



Summary

# of LLINS	Country	Location	When	By whom
10,200	Uganda	Maracha-Terego district, West Nile	Sep-Oct08	Malaria Consortium

Further Information

1. Please describe the specific **locations & villages** to receive nets and the number to each? Please provide longitude/latitude information. (Important note: If the distribution is approved, approval will be for the nets to be distribution to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.)

DISTRICT	SC	PARISH	PARISH POPN	CHILDREN < 5	NO. VILLAGES
MARACHA TEREGO	NYADRI	BARIA	4,821	964	12
		PABURA	6,829	1,366	17
		BURA	5,624	1,125	14
		ROBU	12,052	2,410	30
		TOTAL		29,326	5,865
	TARA	ANIVU	4,277	855	8
		VURA	4,812	962	9
		OJAPI	3,743	749	7
		OMBAVU	5,347	1,069	10
		PAJAMA	3,208	642	6
TOTAL		21,386	4,277	40	
TOTAL		50,712	10,142		

The sub-counties of Nyadri and Tara, both in Maracha-Terego district of the West Nile region of Uganda, have received no 'campaign' (community-based) nets in recent years. The area is covered however by net distribution to pregnant women through ante-natal care, although this is not sufficient to ensure community-wide coverage. The nets acquired from the Against Malaria Foundation will be targeted towards children under five across these two sub-counties.

10,142 nets are therefore requested - 1 allocated to each child under five. Because children under five in Uganda account for approximately 20% of the population, this will ensure community-wide coverage. The total population who will benefit from the nets is 50,712 people.

The sub-counties lie at latitude 3degN and longitude 31degE.

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

These sub-counties are predominantly rural. The total population of the 2 sub-counties is 50,712 people (29,326 in Nyadri and 21,386 in Tara).

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

Malaria in this part of Uganda is highly endemic. Transmission is year round with seasonal peaks.

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.

In 2005 Maracha-Terego and Arua districts were combined (they split into two districts in mid 2006). Full annual case data are not available for 2006 and 2007 for Maracha-Terego.

37% of children were reported to have had fever in the 2 weeks preceding the DHS 2006 survey in the West Nile, however.

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 key target groups for campaign distribution, set by the National Malaria Control Programme in Uganda, are currently children under five and pregnant women. It is expected that because of the demographic of the population in Uganda, if all pregnant women and children under five have access to a net, then this is likely to ensure coverage of at least two nets per household - considered in Uganda as achieving 'universal coverage'. Through such targeting of these vulnerable groups, the National Malaria Control Programme hopes to achieve universal coverage, sub-county by sub-county.

Pregnant women are already targeted through ante-natal care net distribution in these sub-counties (funded by USAID under the AFFORD project). Approximately 80 nets and 120 nets are distributed to pregnant women per month through ante-natal care in Tara and Nyadri respectively. A net is given to each pregnant women attending her first ante-natal care visit. Ante-natal care attendance in Uganda is relatively high - 88% of pregnant women attend ANC at least twice (DHS, 2006).

Campaign distribution targeting children under five will ensure 'blanket' or 'universal' coverage of both Tara and Nyadri, also reaching those pregnant women who are not attending ante-natal care.

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

The level of ITN use is relatively low in the area because there have not been any campaign distributions of nets in these sub-counties in recent years. In a 2006 survey (DHS), just 14% of children under five were reported to have slept under an ITN the previous night.

Routine distribution of nets to pregnant women is available though ante-natal care at health facilities (funded by USAID - the AFFORD Programme, for which Malaria Consortium is an implementing partner).

7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position and organisation of the person/s making the decision.

Discussions took place with the National Malaria Control Programme and these locations were agreed. Uganda is taking a sub-county by sub-county approach to scaling up LLIN distributions.

Recent LLIN distributions under the Global Fund have allowed some sub-counties to be covered, but there are still large gaps across the country and these two sub-counties have yet to be served with any LLIN distributions.

The nets will also be distributed through a local Civil Society Organisations (CSOs). These sub-counties were also selected because a strong CSO, Maracha Action for Development, (MAFORD), operates here.

