

World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
10,450	Angola	Matala municipal/Huila Province	Sep-Oct06	UNICEF

Further Information

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

A total of 36 villages will be targeted as follows:

Health area of Matala Sede (7 villages): Matala sede, Kanongundo, Chinhaña, Kavela, Muquequete, Calumbiro, Camucua

Health area of Capelongo (16 villages): Mucope, Hima, Mupanda, Canguengue, Phaphapa, Kanjanguiti II, Nonhine, Chipecio I, Chipecio II, Luhamba, Vissaca, Capila, Cuvoco, Cambandja, Vambundi, Capelongo

Health area of Micosse (13 villages): Micosse sede, Mupandi, Chitumba, Samba I, Samba II, Cachonga, Vinhati, Chiunda, Kalumbo, Chinduva, Isso, Kahmbi, Socongo.

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

These are rural areas and population figures are as follows: Matala sede - 18,528, Capelongo - 5,862, Micosse - 17,269

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

These villages are situated in Matala municipal where 43,000 cases of malaria were registered during 2005 (MOH health statistics, also cited by UE database). This means it is a very high risk area.

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.

Please see above.

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 will be blanket coverage to the most vulnerable groups, pregnant women and children under five.

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

There are no existing bednet distribution programmes in this area.

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

There is a global planning exercise through the health services revitalization process. The Matala municipal recently elaborated its health development plan for the next 3 years making it a very strong candidate to receive nets. The decision was made by Melanie Renshaw (UNICEF's Regional Malaria Advisor) in consultation with our country expert Pierre Signe and the National Malaria Programme.

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

Yes, and they fully back this programme of distribution.

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

Yes, a network of community mobilizers will assist in providing information on key family practices, including the importance of sleeping under ITNs. Local radio programmes will also accompany the intervention as far as needed. The number of nets has been calculated based on the number of pregnant women and children in the province.

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?

They will be distributed through intensive routine health services and through outreach activities. Community mobilizers will be trained to facilitate outreach activities and to trace beneficiary families. This multi-level approach will improve availability, access and utilization of the package of services offered by the health facility. Motorbikes will be made available at the health facility unit to cover villages localized at more than 3 km from the existing health centre.

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

There will be a monthly visit to families by community mobilizers. A monitoring meeting will be organized every 3 months in each health area with the community mobilizers to follow up the intervention. A more global monitoring meeting will be held in each of the health areas every 6 months.