

**malaria
consortium**

disease control, better health

DISTRIBUTION OF LONG LASTING INSECTICIDE-TREATED NETS (LLINS)

**Moyo, Itula and Romogi Sub-Counties, Moyo and Yumbe
Districts, West Nile, Uganda
29th June to 14th July 2009**

Report to Against Malaria Foundation



INTRODUCTION

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 admissions¹. 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)². 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 Long Lasting Insecticide-Treated Nets (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 night³. 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.

Malaria Consortium Uganda received a donation of 40,000 LLINs from Against Malaria Foundation (AMF) for distribution in Moyo, Itula and Romogi sub-counties in Moyo and Yumbe district in the West Nile region. These locations were decided in co-ordination with the National Malaria Control Program (NMCP). This LLIN distribution took into account the recent change of Ministry of Health (MoH) policy from the distribution of LLINs targeting vulnerable groups for malaria, children under five years of age and pregnant women to that of universal coverage. Malaria Consortium assisted the NMCP in the development of the LLIN distribution training manual and forms in order to reflect these changes. These were then adapted for this distribution in the West Nile. This distribution can therefore be seen as one of the pilots for a campaign style net distribution under the universal coverage approach.

ACTIVITY SUMMARY HIGHLIGHTS

- 40,000 LLINs were donated by Against Malaria Foundation to be distributed in the West Nile Region.
- All 40,000 LLINs donated by AMF were distributed through a mass campaign from 29th June to 14th July 2009 in Moyo (Moyo and Itula sub-county) and Yumbe (Romogi sub-county) districts in the West Nile region. A LLIN was given to cover every registered sleeping place.
- This distribution was one of the first to implement the new MoH policy of ‘universal coverage’ in Uganda, with a LLIN given to each sleeping place registered. The distribution piloted the forms and guidelines and feedback was provided which was incorporated into future additions used in future LLIN distributions.
- IEC Materials (MoH approved) were distributed during the campaign. This included Community Medicine Distributor (CMD)/ Village Health Team (VHT) job aides, community posters, and beneficiary leaflets of 'LLIN Use & Care'. These were translated into the local languages, Lugbara and Madi.

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

² Indicators from Uganda DHS, 2006

³ Uganda DHS, 2006

- CSOs played a leading role in the LLIN distribution campaign, including the supervision of the entire ten-day campaign, mobilization, training of CMDs/VHT members, allocation of LLINs and the follow-up and reporting.
- There was good support for the distribution from the local government leaders from the district through to the community level.

ACTIVITY EXECUTIVE SUMMARY

A donation of 40,000 nets were provided by the Against Malaria Foundation. A further 3,371 were also procured from the President's Malaria Initiative/USAID funded AFFORD project, which ensured there were enough nets to achieve universal coverage in the three sub-counties in the West Nile (Moyo and Itula in Moyo district and Romogi in Yumbe district) i.e provide one net per sleeping place registered.

A total of three sub-counties were covered from 29th June until the 14th July 2009, where one LLIN was given to every sleeping place registered. A sleeping place is defined as a bed/mattress/mat or floor spaces that people can sleep on separately. For example: if three children sleep next to each other in one area it is considered one sleeping space. The campaign was one of the first to distribute under the new policy of 'universal coverage', piloting the new policy guidelines and forms.

Universal coverage was very well received by the communities and local government officials.

ACTIVITY DETAIL

A total of 43,371 LLINs were distributed through a mass campaign from 29th June to 14th July 2009 in Moyo (Moyo and Itula sub-county) and Yumbe (Romogi sub-county) districts in the West Nile region. The nets were donated by Against Malaria Foundation (40,000 LLINs) and AFFORD (PMI/USAID) (3,371 LLINs). The campaign was one of the first to distribute under the new policy of 'universal coverage', piloting the new policy guidelines and forms.

Universal coverage had been defined as the provision of one net to cover each sleeping place. If not enough nets are available to cover each sleeping place then a net should be given for every two people, if the number is still inadequate the one net will go to cover every sleeping room. **There were enough nets to distribute one per sleeping place for every household registered.**

A large team helped support the distribution and was made up of staff from the Malaria Consortium Uganda, Minnesota International Health Volunteers, CSOs partners, sub-county trainers (representatives from the District Health Office), the Insecticide Treated Nets (ITN) focal person from the National Malaria Control Programme and other MoH staff (Moyo and Yumbe district local government, including the Malaria Focal Person). Village Health Teams (VHTs), community volunteers that are selected for the community by the community, also played a key role in the distribution by helping to register all households, helping to distribute the nets, helping with the health education over why the net is important and how to hang and use the net and assisting their communities in hanging up the nets in their houses. Local council (LC) leaders (village heads) also were involved to help ensure acceptability and legitimacy of the registration process (to reduce inflation of the registration figures) and to assist on the day of distribution, to ensure that only intended beneficiaries are receiving the nets.

