

# DISTRIBUTION OF LONG LASTING INSECTICIDE TREATED NETS (LLINS)

**Nyadri and Tara Sub-Counties, West Nile, Uganda**

**Report to Against Malaria Foundation**

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## Background

Malaria is the number one cause of morbidity and mortality in Uganda and responsible for between 30-50% of outpatient attendances and 35% of inpatient admissions<sup>1</sup>. Malaria in this part of Uganda is highly endemic and transmission is year round with seasonal peaks. The West Nile is also one of most disadvantaged parts of Uganda: 66% of residents live in poverty, 41% of the population are not expected to live beyond 40 years of age, 35% of people do not have access to formal health facilities and there is a high rate of under 5 mortality (290/1,000 live births)<sup>2</sup>. The West Nile has also been affected by long term conflict, but has not received the same level of support as other directly affected regions.

The level of LLIN coverage in the West Nile is low with just 22% of households possessing an LLIN. Net use is also low, with just 14% of children under five reported to have slept under an LLIN the previous night<sup>3</sup>. While Uganda has a clear plan for increasing national LLIN coverage, the West Nile has benefited from few “campaign” (or “community level”) net distributions in recent years. Universal coverage of nets will ensure widespread personal protection from malaria and reduce overall transmission locally. Effective information, education and behaviour change activities will also ensure nets are sufficiently utilised.

The key target groups for campaign (community-based) distribution, set by the National Malaria Control Programme (NMCP) 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 NMCP hopes to achieve universal coverage, sub-county by sub-county.

The Malaria Consortium received a donation of 10,142 LLINs from the Against Malaria Foundation for free distribution to the sub-counties of Nyadri and Tara, which are both in the Maracha-Terego districts in the West Nile. These locations were agreed in coordination with the NMCP. These two sub-counties have received no campaign nets in recent years. The area is covered however by net distribution to pregnant women through ante-natal care under the USAID-funded AFFORD project implemented by Malaria Consortium, although this is not sufficient to ensure community-wide coverage. The nets acquired from the Against Malaria Foundation were targeted towards children under five across these two sub-counties. The distribution took place in November, 2008.

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<sup>1</sup> Uganda Malaria Control Strategic Plan, 2005/6 – 2009/10

<sup>2</sup> Indicators from Uganda DHS, 2006

<sup>3</sup> Uganda DHS, 2006

## The distribution

The campaign distribution activity itself took place over a ten day period. In total 10,142 LLINs were distributed to beneficiaries. The activities are outlined in the timetable attached and explained in more detail below.

### ***Delivery of LLINs to the district***

The LLINs were delivered to the Arua district store the week prior to the distribution at parish level. They were previously stored at the Malaria Consortium office store in Kampala.

### ***District level planning***

A half day sensitization workshop was held for the district leaders in Maracha-Terego, of which 20 people attended. The sensitization of district and community leaders is an important activity to encourage political support and understanding of the activity. The partnership with the government health services will also enable the project approach to be replicated and scaled up by the MoH across sub-counties throughout Uganda.



*The district level sensitization/planning workshop. The resident representative of the office of the president, RTD Major Ibrahim Abiriga [standing] giving his remarks while the District Health Officer [left] Dr Anguzu Patrick looks on.*

### ***Sub-county level trainings and sensitization meetings***

Sub-county level training, planning and sensitization meetings were then held in each sub-county to cover all parish level distributions to take place in the sub-counties respectively. The training was conducted by 'central level' Malaria Consortium trainers who had traveled from Kampala and was aimed at the team leading the distribution at sub-county level, notably civil society organisation (CSO) and local government sub-county representatives (see below). As well as to introduce and sensitize people to the activity, this training aimed to cover the following:

- Refresher training on malaria
- The importance of using LLINs and how to use and maintain them
- Key messages for supporting the ongoing use of the nets by the communities
- Transport and staff for loading and off-loading LLINs How to register the communities for the distribution of the LLINs
- How to carry out the distribution itself, through support to the Community Medicine Distributors (CMDs) who will lead the activity at the local level
- How to collect key data on the distribution to ensure appropriate reporting to donors and NMCP
- Monitoring ,supervision and follow up
- Security

