

World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
4,000	Kenya	Malindi	Aug-Sep06	BioVision

Further Information

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

Five sub-locations within Malindi Municipal council. There are approximately 80,000 people and the net coverage is currently about 40%. We would like to increase net coverage to 80% by the end of the year. Each of the 5 sub-locations (Shella, Barani, Central, Kijiwetanga, and Sabaki) will receive 800 LLINs. This is in addition to the 4,000 bednets which the project already has in the pipeline for distribution.

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

This is an urban to suburban area with a population of more than 80,000 people.

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

Malaria is holoendemic in Malindi District, with over 80% of children aged 2-9 years, and over 50% of pregnant women making first visit to the antenatal care (ANC) clinic having *P. falciparum* malaria. Principally *Plasmodium falciparum* accounts for 98% of malaria cases (the remaining 2% being *P. malariae* /*P. ovale*). Annual Entomological Inoculation rate is > 100 infective bites per person per year.

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 is the leading cause of morbidity and mortality in Malindi accounting for more than 14,000 outpatients seen annually at the District Hospital. In 2005, there were more than 10,000 reported malaria cases and about 74 malaria-related deaths.

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.

Everyone in Malindi is afflicted by malaria and therefore we wish to do blanket coverage of the nets to all groups including the vulnerable groups (pregnant mothers and children under 5 years). The Population Services International (PSI) is already working in the area and strictly distributing LLINs to the vulnerable groups and therefore the reason why we would be able to cover the rest of the group including the few vulnerable who might not be covered at the moment by PSI.

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

Currently the bednet coverage in this area is about 40% and we would like to scale up bednet distribution to increase to more than 80%. There is already an existing programme by the PSI-Kenya who distributes heavily subsidized ITNs to vulnerable groups attending antenatal clinics (ANCs).

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

These areas/villages were selected for bednet distribution because malaria is a major health problem and children under 5 are the most at risk from severe disease and death. The Malindi District Health Management Team (DHMT) has earmarked the five sub-locations to be among the priority areas for malaria control using LLINs. It is also one of the 6 districts selected for piloting national malaria control strategy in Kenya.

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

Yes, we have consulted with the Kenya National Malaria Programme, and they are quite pleased with the steps taken forward towards this effect. They fully support the District and its Malaria Control strategic plans.

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

Some of the pre-distribution activities will include:
Developing an appropriate delivery strategy that makes best use of the comparative advantage of different partners; public sector and NGOs/CBO. One such strategic partner is PUMMA (Malindi Mosquito Control Association), a registered community group composed of 11 actively organised groups whose main objective is reduction of malarial mosquitoes in Malindi.

Developing a coordinated partnership from all key players, the Ministry of Health, KEMRI/ICIPE, and community members so that the distribution, promotion, accountability, and training inputs are put in place.

Building capacity among health care providers, community health workers, mosquito scouts, and organised community groups, Training will focus on promoting net use for malaria prevention and treatment.

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?

We anticipate net distribution to be done through PUMMA in coordination with the Kenya Medical Research Institute (KEMRI) and the International Insect Physiology and Ecology (ICIPE) between June and December 2006. This will be a focussed effort to distribute and evaluate the net coverage to determine if the targeted coverage is achieved. Both formal and informal education on net use for malaria prevention and treatments will be offered through workshops/seminars and through verbal messages and posters.

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

We will do monitoring and evaluation to assess the level of net usage post-distribution. Follow-up evaluation will be undertaken to determine awareness of the net distribution, proportion of recipients collecting a net and using it, and net coverage. We will also seek information on any constraints experienced by the community in net distribution and any suggestions for resolving any conflicts.