

**malaria  
consortium**

Disease Control, Better Health

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Malaria Consortium

World Swim for Malaria

Free nets distribution



Soba Silik

And

Soba Aradi

In conjunction with SIDO

And collaboration with State Malaria Control Program

Khartoum

Feb/March 2007

## 1. Introduction

The application to World Swim against Malaria was submitted in response to a request from the Khartoum State Malaria Control Program (SMCP) for support in providing malaria prevention and control activities in the Khartoum IDP camps and squatter areas. Over the past 20 years approximately 2 million IDPs have fled to Khartoum to escape conflict from the now-resolved civil war. The majority of these people live in squatter areas and formal camps dotted around the fringes of Greater Khartoum city. Conditions are poor, with a general lack of basic services – running water, electricity, limited access to health services and little opportunity for income generating activities. Compounding the issue of poor sanitation and housing in these areas, is that many coincide with irrigation areas, increasing the risk of malaria in populations who can ill afford transport and treatment costs at the limited number of health facilities in these areas. NGO-run health facilities such as the one run by SIDO, offer quality services to the population of Soba Aradi. It is one of two clinics offering services to approximately 84000 people.

The Soba area was chosen because of its close proximity to the irrigation areas, meaning that there is a high prevalence of malaria throughout the year. Soba Silik is a relocation camp, to where approximately 800 families were relocated when their squatter houses were demolished, while Soba Aradi is an established squatter area with approximately 84000 people, 14000 households.



**Google Earth map showing Soba Silik relocation camp and Soba Aradi squatter area in proximity to irrigation areas in Greater Khartoum area**

The shipment of 5000 nets arrived in Khartoum on 24<sup>th</sup> January 2007. They took 10 days to clear customs, and arrived in the Khartoum office on 3<sup>rd</sup> February. As all medical supplies entering Sudan need to be quality controlled, a sample of three nets were sent for testing on 5<sup>th</sup> February, and approval of quality was given on 12<sup>th</sup> February. Meetings were then conducted with State Malaria Control program, Soba

Silik Community Leaders (2), SIDP staff (2), and plans prepared. The Health Education in Soba Silik for Community Leaders commenced 25<sup>th</sup> February.



**Nets unloaded at Malaria Consortium office Khartoum**

## 2. Process

The planning process was coordinated through the SMCP and the timing of the distribution was in accordance with SMCP plans. They accompanied the Malaria Consortium team on our orientation visits in Soba Silik and Soba Aradi, and conducted the train the trainer's health education sessions in both sites.

Planning meetings were conducted in Soba Silik with the community leaders, and a mutually agreed times for the health education training of trainers (TOT), dissemination of the health messages to the households and distribution times established. In this area, in particular, very few services have been offered, and the leaders particularly welcomed measures to prevent malaria.

Discussions were held in Soba Aradi with SIDO – Sub-Saharan International Development Organisation, a local NGO running a clinic and volunteer activities in Soba Aradi. The SIDO volunteers worked tirelessly over 9 days alongside the malaria Consortium staff to distribute the nets there.

Two different net distribution systems were used for the two different areas. In Soba Silik, a house-hold distribution took place, with 2 nets per household being distributed through the community leaders for each section of the area.

In Soba Aradi, household visits were conducted to register those households with children under 5 years and pregnant women. The households fitting the criteria were given registration cards, and were directed to attend the SIDO clinic for health education and to collect their nets.



**Inhabitants and housing construction Soba Silik**

### 3. Malaria Education

For each location, 2 TOTs were held. The first covered the essential health messages to be passed to the net recipients and the second covered the practicalities of the net distribution. Health messages included:

- Basics about what malaria is
- Why children and pregnant women are being targeted
- The protective effect of the LLINs
- Differences between ITNs and LLINs (many households are familiar with ITN but LLINs are not available in country other than through exercises such as this)
- Net usage throughout the year
- Net care and washing issues

Guidance notes on the essential messages for net distributors to pass on to net recipients were produced by the Malaria Consortium, to ensure that the essential messages were covered, and that consistent messages were used.



**Registration process explained to volunteers Soba Aradi**

#### **4. Soba Silik**

Under the guidance of MC staff, community leaders registered the households under their jurisdiction, and provided health education on net usage and malaria prevention in their house to house registration process. The following day, they distributed two nets per household. This was conducted on 28<sup>th</sup> February 2007. The nets were taken out of the bag and the community leaders checked off the names, to ensure all households received nets.



**Malaria Consortium team ready with nets**



**Community leaders with registration sheets**



**Distributing nets house to house**



**Mother and children under net**

In one day 1610 nets were distributed throughout Soba Silik. The net bags were retained by the distributors to limit the number of nets kept unused by the families, given away or sold, and also to reduce pressure on the environment.

