

World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
2,000	Uganda	8 districts Kitgum, Pader, Kampala East, Luwero, Katakwi, Kampala Suth, Apac and Arua.	May - Jun 2006	Uganda Red Cross Society

Further Information

1. Please describe the specific location & villages that will receive nets and the number to each?

Urban: Kampala East and South

Slum dwellings and camp, 675 nets

Luwero, Arua, Kitgum, Apac, Pader and Katakwi districts

Rural villages with camps, 1325 nets

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

1. In Kitgum, Apac, Pader and Katakwi- these are rural area where people are in the internally displaced camps due to a rebel group known as Lords Resistance Army (LRA) and cattle rustlers (kalamajong) respectively. There is inadequate or no basic services to ensure decent life. Conditions are even worse for PLWHA who are discriminated against and are not able to access the little services that are available. Total district populations: Apac 683,993, Kitgum 282,375 & Pader 326,338, Katakwi 298,950 people

2. Kampala East & Kampala South - These are slum areas where service coverage is extremely low. The people are so poor that malaria prevention is the least of their priorities. There is an open drainage system and high malaria. Total populations: Kampala East 240,624, and 303,950 for Kampala South.

3. In Luwero and Arua: these are remote villages that hosted the early 1980 guerrilla war fare in Uganda, when the current regime was coming to power. The influx of the fighters left very high HIV infection rates; while in Arua is a district that is bordering Democratic republic of Congo and Sudan is the highest influx of refugees, the district has also hosted several rebel groups that contributed to high levels of HIV/AIDS. The stated communities are remote and impoverish with limited access to services. Total population Luwero - 478,595, Arua -833,928 people.

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

- Warm climate (where the vector breeds easily) - common in all the above districts
- Poor drainage/slummy areas- especially in urban areas
- Congestion/poor living conditions in shelters and in camps
- High poverty
- Swampy topography- common to all these districts.

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.

Malaria is the top killer disease in Uganda especially in each of the areas stated. Malaria accounts for 39% of out patient attendance and 35% of in patient admissions, and 9-14% of the in-patient deaths among admitted cases; malaria also accounts for 15.4% of the total national death burden, Malaria case fatality rate is 3-5%- (Uganda ministry of Health-Health strategic plan 2001-05). These remote and less served communities/villages have been allocated to Uganda Red Cross Society through the service mapping exercises for CBHC/HIV/AIDS programming. HIV prevalence is also high in these areas.

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 distribution will be to PLWHA, pregnant women and children under 5 years in the stated areas and will be carried out through routine CHBC services.

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

Yes to a limited extent, from other community based programs in Kampala East, Kampala South and Katakwi but HIV+ families have not been targeted to date.

7. Why was the area/villages chosen for bednet distribution and who made this decision?

- Swampy areas which are good mosquito breeding sites
- Slummy areas with poor drainage
- Warm climate (where the vector prefers) - supports parasite multiplication and common in all the above areas
- HIV/AIDS prevalence is high hence reduced immunity to malaria attack

The decision was taken by the Uganda Red Cross society in partnership with the government officers of Health Services and the local leadership.

8. Have you consulted with the National Malaria Programme in your country about this distribution and what was their response?

Yes.

The National Malaria Programme (NMP) is in agreement because the national policy is to encourage free distribution of treated mosquito nets to the most vulnerable (children under

5, pregnant mothers, people with HIV/AIDS, and people in camps.

9. Please describe any pre-distribution activity, in particular how the size of the target group and number of nets required will be ascertained?

The PLWHA are under the Uganda RC programme. The most vulnerable people are identified through the URC programmes in the villages and camps. The current service gaps are well known to both the NMP and URC Society. These LLINs will fill these gaps.

10. Please describe how the bednets will be distributed, by whom, between which dates, 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?

The home care facilitators of the Red Cross will do the distribution. Education component is already integrated into the current programmes and will be stepped up by the existing Red Cross volunteers.

11. What post-distribution follow-up is planned to assess the level of usage of these nets?

The Home Care facilitators will do mini surveys on malaria incidence using the local health centres' records. Proper and consistent use will be ascertained through the ongoing home visits by the Red Cross home care facilitators.