The campaign followed that of a ten-day mass campaign model, used successfully in the past, which included district sensitization, training of trainers on the campaign model and guidelines, parish level sensitization and training of VHT members on the exercise, registration, allocation of LLINs, distribution, data compilation and a follow-up by VHTs in their community to ensure LLINs were hanging and to provide further information surrounding the importance and how to use the LLINs. Before the campaign

started there was a training of central trainers in Kampala and a training of CSO trainers in Arua. The campaign and training schedule is outlined in **Annex B and C**.

Ten-day campaign model

The distribution took place over a 10 day period. Below is a day to day highlight of events,

Day 1: Courtesy call to the districts

Day 2: A ½ day sensitization workshop was conducted for the district leaders. Authorization was given to UMCP to operate (and distribute LLINs) in the region. After the sensitization workshop, a ½ day Training of Trainers (TOT) was facilitated for the 8 CSOs representatives i.e. 2 from each of the 4 CSO, and the 2 sub-county trainers. The trainees were trained on the LLIN campaign model and the use of the M&E tools: forms [registration forms], LC1 Summary, Parish Summary, Sub county Summary Forms and the district summary form. The orientation was led by the NMCP ITN focal person.

Day 3: The CSOs and sub-county trainers mobilized the communities (i.e. CMDs – Community Medicine Distributors, LC's – Local Chairperson 1, and Parish Leaders) for attendance to the parish level sensitization and training of CMDs/VHTs in the distribution. Radio announcements were also used.

Day 4: The distribution team supported the CSO and sub-county trainers in carrying out the parish level sensitization and the training of CMDs/VHTs on the campaign methodology and the M&E tools used for documentation. There were a total of 282 in attendance, which included local government leaders (LC1's), parish leaders, and CMDs/VHTs. In the afternoon more technical support training was delivered to 170 CMDs/VHTs.



CSO representative leading the training of CMDs/VHTs

The parish level meetings took place at six centers which included the sub-county headquarters and health centers. There was one training in Moyo for all parishes, two in Itula and three in Romogi.

Day 5 & 6: CMD's registered all village households, documenting sleeping places, sleeping rooms and number of persons in the household, total number of under fives and pregnant mothers, total owned nets, and the number of nets hanged per household. At this time, parish leaders continued to mobilize their communities to participate in the distribution day. During the registration exercise, the CMDs/VHTs issued stamped coupons bearing specific numbers to a particular house hold. The households used this coupon to speed up the process on the day of distribution.



CMD/VHT registering a beneficiary

“The selected VHTs/CMDs in each village do the registration in their village. They then present the village lists to the LC1 chairperson for verification before endorsing them as a true and complete list of his /her village.”

This is a key component of the whole distribution process and can easily go wrong. Therefore, good preparation and close supervision by central supervisors, CSO trainers, CSO trainees and sub-county

trainers was carried out to ensure the data collected is accurate and that abuse of the system does not take place.

Day 7: LLINs were allocated to beneficiaries and identified distribution posts. One LLIN was allocated to each sleeping place registered.

Day 8: Distribution day, A total of 43,371 LLIN's were distributed to beneficiaries, around 22 distribution points, see table 1 below.

Table 1: LLINs distributed per sub-county

District	Sub-county	Number of distribution points	Total number of nets distributed	Number of AMF nets distributed
Moyo	Moyo	5	14,958	14,958
	Itula	5	8,013	8,013
Yumbe	Romogi	12	20,400	17,029 (9 distribution points)
Total		22	43,371	40,000

Romogi had a much greater number of distribution points because of the wide geographical area and difficult access. These distributions took place on the 6th of July for both Moyo and Romogi sub counties and on the 12th of July for Itula sub county. See **Annex A** for details



The LLINs were given without the packaging and the head of the family who come to receive nets were taken through the following steps;

- They listened to information about the LLINs by the health educators and were shown the demonstration LLIN by the health educators.
- They moved inside the barrier to the person they see from their village. The LC1s were present to help the CMDs/VHTs verify the names of the head of family that was registered.
- They were given a LLIN with the packet removed. At the same time they were given the beneficiary leaflet with information about the LLIN.
- They then signed or marked at the relevant place on the registration form (Form 1).
- They moved to the exit and had their finger inked in permanent ink.
- They finally depart to take the LLIN home and use it as instructed. Some stayed behind for a while to listen to the health education discussions and see the demonstration nets again as they exit the area.