The numbers of LLINs available will also ensure complete coverage of the vulnerable groups in these two sub counties.

Persons making the decision:

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Connie Balayo, ITN Focal Point, National Malaria Control Programme, Ministry of Health, Uganda
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8. Have you consulted with the National Malaria Programme in your country about this distribution and what was their response? Please provide the name, position and contact details of the person/s with whom you have liaised.

Yes. The National Malaria Control Programme have been fully involved in the discussion and decision making process and fully support this activity.

Connie Balayo, ITN Focal Point, National Malaria Control Programme, Ministry of Health, Uganda
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9. Please describe any pre-distribution activity, in particular how the size of the target group and number of nets required will be ascertained?

Registration of beneficiaries (children under five) by village will take place, with community medicine distributors (CMDs) doing the registration under supervision of the CSO (MAFORD) who will be supported by the Malaria Consortium. The list will be reviewed against the number of nets available, will the rule of maximum 2 nets per household and those decided to receive nets will be highlighted on the list. This

list will then act as the register for distribution with distribution points set up at parish level (easily accessible) and the community presenting at these points to receive nets. Those involved in registration, net distribution and health education (see below) will all receive training prior to the exercise. Sub-county, parish and community leadership will be informed about the plans and activities prior to the start of the exercise and the district health team (Ministry of Health) will be involved in that sensitisation.

10. Please describe how the bednets will be distributed, by whom, 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? Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.

Distribution sites will be set up at parish level, which is easily accessible by communities in these sub counties. At each distribution point a community medicine distributor (CMD) from each village will be located with their village list of highlighted names. People presenting to receive nets will be verified that they are the correct person by the CMD (the CMDs know their community well and are able to verify that the face matches the name).

Additional CMDs (2 at each point) will be on hand to give health education talks about the benefits of LLINs and practical issues about their use to the net beneficiaries. The CMDs, with support from MAFORD, the local CSO, will also conduct house-to-house follow-up within 4/5 days after the distribution to check that the nets are hung properly and being effectively used and to provide additional support and education as needed.

Security will be provided at the distribution points by the local police, as proposed by the districts.

The actual distribution process takes about ten days.

11. What post-distribution follow-up is planned to assess the level of usage (hang-up percentage) of the nets? How long after the distribution will this assessment take place? Will you provide us with the findings? What will you be able to do subsequently to increase net hang-up if relevant?

The CMDs will follow-up within 4/5 days after the distribution to address any concerns householders may have about the nets and prompt correct use. MAFORD will also be conducting community education activities on an ongoing basis to maintain awareness about the importance of using the nets. No formal survey is planned to assess use of the nets as funding does not allow. MAFORD, with Malaria Consortium's support, will also conduct a house-to-house (sample) follow-up exercise 3 months post distribution to check on usage.

Net retention and use will also be explored as part of a wider survey in the West Nile in 2010.

12. Please give the name and contact information for the (government) head of the district health management team for the/each area. Please ensure you include contact information.

Maracha-Terego is a new district and so has not yet been assigned a District Health Officer. The District Health Management Team in Arua also currently covers Maracha-Terego. The Team is headed by DHO Dr. Anguzu Y. Patrick.

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13. Please confirm the nets will be distributed free-to-recipients, a requirement for us to fund nets.

The nets will be distributed free to recipients.

14. Please confirm you will send us, post-distribution, at least 40 digital photos per sub-location, taken at the distribution/s, to be added to our website as we report on the distribution to donors.*

We will send at least 40 digital photos per sub-county taken at the distributions for use by the Against Malaria Foundation.

15. Please indicate if you will be able to provide video footage from each sub-location. This is not mandatory but is preferred and aids reporting to donors and encourages further donor giving.*

At least 5 minutes of video footage will be provided from the distributions in each of the 2 sub-counties.

16. Please confirm you will send a Post-Distribution Summary when the distribution is complete.*

A post distribution summary will be provided when the distributions are complete.

17. Please provide your name, role and organisation and full contact information.

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*Information on providing photos, video and a Post-distribution Summary is included in the attached document.