

World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
6,000	Kenya	Mbita, Gembe, Rusinga Island	Mar-May07	Power of Love/ AKADO Medical Centre

Further Information

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

The nets will be distributed to the locations of Gembe, Rusinga Island and the Mbita Township which are the most densely populated areas within Mbita Division, Suba District, Kenya. These are remote, impoverished and densely populated rural fishing slums/villages with a total population of 56,000 people.

The specific 41 areas/villages chosen to benefit from the bed net distribution are:

- 27 impoverished/densely populated fishing slums /villages.
- 13 villages in Rusinga Island and Gembe Locations.
- 1 urban/densely populated Mbita Township (Suba District Headquarters).

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

See above. Also: The total population of Suba District projected for 2005 was 181,138 according to the annual head bulletin in 2004 of the Primary Medical Officer's office.

In addition, in the proposed distribution area:

- (i) The average household size is about 9 people
- (ii) Out of the total population, 53% of households have at least one orphan-child while 89% have a girl child of school going age
- (iii) 13% of the total population in the proposed area are orphans
- (iv) Widows and single mothers account for about 22% of the total adult women in Gembe and Rusinga Island locations
- (v) 54% of households in the proposed area have orphans and are headed by elderly grand parents (widows of above 40 years)
- (vi) 9% are child-headed households
- (vii) Mortality rate for children under five years of age is 247/1000 live births
- (viii) Expected number of deliveries for 2005 is 8,133

(ix) Number of Women in the age group 15-49 years is 43,473

The area has 27 densely populated impoverished fishing slums/villages and harbors the Mbita Township which is the Headquarters of Suba District. The District surface area is 1,055sq km and population density is 147 per sq/kilometer. Administratively, Suba District is divided into 5 divisions, 20 locations and 51 sub locations.

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

Malaria is endemic in the Suba District, where humidity factors favor mosquito breeding. According to the Malaria Atlas Project (MAP) 2000-2006 data, the Mbita region is at high risk for type P. falciparum malaria.

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.

According to our statistics, malaria is still the leading killer of children under 5 years of age and of pregnant mothers. Women are four times more likely to get sick, and twice as likely to die from malaria if they are pregnant. In the proposed distribution area malaria accounts for over 34% of total childhood deaths and is the leading cause of death for children.

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.

We are planning to distribute six thousand mosquito bed nets in these areas to a select group consisting of:

- 1) the care givers of all children below 5 years of age (the nets will be used by children)
- 2) pregnant mothers
- 3) the oldest child in child-headed households

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

The level of insecticide treated bed nets in the area is very low and negligible. The existing bed net distribution plan by the government clinics is ineffective and cannot reach the poorest and marginalized rural pregnant mothers, a majority of whom, deliver at home and not at government hospitals. The majority of poor women are therefore excluded/marginalized and at greatest risk for contracting malaria.

In the last year and a half there have already been two successful ITN distributions funded two organizations, - Power of Love Foundation (www.poweroflove.org) and Be The Cause (www.bethecause.org), - based in California, USA. Power of Love Foundation and Be The Cause worked closely together to provide Malaria nets to the proposed area (same as in this proposal). Over 330 mosquito bed nets were distributed on July 2005 and August 2006. The ITNS were distributed to the orphan and vulnerable children under the age of 5 years. The distribution of nets was organized by the Akado Medical

Centre and its staff. Each distribution of the ITNs occurred after a one-day Health Education Day. Becoming a distribution partner of Swim For Malaria would allow us to continue this same distribution program on a much larger scale.

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

The decision was made in consultation with relevant government authorities based on Baseline Survey for Material and Neonatal Health (May 2006) in the district where the above fishing slums dwellers/villagers were classified as the most high-risk group.

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

Akado Medical Centre works very closely with the Kenyan Ministry of Health and is in constant liaison with relevant authorities who have welcomed the idea of mosquito bed net distributions as a noble cause to benefit the children vulnerable to Malaria in Mbita, Kenya.

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 Akado Medical Clinic will be conducting a Rapid Needs Assessment in the target 27 impoverished fishing slums, 13 villages and Mbita Township to assess the magnitude of malarial disease, incidences and determine the "most disadvantaged households" that could benefit from the issuance of insecticide treated bed nets.

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?

Akado Medical Centres' Health Team and social workers will distribute the bed nets during their routine village/fishing slums and school health visits during the National Malaria Day, and orphaned and vulnerable children exchange forums. It is planned that the Nets will be distributed between February through May 2007. The distribution of the mosquito bed nets will occur after holding a one-day Health Education Day(s) with all the target beneficiaries as has been done in the past. Key topics of the Health Education Day will be prevention malaria and proper usage of the nets.

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

Routine Post distribution follow-up activities by Akado Social Workers during their health visits to beneficiary households will be conducted to assess the usage of these Nets. Monthly/ Quarterly reports will be submitted to the relevant government authorities, Akado Management, and to Power of Love Foundation and Be the Cause.