Local police were present through out the distribution exercise to ensure security and order was kept.

Day 9: The UMCP team in collaboration with the CSOs obtained all M&E tools and compiled all data.

Day 10: The UMCP team provided feedback to the District Officials on the campaign.

A one day post distribution follow up was conducted by the CMDs/VHTs. This took place on, 10th July for Moyo and Romogi sub-counties and 15th July for Itula sub-county. This allowed for the VHTs to ensure that LLINs were hanging and to provide information on the importance and how to use the nets.

The CMDs used a standard follow-up forms given to them by the trainers on allocation day. These forms were then returned by the CMDs to the SC trainers and CSO trainees on agreed dates, with all the relevant information filled.

For the overall summary of beneficiaries see **Annex A**.

The Malaria Focal Person Yumbe stated, *“We are glad to be one of the pioneering district to implement the universal net distribution methodology, this will finally put to rest any domestic violence associated with the net, it will definitely reduce on the malaria prevalence in the entire sub county.”*

CHALLENGES & RISKS

- Many of the areas, especially in Romogi, Yumbe district are hard to reach areas with difficult access and large villages. This had a number of implications, firstly making it hard for CSOs and the team to reach these populations in order to ensure close supervision of CMDs in the registration process and secondly it was difficult for CMDs to complete registration of all households in the allotted time. In some of the large villages, additional VHT members were required to carry out the registration.
- Some of the VHT members were illiterate. This made collection of authentic data difficult. However, close supervision by the team ensures that all data collected is accurate.
- Some of the distribution sites chosen were physically too small for the population of the villages involved, which made the site difficult to organize and manage. In future, the supervisors should make a physical assessment of all sites before the distribution day.
- As every household received at least one LLIN, this increased the work of the VHTs and increased the population who arrived to receive LLINs at the distribution points. It was therefore necessary to increase the number of distribution points in some areas to reduce over-crowding and it would be useful to have more VHT members involved to help with the implementation of various stages of the campaign.
- It was difficult to estimate the number of LLINs required in each sub-county. In part because the population figures used to estimate the numbers of nets required were based on previous national census data and the areas we were working in have had a large number of refugees from South Sudan return home since that time. In addition, original planning taking into account the new policy of universal coverage, aimed to give an average of three nets per household but in the end there were roughly 2.5 sleeping places per household. A number of alternative sources, including obtaining information from the parish level would help to determine the true population figures on the ground.

Enough LLINs were distributed to cover all sleeping places in the supported sub-counties, helping to protect the whole population from malaria. However, as this was a pilot approach for universal coverage in Uganda, a number of specific lessons learnt in regards to the training manual and methodology were fed back to the Ministry of Health, which has helped to shape future distributions across the whole of Uganda.

ACKNOWLEDGEMENTS

Malaria Consortium Uganda would like to thank Against Malaria Foundation for their donation of 40,000 Long Lasting Insecticide-Treated Nets (LLINs) for the population of the West Nile, Uganda. Thanks also to the combined effort of the Moyo and Yumbe district authorities, sub-county trainers, CSO representatives and CMDs/VHTs in ensuring the effective delivery of the nets. A final thanks should also be given to the Uganda Malaria Communities Partnership project team in the West Nile who supported the delivery of this activity locally.

The costs of the district based net distribution system were covered by Malaria Consortium Uganda.



Beneficiaries of the LLIN distribution

Annex A: Summary of beneficiaries

SUBCOUNTY	PARISHES	Total HHs	Sleeping Rooms	Sleeping Places	Total persons in HHS	Total owned nets	Total LLINs given	Total AMF LLINs given
Moyo	LOBOBA	1647	3034	4254	7720	608	4254	4254
	VURA	1407	2804	4118	6946	1382	4118	4118
	ERIA	543	917	1205	2385	256	1205	1205
	EBIHWA	818	1515	2141	3758	372	2141	2141
	ALURU	1206	2235	3240	5374	710	3240	3240
<i>S/Total</i>		5621	10505	14958	26183	3328	14958	14958
 								
Itula	UBBI	353	591	952	1663	858	952	952
	PALORINYA	452	689	1141	1873	1081	1141	1141
	PALLUJO	697	1464	2490	3949	1201	2490	2490
	LEGU	706	1273	1950	3433	1921	1945	1945
	WAKA	484	861	1485	2321	1419	1485	1485
<i>S/Total</i>		2692	4878	8018	13239	6480	8013	8013
 								
