunteer leader, and the MOH volunteer in February, 2007. Project and health center staff will distribute nets to the highest incidence villages as described above as part of Vitamin A/mebendazole campaign days, health center outreach sessions, or during special village ceremonies in March-June, 2007.

As long-lasting mosquito nets are new to Cambodia, Information, Education, and Communication (IEC) materials, have been developed to help beneficiaries understand how to properly care for their net. These materials include one instructional leaflet printed on card-stock with pictures and minimal supporting text emphasizing: (1) hanging the net prior to use, (2) washing interval, (3) non-exposure to sun light, and (4) discouraging use as a fishing net. The bottom of the leaflet is a pledge form that requires the double signatures of both the distributor and the beneficiary. Each beneficiary must sign (or put their finger print) that they have reviewed and understand how to care for the net, that they will give priority use to small children in their family, that they will not sell the net, and that they will not use the net for fishing. One copy of the signatures acts as a receipt and is torn off the leaflet and returned to the ICH Project for record keeping and follow-up monitoring. Each net is also distributed with a high-quality sticker with the same messages. Beneficiaries are instructed to place the sticker in a visible location that will help them to remember how to care for their net.

11. What post-distribution follow-up is planned to assess the level of usage of these nets?

Receipts will be randomly checked by supervisory staff, signing beneficiaries will be visits to confirm that they are using the net properly.