While the nets were primarily distributed through the CMDs, the local Civil Society Organisation (CSO) Maracha Action for Development (MAFORD) also supported the distribution. MAFORD has conducted health and development projects at the local level in this area for some time, including some malaria sensitization work, and it was thought a good opportunity to work with MAFORD to build their capacity further in this area and also benefit from their good understanding of health and development within the community. This is of particular value around inter-personnel communication around promoting the ongoing use of nets.

It is this cadre of CSO and local sub-county representatives who then trained the CMDs specifically on their role, with support as required from the central level trainers (see below).

### ***Village level mobilisation and training***

The following day, representatives from MAFORD and sub-county level district health workers travelled to the villages themselves where the nets were to be distributed to mobilise the CMDs and local leaders (in Uganda these are called LC1s) and parish leaders around the distribution and invite them to a further training session at the sub-county level.

Uganda's system of CMDs involves two community members identified from each village who are trained to supply pre-packaged anti-malarias for children under five with fever in their community. These CMDs are well respected in their communities and are an excellent resource to involve in activities such as community level LLIN distribution.

This second level of training conducted by the CSO and local sub-county representatives took place the following day and covered similar topics to those outlined above. Building the capacity

of community health management structures in the planning, operationalisation, monitoring and follow-up of the distributions is central to this project. Providing training and support in implementation to CSOs and VHTs will ensure meaningful participation and local ownership of the net distribution activities, as well as initiating a process of behaviour change in relation to net usage at the household level. Approximately two CMDs and one LC1 from each village were trained.

Below is a table of the cadres that attended the training and their numbers.

Sub-county	CMDs	Parish Mobilisers	Local Councils/villages	Total
Tara	80	5	40	125
Nyadri	150	4	75	229



*A CSO officer training the CMDs on the importance of the net distribution campaign and the different roles in the net distribution exercise.*

### **Registration of beneficiaries**

The registration exercise involved the CMDs, supported by the CSO and sub-county representatives, moving from house to house registering every household that had children under five years. This exercise took 2 days. Registration would prevent confusion on the day of distribution. CMDs worked hard to ensure no household in their area was missed out and to notify all beneficiaries of the details of the distribution.

Following registration, an allocation exercise took place to determine how many children were registered against the number of nets originally allocated to the sub-county (which is based on population estimates derived from the most recent census). If it was found that the number of

children registered was far more than the number of available nets, a method to allocate nets to every household but not every child registered was adopted. There was also a rule of maximum 2 nets per household. Fortunately, the number of beneficiaries registered was approximate to the number of LLINs available (see below), however. This list acted as the register for distributions which took place at parish level.



A CSO representative guiding the CMDs in the allocation process.

The table below contains the details after the registration and allocation exercise.

**Tara sub-county**

No	Name of parish	No.of villages	Total number of H.H	No of HH registered with U5	No of under5 registered	No of under 5 receiving nets	No of HH Served	Nets Allocated
1	Vura	9	818	634	915	915	634	915
2	Ombavu	10	685	486	850	850	486	850
3	Anivu	8	785	619	1026	1026	619	1026
4	Ojapi	7	612	524	776	776	524	776
5	Pajama	6	506	418	625	625	418	625
<b>Total</b>	<b>5</b>	<b>40</b>	<b>3406</b>	<b>2700</b>	<b>4192</b>	<b>4192</b>	<b>2700</b>	<b>4192</b>

