

# Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
20,000	Burundi	Rutana province Mpingakayove commune	2 <sup>nd</sup> - 6 <sup>th</sup> November 2009	Burundi Red Cross

## 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.)

Province Rutana							
Commune	Zones	Collines	Ménages	Population	LIN needed		
Mpinga-Kayove	Mpinga	1.Butambara	87	522	261		
		2.Butamya	342	2052	1026		
		3.Gihinga	328	1968	984		
		4.Kagoma	87	522	261		
		5.Kibanda	239	1434	717		
		6.Maganahe	45	270	135		
		7.Mpinga	390	2340	1170		
		8.Muganza	234	1404	702	5256	5200
	Kayero	1.Bubanga	244	1464	732		
		2.Gihera	233	1398	699		
		3.Gitaba	98	588	294		
		4.Juragati	34	204	102		
		5.Kayove	322	1932	966		
		6.Munyika	127	762	381		
		7.Musotera	211	1266	633		
		8.Ngorama	225	1350	675		
		9.Rorero	300	1800	900	5382	5400
	Kiguhu	1.Buranga	344	2064	1032		
		2.Mbuye	302	1812	906		
		3.Nyakazu	233	1398	699		
		4.Gasasa	322	1932	966		
		5.Nyakabanda	79	474	237		
		6.Kiguhu	221	1326	663		
		7.Mirehe	23	138	69	4572	4400
	Mugondo	1.Bayumbu	230	1380	690		
		2.Gasenga	345	2070	1035		
		3.Gasozi	69	414	207		
		4.Mugondo	380	2280	1140		
		5.Ngara	128	768	384		
		6.Ntozi	213	1278	639		
		7.Rasa	214	1284	642		
		8.Rutoke	78	468	234	4971	5000
<b>S/TOTAL</b>	<b>Zones</b>	<b>32 Collines</b>	<b>6727</b>	<b>40362</b>	<b>20181</b>	20181	20000

Mpingakayove is a commune in Rutana Province which has endemic malaria because the region is low latitude. Hence this creates perfect breeding ground for mosquitoes.

Latitude: 2°20' and 4°27' [3.71787 N]  
Longitude: Near the 30th east longitude [30.0896 E]

The extract of the excel spread sheet above shows names and population per colline. Total nets that will be distributed is 20,000. [There will be a second distribution of 12,500 nets to Bukemba commune which will fall outside of this proposal]. This is in order to reach Universal coverage in the 2 communes.

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

Mpingakayove Commune is a rural area. Total pop: 15,660. Number of householders 2,610.

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

The locations are in areas where malaria is hyper-endemic with seasonal increment in morbidity in the rainy seasons. Hence the area is considered high risk in Burundi. This national LLIN distribution in November will take place just before the rainy season and where an annual peak in malaria cases is imminent.

**4. Baseline malaria case information. How many reported cases of malaria and malaria deaths were there in this specific area in the most recent period available? We are looking for data from health clinics in the area. Month by month information is strongly preferred. We are NOT looking for regional level/national level information. Please cite your source. Baseline malaria case information forms the basis of comparison post-distribution.**

Data is difficult to gather but the 2005 Malaria Indicator Survey estimated 45% of under 5s had an episode of fever or convulsions. In 2005 there were 367,267 cases in Rutana province in a population of about 600,000. (EPISTAT 2006).

**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 target group is each household within the commune of Mpingakayove because the strategy of MOH is 3 LLINs by household. The Burundi Government is moving towards universal coverage in the high endemic provinces.

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

There were supposedly routine distribution for pregnant women and children under 5 through the health post during Ante-Natal Care and routine immunization. However, from doing household visits, it was observed these were not regular and most households in the selected areas do not possess an LLIN.

**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.**

Burundi Red Cross has a health project in Rutana, namely the Integrated health project. The locations chosen are in areas

where Red Cross teams are already active and will be carrying out the distribution following discussions with National Malaria Control Programme and where it is felt the donor requirements can be efficiently and economically met. In addition, since the Red Cross volunteers are already active in the communes, they can ensure that usage is high after distribution, by going house to house.

The head of the National Malaria Control Programme:  
Dr Liévin NSABIYUMVA, Tél:+(257)22 22 18 13  
E-mail:nsabliev AT yahoo.fr

**8. Have you consulted with the country's National Malaria Programme 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 nets will form part of a national distribution campaign. Dr Charles BATUNGWANAYO, Dir Général du Ministère de la Santé Publique et de la lutte contre le SIDA. Tél: +257 7959 29 57

**9. 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.**

The Head of Bukemba and mpingakayove health area.  
Dr Antoine, Médecin Provincial de Rutana, Tel +25779480960

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

LLINs will be distributed free of charge to beneficiaries.

**11. Please describe all pre-distribution activity, including how the size of the target group and number of nets required will be ascertained and how the local community and leaders will be involved in this phase of the work?**

There is a national IEC campaign planned including television and radio spots in two languages. The Red Cross plans to carry out pre distribution community sensitization. This will include demonstration (dramas, talks) in community meetings, market square/school well as house to house sensitization.

**12. Please describe how the bednets will be distributed and by whom. Please give detail. Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.**

144 Red Cross volunteers will distribute these LLIN in 5 days. Every volunteer will be responsible for distributing in 75 households during 5 days, average 15 per day. The strategy is to distribute LLINs house by house.

**13. Please describe the malaria education component of the distribution. Please give a detailed answer.**

When distributing the LLINs, volunteers will spend time in the houses to educate the household members on the causes of malaria, ways of preventing malaria, hygiene and other health related issues.

**14. Please confirm: a) you will conduct immediate post-distribution follow-up to assess the level of usage (hang-up %) of the nets; b) this take place within four weeks of the distribution; c) you will provide us with the findings.**

The MoH has planned follow up surveys one and four months after the distribution has taken place. In May 2010 a national DHS survey with additional questions regarding LLIN use will take place. Findings will be shared with you as soon as we get the results. Furthermore, the Red Cross plans to carryout door to door Hang-Up activities directly after the distribution to ensure nets are hanging and then Keep-Up activities which form part of community health activities to maintain awareness of key health messages regarding malaria and the significance of net use. Volunteers will be allocated houses and they in turn report back to the supervisor with their findings and details of the household visits (including data collection and reporting forms). These findings will be shared with AMF.

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

We confirm we will send a post distribution summary.

**16. Please confirm you will send us, post-distribution, at least 60 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 provide at least 60 digital photos per sub-location.

**17. Please confirm you will provide at least 15 minutes video footage from each sub-location. It does not need to be 'broadcast' quality and can be taken with a handheld digital video camera.\*\***

We confirm the Red Cross will provide at least 15 minutes of video footage from each sub-location.

**18. Please confirm: you will carry out longer-term Post-Distribution Reviews (PDRs)\*\* to assess the level of usage (hang-up %), correct usage and condition of the nets; b) this will take place 6, 18, 30 and 42 months after the distribution of the nets; c) you will provide us with the findings.**

We confirm the Burundi Red Cross will carry out post distribution summary as stated in question 14.

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

Benoît NIZIGIYIMANA , Head of health and Care department.  
Burundi Red Cross; Tel: 00257 22218871 Mob: 0025779920179 :  
Email : niziben2008 AT yahoo.fr

\*Sub-locations are mutually agreed and are typically a portion of the total distribution ie A 20,000 net distribution, for photo and video reporting purposes, might be divided into 5 sub-locations.

\*\*Information on the provision of photos, video, Post-distribution Summary and Post-Distribution Reviews is included in the attached document.

Ends—

**THANK YOU!**