

# World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
3,000	Kenya	Turkana	Aug 2006	AMREF

## Further Information

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

The 3,000 nets will be distributed in 5 locations of Lokichogio division of Turkana district, 45 villages will be targeted during the distribution.

Villages	9) Locheriaakal	19) Loteteleit	29) Etir	39) Nakatarin
1) Aposta	10) Nakirkait	20) Lokariwon	30) Ikalale	40) Loriemet
2) Lokichogio	11) Lokudule	21) Lomeyan	31) Nagerwoi	41) Iria
3) Nagururum	12) Lorus	22) Nakaleso	32) Uputungunan	42) Ngidorin
4) Lomunenyana kirionok	13) Lopwarin	23) Napeikar	33) Losana	43) Lomidat
5) Naitara	14) Lokangae	24) Kapetadiye	34) Ngeu	44) Emilait
6) Nanam	15) Natamakaruo	25) Loptupai	35) Ekitedukan	45) Kalokup
7) Lopiding	16) Nachuchakait	26) Ngasinyono	36) Kaloyaramuge	
8) Napopongoit	17) Edot	27) Nakalale	37) Eroronyit	
	18) Lokitokeno	28) Namon	38) Ngipopongo	

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

This is a rural area with a population of about 45,000 people. Most of the inhabitants in this region are pastoralists, who move in groups searching for pasture.

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

This is a marginalized part of the country where malaria is endemic and made worse by lack of health facilities and communication

### 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.

The total malaria morbidity for one year (July 2004 - June 2005) was 12,238 which was 4 times more than the diarrhoeal diseases reported in the same period. The data was collected as part of the baseline survey in all health facilities in the division as well as Kakuma hospital, which is the referral for all other health facilities within and outside the division.

**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.**

This distribution will be to the vulnerable groups, pregnant women and children under five years who are most vulnerable not only due to their low immunity but also because of the persistent hunger, poverty and cultural practices that give men more privileges than women and children.

More than 70% of the malaria cases seen in Lopiding alone are women and children. The situation is made worst by pastoral nomadic lifestyle, which makes access to health facilities very difficult. Grossly inadequate food security resulting in persistent hunger complicates the problem further. Two thousand children under one year and one thousand pregnant women selected from the poor would greatly benefit from this generous offer.

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

The ITN coverage in the area is less than 15%, while bed net distribution in the area has been through AMREF community based health care programme. The few households with ITNs are mainly in small urban centres, while those in the rural areas do not have any ITNs.

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

This area has been given preference due to its disadvantaged position in terms of access to the nomadic pastoralists who are always on the move in search of pasture for their animals. This community is also disadvantaged in accessing health services because they are never static and they only benefit from AMREF run mobile clinics which follow their patterns of migration.

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

Yes. The MOH supports any efforts that help to protect people from the ravaging effects of malaria and this will go a long way to increasing the net coverage towards the national ITN targets.

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

- 1) Divisional leaders meeting - awareness and discussion on distribution and selection criteria and methods
- 2) Adakarin leaders meeting on the same agenda.
- 3) Identification of the beneficiaries and listing them
- 4) Education (continuous) and distribution through the mobile safaris
- 5) Monitoring

**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 nets will be distributed through the mobile clinic set arrangements, which is ongoing. The staff will carry out health education on malaria (this has been going) and distribute the nets, while recording the beneficiaries for follow-up.

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

The staff will carry out unscheduled home visits to randomly selected households in the evening when they are in their normal mobile clinics and record the findings after discussion with the household members.