

World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
3,000	Kenya	Siaya and Mobassa	May – Jun 2006	Kenya Red Cross Society

Further Information

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

AREA 1: SEGA

Sega is a sub location in Ukwala Division, Siaya District of Nyanza Province. In this sub location there are 8 villages each with population of about 1200. Distribution will cover 185 HIV infected people and the other vulnerable people in the village identified by the volunteers in consultation with the community committee. Ukwala Division has a population of 132,000 people. The number of pregnant women in Sega is 1440 and there are 1350 under 5 year olds. The LLIN will not cover this whole population during this distribution so the most vulnerable will be given priority. 1 LLIN per HIV+ person, and 1 LLIN for families with <5 yrs and pregnant women (not more than 2 per household).

AREA 2: MOMBASA.

This area falls within Island Division of Mombasa District in Coast Province. This area has a population of 181,000. The total numbers of registered home-based care clients are 793. Under fives are about 27,150 and expectant mothers 28,960. The LLINs will be distributed to the 793 HIV positive people under the home based care program plus the most vulnerable under 5s and pregnant women based on vulnerability assessment by the trained community health workers in consultation with the village committee.

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

Area 1: Sega

This is a rural area with a population of 9600 people according to the 1999 population census.

Area 2: Mombasa.

Mombasa area is an urban area with population of 181,000 people and the project site is mainly slum.

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

Both Sega and Mombasa are in the lowlands with hot and wet climate. These conditions are conducive to mosquito

breeding. There is a high rate of malaria case reports in the coast region (Mombasa) and the Lake Region (where Sega falls).

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.

Over 65% of morbidity and mortality especially in infants is due to malaria in the two areas. 50% of children who present with anaemia and convulsions in the hospitals are due to malaria.

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.

The distribution of the nets will be based on vulnerability assessment by trained community health workers. Priority will be given to the registered home based care clients most of whom are HIV positive as well as children under 5 years and pregnant women.

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

There is a Population Service International (PSI) programme that is targeting the expectant mothers and under 5s, however PSI is not targeting the HBC clients in to the 2 areas.

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

These 2 areas already have other programmes being implemented by the Kenya Red Cross society and the structures are in place for ease of ITN distribution, follow up and monitoring. The decision was made during the national consultative meeting.

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

No, but Kenya Red Cross Society normally distributes nets through global Malaria control programme in collaboration with the Ministry of Health where national malaria control programme falls. Local health authorities will be consulted and provided with information on the Kenya Red Cross activities.

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

Kenya Red Cross Society already has structures on the ground that used to confirm the number of vulnerable people in the 2 selected areas. The volunteers have already undergone basic training in malaria prevention and control. Pre-distribution activity include: Sensitisation of volunteers on distribution criteria, key messages, follow up strategies and identification of the most vulnerable in the community.

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?

The nets will be distributed in April -May 2006 the start of the rain and high malaria season. The project volunteers in collaboration with the Public Health Officers (Ministry of Health) will carry out a sensitisation exercise that will be followed by demonstrations on how the nets are hung and used correctly.

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

This will be part of routine follow up done by the community health workers during home visits. On the monthly summary forms there will be a column for mosquito nets, indicating the ownership and usage.