Romogi	OMBACHI	1,088	1588	2404	4338	254	2404	2404
	LIMIDIA	1102	1602	2301	5184	231	2301	0
	BARINGA	1818	2712	4762	9176	479	4762	3912
	KOCHI	3112	6029	7461	16908	476	7461	7461
	LOCONGBO	1052	1937	3420	6573	764	3420	3420
	St Daniel NS	11	21	52	342	27	52	0
<i>S/Total</i>		8172	13868	20400	42179	2194	20400	17197
GRAND TOTAL		16485	29251	43376	81601	12002	43371	40,168⁴

⁴ This figure is slightly over the 40,000 LLINs donated by AMF because it is too difficult to split out the remaining 168 nets from the parish.

Annex B: Activity Schedule

DATE	ACTIVITY	RESPONSIBLE PERSON	OUTPUT
29 th .06.09	Courtesy call to District leaders	UMCP Team	10 District leaders met
30 th .06.09	Sensitization of District leaders and Training of Sub county trainer and CSOs	Central trainers and NMCP ITN focal person	25 District leaders 2 sub county trainers and 10 CSOs were trained
1 st .07.09	Mobilization of LCs, Parish leaders and VHTs, Moyo SC	Sub county trainer, CSOs and Central Trainers	LCs, Parish leaders and VHTs were mobilized in Moyo and Romogi sub counties.
2 nd .07.09	Sensitization of LCs and training of VHTs, Moyo and Romogi SC	Sub county trainer and CSOs	16 Parish leaders,67 LCs and 139 VHTs were sensitized and trained
3 rd to 4 th .07.09	Registration of households Moyo and Romogi SC	VHTs with Central ,Sub county trainers and CSO's supervision	13,793 Households registered
5 th .07.09	Allocation of LLINs to registered households, Moyo SC	VHTs with central trainers, subcounty trainer and CSO's help and guidance.	35,353 LLINs were allocated.
6 th .07.09	Distribution of LLINs, Moyo SC	VHTs, All supervisors and LCs and the Police,	35,353 LLINs were distributed.
7 th .07.09	Data collection and compilation, Romogi and Moyo SC Mobilization of VHTs, LCs, and Parish leaders, Itula SC	UMCP team, central trainers and CSOs Central trainers, sub county trainer and CSOs	All forms completed VHTs, LCs and Parish leaders mobilized.
8 th .07.09	Feedback meeting with DHO, Romogi and Moyo SC Sensitization and training of LCs, VHTs and Parish leaders, Itula SC	UMCP team Sub county trainer and CSOs	18 LCs , 4 Parish leaders and 37VHTs were sensitized and trained
9 th to 10 th .07.09	Registration of households, Itula SC	VHTs with supervision from sub county trainer, CSO and Central trainer.	2,692 Households registered
11 th .07.09	Allocation of LLINs to registered households, Itula SC	VHTs together with Central , Sub county trainer and CSO	8,018 LLINs were allocated
12 th .07.09	Distribution of LLINs, Itula SC	VHTS with Central, Subcounty trainer and CSO's supervision	8,013 LLINs were distributed
13 th .07.09	Data retrieval and report writing	Central trainers	Field report compiled
14 th .07.09	Feedback meeting with DHO	UMCP Team	A meeting held with DHO, ADHO and MFP

Annex C: Training plan

Training level	Location	Participants	Number of participants	Number of training days	Topics
Central	Kampala & Arua	Central training and supervisor team CSO trainers	Number depends on the planned scale of campaign distribution. At least 2 people per district to be covered should be trained.	1/2 days as a short refresher - the personnel being used are experienced with this training manual	Full training as a training of trainers
District	Moyo and Yumbe District Centre	District Executive, councillors from the targeted areas and Heads of Departments District leaders	To be selected in consultation with the District Health Office.	½ day (only attend for morning of 1st day)	Sensitization
		SC supervisors	1 per SC. Selected in consultation with the DHO.	1 day	Full training and micro-planning
		CSO trainees	2 per CSO	1 day	Full training and micro-
Parish	1 per 1-3 parishes depending on size of participant group and distances apart. In some cases these may be grouped and held at SC level.	Parish leader	2 per parish	½ day (only attend for morning of 1st day)	Sensitization during morning session
		Local councillor 1	1 per village	1/2 day	Sensitization during morning session
		Community medicine distributors	2 per village	2 day	Full training