## 5. Soba Aradi

The nets for Soba Aradi were distributed in close collaboration with SIDO – Sub-Saharan International Development Organization, who run a health facility and program of community volunteers for outreach programs. Three planning visits and discussions on the most appropriate method of delivering the nets were held, and 25 volunteers were chosen to participate, divided into teams from each block to conduct the house hold registration and for working on the health education sessions and net distributions.

Volunteers visited households and registered those with children under 5 and pregnant women, taking down the details and giving each eligible household a registration card.



**Registration teams check in**

### a. Block 1

In Block 1, a total of 828 households were registered. In the following three days, 826 household residents appeared at the SIDO health facility for a health education session and to receive their nets. Health education sessions were run by SIDO volunteers, and lasted for approximately 30 minutes. Topics such as malaria, malaria prevention, net usage and the difference between conventional nets and LLINs were explained in a highly interactive manner. Recipients then received their nets.



**SIDO volunteers conduct Health education**



**Net recipients for health education session**



**Net distribution accounting**



**Net distribution in action**

#### **b. Block 2**

In Block 2, 1185 house holds were registered and over the following three days 1176 nets were distributed following health education sessions at SIDO health facility.

#### **c. Block 4**

In Block 4, 1203 households with pregnant women or children under 5 were registered and 1201 household members received nets.

#### **d. Block 5**

Approximately half of Block 5 was registered and 187 nets distributed to households residents in this block.



These nets were distributed over 8 days, with household registration starting one day before net distributions, which were accompanied by health education sessions.

In all 7 days of health education sessions were excellently conducted by the volunteers from SIDO.

Distribution    Day 1 – 8 health education sessions  
                      Day 2 – 10 health education sessions  
                      Day 3 – 8 health education sessions  
                      Day 4 – 12 health education sessions  
                      Day 5 – 11 Health education sessions  
                      Day 6 – 7 health education sessions  
                      Day 7 – 9 health education sessions.

Approximately 45-50 people attended each session.



**Abu Jiru, SIDO volunteer in action during health education session**

## 6. Success

In Soba Silik, which is an area almost completely devoid of services, the Community Leaders were exceptionally well organised and had all the households under their jurisdiction registered and ready to receive the nets when they arrived. With very little need for further planning, they rose to the task and distributed the nets to each household, with very few hiccups in the operation. They worked hard all day distributing the nets, and were a pleasure to work with.

In Soba Aradi, a different technique was used where well trained, enthusiastic volunteers worked to register households, explain the process and have qualifying household members turn up for a health education session the next day. The organisation of the volunteers was excellent, their leader Khalid Dereij was a pleasure to work with, and fully understood the requirements of documentation and organisation.

In all, this was a successful net distribution campaign, the teams from Malaria Consortium and SIDO worked very well together, and health education training from State Malaria Control Program for the volunteers and community leaders was appreciated. All parties learnt something from each other and strong bounds of trust and partnership developed through the process.

## 7. Challenges

The primary challenge in this piece of work was in terms of coverage for Soba Aradi squatter area, as we did not have enough nets to cover the whole population, determining where and how we would distribute in order to be able to identify exactly where we had covered and where we will cover in future.

Soba Aradi is a completely unplanned area and as such, the volunteers found it difficult at times to identify the blocks and identify all the households in the blocks. It is a geographically large area, and roads and pathways are in very poor shape, if existent. As such the volunteers also found it very difficult to get around.

Coordinating the net distributions between 5 agencies, State Malaria Control program, Admin Unit Malaria Program, Malaria Consortium, Soba Silik Community Leaders and SIDO volunteers required an intense planning phase to ensure all parties were fully briefed on the exercise.

The speed of providing good health education and the numbers of net recipients attending the sessions meant that some net recipients waited quite some time before receiving their nets. This was remedied by using a second space in the SIDO clinic compound enabled concurrent health education sessions and a much faster flow through of net recipients.

## 8. Appreciation

The Malaria Consortium would sincerely like to thank the State Malaria Control Program for facilitating the net distribution, and the Jebel Aulia Admin Unit malaria control program staff for providing the TOT health education sessions and oversight of the activity.

We would also like to thank the Community leaders of Soba Silik relocation area for their assistance and excellent organisation.

A special thanks goes to the staff of SIDO, Khalid Dereij, for his support and organisation with the SIDO volunteers, and a huge vote of thanks and appreciation to the volunteers, who worked hard and were totally committed to the task over 9 days.

The Malaria Consortium staff involved are also thanked for their hard work in planning, implementing and feeding all the others.

Finally, we would like to thank World Swim Against Malaria and all the swimmers for allowing this activity to take place.