

**Burundi Red Cross and Against Malaria Foundation. 20,000 LLINs Distribution  
Rutana Province, Burundi  
02<sup>nd</sup> – 06<sup>th</sup> November 2009**



**Executive Summary:**

In the month of November, the Burundi Red Cross in conjunction with the Burundi Ministry of Health conducted a five day intensive LLINs distribution that saw 14,893 households benefit from distribution of 44,679 mosquito nets, of which 20,000 were donated by the Against Malaria Foundation (AMF), 10,000 from the Finnish Red Cross and the rest by the National Malaria Control Program. This came as a relief to the households who were eagerly awaiting the distribution exercise especially after the households missed out on a sub-national distribution campaign carried out in June 2009. .

Some of the LLINs had been pre-positioned at Health Centres in the areas where Red Cross volunteers would get their stocks for a door- to-door distribution to the households. Some households were several kilometres apart and therefore distribution had to be done from a central point. In some areas, there was a sudden increase in the number of households than earlier recorded. This was attributed to the newly married couples and returnees following decades of conflict.

In some instances, the household owner were not present when the volunteers visited their homes and the volunteers were informed that the household leaders had already gone to the market by the time Red Cross volunteers arrived. In these situations LLINs were left in the possession of neighbours who agreed to give the nets to the neighbours when they returned (the local Red Cross volunteers would

ascertain this). On the fourth day of distribution, heavy rains pounded the entire Mpinga Kayove Zone and most areas of Rutana Province making it very difficult to reach some collines. The heavy downpour also hampered distribution especially where distribution was being done from a central point as the targeted beneficiaries were either prevented by the rain from reaching the centres or fled the centres (which in most cases were in open grounds) as they scampered for shelter in the nearest homesteads which could be well over half a kilometre. The case was even more serious with mothers with their young children strapped on their backs. Volunteers however carried some nets home so as to try and reach as many targeted HH as possible especially from the collines where the volunteers come from.

Logistical challenges slowed down distribution as at times the lorries contracted to transport the nets were late in arrival. In Rutana centre, some nets were stocked at the IMC (International Medical Corps) stores that could only open after 0800hrs. This was great for ensuring safe custody of the LLINs though it also slowed down the commencement of distribution which as a result, could not be started before 0800.

### **Administration Units:**

Burundi administrative system is such that the country is divided into Provinces, then communes, zones and finally collines. There are a total of 17 provinces. The distribution of LLINs was done in Rutana Province.



Map of the Rutana Province

### **The Distribution**

The distribution as originally planned with the MoH and Burundi RC, was to be carried out in three communes, namely; Bukemba, Gitanga and Mpinga-Kayove.

20,000 LLINs donated by AMF had to reach specific targeted zones of Mpinga-Kayove Commune. These zones were – Mpinga, Kayero, Kiguhu and Mugondo. In total, 44,679 LLINs were distributed to some 14,893 beneficiary households in the three communes.

**Table 1:** LLINs distribution in Mpinga Kayove, Bukemba and Gitanga communes

Commune	Zone	No.of Collines	House Holds	LLINs distributed	No. of volunteers mobilised
Mpinga-Kayove 20,000 AMF LLINs distributed in this commune	Mpinga	8	1,752	5,256	23
	Kayero	9	1,794	5,382	23
	Kiguhu	7	1,524	4,572	20
	Mugondo	8	1,657	4,971	22
	<b>S/Total</b>	<b>32</b>	<b>6,727</b>	<b>20,181</b>	<b>88</b>
Bukemba	Bukemba	5	2,192	6,576	23
	Butare	5	1,925	5,775	22
	<b>S/Total</b>	<b>10</b>	<b>4,117</b>	<b>12,351</b>	<b>47</b>
Gitanga	Gitanga	9 Collines	800	2,400	8
	Nyakaguma	7 Collines	726	2,178	7
	Kinzanza	9 Collines	2,523	7,569	20
	<b>S/Total</b>	<b>25</b>	<b>4,049</b>	<b>12,147</b>	<b>35</b>
	<b>Grand Total</b>	<b>67</b>	<b>14,893</b>	<b>44679</b>	<b>170</b>

### Mobilisation and training of volunteers

A total of 170 volunteers were mobilised in readiness for the distribution. Among these were 12 volunteer supervisors who would coordinate other volunteers during distribution. The volunteers were then trained on the distribution process.

### Training Schedule

27<sup>th</sup> October Training of Volunteer Supervisors in Rutana

28-31 October Training of volunteers in their respective Zones by the Supervisors.

### Distribution Strategy

Distribution was targeted at three communes of Mpinga-Kayove, Bukemba and Gitanga. In a bid to reaching Universal Coverage, each household received 3 LLINs. Some nets had already been dispatched to the Health Centres in the Zones within the communes the week before actual distribution. Since this was a joint activity of the Red Cross and the Ministry of Health, the distribution team was divided into three, with each team covering one commune. Distribution was majorly done door-to-door by the Red Cross volunteers with each volunteer covering about 102

households. However, in some areas, the houses were very largely dispersed and distribution was therefore conducted from a central place.



Volunteers on their way to door-to-door Distribution in the villages



A Distribution centre in Mugondo, Mpinga-Kayove

### Findings:

**Mpinga-Kayove** is a very vast commune with widely dispersed households in the collines. House to house distribution was largely used although in some specific cases where there was a very widely dispersed population, people were mobilised into a common centre from where LLINs were distributed to the households. However, some households were missing at the time the volunteers were conducting a door-to-door distribution. The volunteers interviewed explained that some

households missed out on the distribution especially at the collines where the distribution coincided with market days.

It was observed that five days was not adequate to effectively distribute the LLINs to all the targeted households. More time was needed to ensure that all the targeted HH actually received LLINs.

### **Recommendation**

There is a strong need for a more researched budgeting process especially for such a big activity as distribution of LLINs in such a large area so as to avoid last minute price negotiation with contracted service providers which usually cause delays. An official from the Zone Office could be sent to the NS to help fine tune the Planning and budgeting process.

Burundi RC has a very strong base of volunteers. These volunteers cover very long distances during such activities such as distribution of LLINs. Volunteers should be facilitated with transportation means such as bicycles to enhance effective, speedy and timely execution of activities.

As this was a purely distribution activity, there is a need for a follow-up visit after thirty days to ensure that the nets are hung correctly so as to achieve the objective of the distribution of the LLINs.

### **Concerns**

- In some collines, volunteers took some LLINs to store at their homes for subsequent distribution the following day. This was due to the long distance of the distribution centres from the collines. Storage safety i.e protection of the LLINs from water and elements of weather could not be guaranteed.

### **Photos and Video.**

Photos and video coverage of the distribution activities in different zones are contained in a DVD that will accompany this report.

### **Conclusion:**

The distribution was largely successful, although an extra 2 days (bringing the total to 7) would have been ideal. The volunteers indeed worked tirelessly to ensure that the LLINs were distributed door to door where possible. A special thank you to the AMF team for providing the 20,000 LLINs to Burundi Red Cross and to the people of Mpinga-Kayove. In addition there was good collaboration between the Burundi Red Cross and the National Malaria Control Programme of Burundi