

World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
3,000	Namibia	Kavango, Caprivi and Ohangwena regions	May – Jun 2006	Red Cross

Further Information

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

Kavango, Caprivi and Ohangwena

The three regions are in the northern part of the country. Malaria is widely distributed in the northern part of the country. Although the intensity of transmission is generally low, the north eastern part of the country supports a relatively longer time of disease transmission due to the presence of perennial rivers. The peak transmission season takes place between December and June, following the rainy season every year.

Kavango has a population of 201 093 and there are 129 HBC beneficiaries and 160 OVC registered through HBC structures.

Caprivi has a population of 19 532 and has 1142 HBC beneficiaries and 1000 registered OVC.

Ohangwena has 515 HBC beneficiaries and 16016 registered OVC. The distribution will cover the Red Cross beneficiaries as well as other identified vulnerable populations such as pregnant mothers and children under 5.

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

Kavango and Caprivi (Urban and rural)

Ohangwena (rural)

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

Yes, the transmission of malaria is closely related to temperature, rainfall and humidity. The Kavango and Caprivi regions are characterised by high average temperatures, high rainfalls, high humidity and perennial rivers conditions that are conducive for mosquito breeding and parasite development. The northwest part of the country e.g. Ohangwena region with high average temperatures and high rainfalls.

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.

During the past five years, an average 510 000 outpatient, 33 000 inpatient and 1 300 deaths due to malaria were registered through the Health Information System. The incidence of malaria varies from region to region, with Kavango and Caprivi having the highest rates of mortality and morbidity.

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 home based care volunteers and staff. 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?

Yes, there is an ongoing information giving sessions by the volunteers and health workers, and the distribution is done by the MOHSS depending on the availability of the nets.

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

High malaria prone areas, and consultations were made with MOHSS and other relevant stakeholders.

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

Yes, initiative was highly appreciated

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

Through the HBC structures beneficiaries will be registered following a said criteria which will include e.g. PLWA, OVC. Pregnant and lactating mothers, people who already received nets from other sources will not benefit. The registration will be accompanied by social mobilisation and awareness through radio and community meeting by volunteers.

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?

Volunteer systems will register beneficiaries in each region. Field officers to give nets through volunteers. The nets will be distributed between April -May 2006, the high malaria season. The project staff and volunteers in collaboration with the 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?

Field officer and volunteers will assess the level of nets usage by the community members as well their knowledge on malaria. Verification on the number of malaria cases out of the beneficiaries provided with the mosquito nets will also be used.