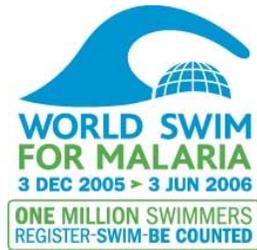


# World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
5,700	Kenya	7 villages in Eastern, Central, Rift Valley Provinces	Jan07	PSI and local village administration

## Further Information

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

Eastern Region - Approx 750-1,000 nets to each village. The villages will be selected from the following districts: Makueni, Kitui, Mwingi, Meru South and North, Tharaka, Machakos and Isiolo.

Central Region - Average 750-1,000 nets to each village. The villages will be selected from the following districts: Muranga, Maragua and Kirinyiga.

Rift Valley Region - Average 750-1,000 nets to each village. The villages will be selected from the following districts: Kajiado, Nandi North and South, Marakwet, Baringo and West Pokot.

PSI is working with local radio stations in these areas to locate very active community leaders who are encouraging their people to use nets. The most active leaders will be selected by PSI and the radio stations and their villages will be rewarded by every household receiving a free net.

A village comprises of several hundred families, and each family lives in a cluster of houses that includes the head of household and sometimes the eldest son may be married and have his house in the cluster too. Next to each cluster will be a field with some farming activity or domestic animals. The chief of each village will compile a list of all the families that live in the village and each family will receive one net.

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

The proposed villages in the listed districts are all within the rural areas. A village usually contains about 500 households. Each household is to be issued with one/+ net.

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

The identified villages are all within the endemic (high risk) districts of the country and are currently listed as having low ITN coverage. The districts are classified by the Ministry of Health, Division of Malaria Control as being endemic, or having high malaria transmission all year round. In typical rural villages where malaria is endemic, approximately 50% of all children under five years have malaria parasites at any given time and malaria is usually the number one cause of illness and death among children at health clinics.

**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.**

Malaria parasitemia is high in these 16 selected districts (endemic region). Surveys conducted (Welcome Trust/Kemri) indicate that 50% of children have malaria parasites at any one time. In a given year, a child under 5 will have about 1-5 episodes of malaria in the endemic regions. The morbidity stands at 36,000 children per year nationally. In these regions, 30% of all clinic attendees are malaria patients.

A typical division (which includes many villages) might have about 120,000 people, and in the average month might have about 2,000 cases of malaria. Creating awareness via use of radio commenced in 2006 in these selected regions, so the communities are only just beginning to know the importance of prevention by use of ITNs.

**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.**

This net distribution is planned as 'blanket coverage' of an entire village to create a Malaria Free Zone (MFZ), which is the current malaria communication drive through selected regional radio stations that are reaching these communities.

Every household in the village will be given a net. However, there will be communication and education to the population on the day of distribution to emphasize that pregnant women and children under five years are most at risk and should take priority in sleeping under the net if the family only has one net.

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

In these selected regions there is a subsidized net distribution program through the Ministry of Health facilities. Pregnant women and children under five may buy highly subsidized nets in selected health facilities in the districts.

However, the Eastern, Central and Rift regions are below the national level of ITN use. From the 2005 national knowledge

attitudes and practices (KAP) survey conducted by PSI, the percentage of households that own a net is still quite low:

- Eastern - 29% of HH have nets
- Central - 20%
- Rift - 42%
- National - 44%

Free net distribution would not be a problem where subsidized net distribution is ongoing as this distribution is planned as a "one-off" campaign. The demand and importance of net usage is only heightened amongst the community. The National Malaria Control Program (DOMC) is aware of this proposed free distribution and approve of it.

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

These areas (16 districts) were picked for ITN distribution because they are lagging behind the other endemic regions in the country on net ownership and use. PSI is the ultimate decision maker on the villages selected from an ongoing Radio activation in the affected regions. PSI personnel are on the ground with radio presenters. The manager on this campaign is the ITN Malaria Technical Advisor for PSI, Dana Tilson.

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

We have discussed this proposed distribution with the Director for Vector Control, Dr. Ayub Many, at the National Malaria Control Programme. The DOMC is supportive of this initiative.

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

Before the distribution, the ongoing radio activation targeting the selected rural regions will have identified leaders (Youth Groups, Women's Groups, Public Health officials, church leaders etc) who drive ITN ownership and use within their communities. These leader's activities are being verified currently and then the radio stations shall reward the most active leaders along with their group members for their efforts in encouraging their communities to sleep under ITNs and hence in creating MFZs.

PSI will work with these community leaders and the local chiefs and civil administration to ascertain the number and names of the village. The distribution aims to issue one ITN per household to cover the entire village of the already identified community leader.

**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?**

There will be an IEC component to the distribution and before the nets are issued a net treatment demonstration as well as

health talk on malaria transmission, high risk groups, prevention by use of ITNs, shall be delivered by the radio presenters. We plan to combine the distribution of these nets with our ongoing malaria campaign radio activation where the radio presenters talk about the malaria problem on air and it is then supported with on-ground visits to rural centres in these regions.

The radio presenters along with PSI personnel and local administrators will distribute the nets to the selected village members once the local chief has provided the list of village house hold members. The radio activation exercise is ongoing in the months of October and November, 2006 and the nets will likely be distributed towards the end of November 2006.

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

PSI has already contracted an educational and monitoring group, Experiential Momentum (EXP) to conduct Home Visits to assess the level of usage of ITNs. Their work will be expanded to include the villages that receive the free distribution.