All the children registered received a LLIN

### **Nyadri sub-county**

No	Name of parish	No of villages	Total number of H.H	No. of H.H with under 5 registered	No of under 5 registered	No of under 5 receiving nets	No of HH served	Nets Allocated
1	Pabura	18	1137	869	1444	1444	869	1444
2	Bura	15	1234	1044	1612	1612	1044	1612
3	Baria	12	677	655	1017	1016	655	1016
4	Robu	30	1178	1104	1753	1676	1104	1676
<b>Totals</b>	<b>4</b>	<b>75</b>	<b>4226</b>	<b>3671</b>	<b>5826</b>	<b>5748</b>	<b>3671</b>	<b>5748</b>

All the children registered received a LLIN

A further 202 LLINs were allocated to CMDs out of those remaining. It is felt important to provide LLINs to CMDs in addition to the direct beneficiaries as they play a vital role in the ongoing promotion of the use of nets within the community and better fulfill this role if they use nets themselves.

### ***Distribution day***

The distribution exercise took place in one day for all the 9 distribution sites (one per parish). A truck from the district store loaded with nets transported the nets up to the agreed upon distribution site.

Distribution sites at parish level were easily accessible by communities in both of these sub-counties. Mothers were required to come with their children to collect the net. In the absence of the mother an older child was accepted. CMDs then handed out the nets to the rightful owner, who then signed against their name in the register. All nets were removed from their original package to help prevent the resale of the net.

Additional CMDs (2 at each point) were also on hand to give health education talks about the benefits of using LLINs and practical issues about using and maintaining them. This involved the use of laminated cards and community posters with key messages on net use. Each beneficiary household was given a beneficiary leaflet to remind people how to use the net and the importance of doing so. The leaflets were largely pictorial so suitable for illiterate beneficiaries, although the few words on the leaflets, as with the posters and laminated cards, were translated into the local language, Lugbara,

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



*LLINS uploaded on to a truck from the district store.*



*Mothers with there under fives wait for the arrival of the nets.*





*A CSO representative demonstrating to the beneficiaries how to use a net.*

## **Post distribution activity**

The register/distribution lists were retained at the distribution point and the following day were summarized for the whole parish with the numbers distributed reported back to the sub-county, district and national level Ministry of Health (NMCP) to ensure full documentation of the distribution and beneficiaries targeted. This also facilitates planning for subsequent or replacement net distributions in this region.

During the 4-5 days following the distribution, the CSO representatives and CMDs also conducted a house to house follow-up exercise to provide additional support in the hanging and use of the net. MAFORD will also be conducting community education activities on an ongoing basis to maintain awareness about the importance of using the nets.

MAFORD, with Malaria Consortium's support, will also conduct an additional house-to-house (sample) follow-up exercise six months post distribution to check on retention and usage. The follow-up will include quantitative and qualitative methods.

## **Acknowledgements**

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county trainers, CSO representatives and CMDs in ensuring the effective delivery of the nets should also be acknowledged. The Uganda Malaria Communities Partnership project team in the West Nile who supported the activity delivery locally should also be thanked.

The costs of the district based net distribution system were covered by MTN Foundation and Malaria Consortium directly.

**Annex 1: Campaign Distribution Timetable, West Nile**

<b>Day</b>	<b>Activity</b>	<b>Location</b>
Day 1	Arrival Courtesy call District Health Office and planning for district sensitization	District
Day 2	Morning session - sensitization of district leaders  Afternoon session – Training of Trainers (TOT) of Civil Society Organisations (CSOs) (and 1 Sub County trainer per SC - to be attached to the CSOs)	District
Day 3	Village mobilization – invites for LC1s and CMDs for training	Village level
Day 4	Morning session – Orientation of parish leaders, LC1s, CMDs  Afternoon session – More detailed training of CMDs in the net distribution process	SC level
Day 5	Registration exercise of U5s	Villages
Day 6	Registration continues (half day) and allocation of nets (half day)  Allocation involves reconciliation the actual number of beneficiaries registered against the number of nets available.	Villages – registration  SC level – allocation
Day 7	Distribution	Parish
Day 8	Follow up and data collection/summaries	Parish
Day 9	Debriefing at District Health Office. Presentation of distribution summaries for signing and departure	District
6 months later	Review net retention and use	Villages