World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information

Summary

# of LLINS	Country	Location	When	By whom
10,000	DR Congo	Bukavu	Mar-Sep07	Malteser International

Further Information

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

1. Mulungu health zone: 1,875 LLINs
Villages: Nzovu, Kigulube, Mulungu, Kolula, Kamulila, Tchelamazi, Kiseku, Kisuku

2. Mwana health zone: 6,848 LLINs
Villages: Ciburhi, Ifendula, Kakwende, Karhala, Kimalandjala, Mulambi, Ntondo

3. Kalole health zone: 1,075 LLINs
Villages: Kalole, Kyankombe, Lusenge, Penekusu, Zingu, Matala

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

Rural
1. Mulungu: Pop 178,703, eligible aires de santé: 62,500
2. Mwana: Pop 118,458, eligible aires de santé: 118,458
3. Kalole: Pop 93,617, eligible aires de santé: 37,500
Total: 218,458

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

All south western parts of Sud Kivu is high risk area (53% of all diagnoses); we chose according to functioning health services and population density.

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.

For Kalole there are no statistics, because that health zone was not accessible until 2006 because of insecurity. For Mulungu and Mwana the statistic for 2006 is available.

	jan		fev		mars		avr		mai		juin		juillet		aout		Sept.		Oct.	
	cas	décès	cas	décès	cas	décès	cas	décès	cas	décès	cas	décès	cas	décès	cas	décès	cas	décès	cas	décès
Mulungu	259	2	700	17	555	3	785	10	477	7	563	4	488	2	579	3	755	4	758	1
	%	*0,8*	%	*2,4*	%	*0,54*	%	*1,3*	%	*1,5*	%	*0,71*	%	*0,41*	%	*0,52*	%	*0,53*	%	*0,2*
Mwana	3082	4	3060	6	2827	4	2777	5	2650	5	2773	3	2207	2	2041	3	2267	3	2595	4
	%	*0,13*	%	*0,19*	%	*0,14*	%	*0,18*	%	*0,19*	%	*0,11*	%	*0,10*	%	*0,15*	%	*0,13*	%	*0,15*

NB: mortality is only hospital mortality at Mwana and mortality in health centres in Mulungu, because there is no hospital; there are no figures about the death rate at home and no statistics available from Kalole because until 2006 that health zone was not accessible.

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.

Selected/vulnerable group.

In harmony with national policies, we target in a first approach pregnant women coming to antenatal care clinics, where there can be controlled distribution, follow-up, IEC together with the aspect of the LLINs as incentive to come to ANC. A second net should be offered as an incentive for coming for delivery to the health centre (whereas 80% of women come to ANC, only 60% deliver in health facilities).

The population of the aires de santé targeted in the health zones selected is 218,458 (see above). are at a frequentation rate for ANC of a bit above 75% at Mwana, of only 30% at Mulungu and for Kalole there are no statistics as for now. It is realistic to expect a rate of 85% with the LLNI offer at Mwana, in Mulungu and Kalole we hope to make ANC more attractive and acceptable for the women and get to a rate of 50%. Pregnant women are at 4% of the total population, 85% for Mwana and 50% for Mulungu and Kalole would mean 6.027 women in ANC.

With an incentive for delivering in the health facility we hope to boost the delivery rate in HCs to 70% of the women attending ANC in Mwana and to 50% in Mulungu and Kalole, or 3.770 women.

That makes 9,798 beneficiaries or 10,000 bed nets in that setting.

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

No. The national Malaria program wants to have broad scale distribution of LLNI, but the Global Fund program supposed to facilitate the roll back Malaria, is far behind schedule; we do not know whether bed nets will arrive in the East of Congo in 2007 (even with the ACT the problem is the same).

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

The Malaria problem is about the same all over our region of intervention (9 health zones). The point was to have a distribution for ANC; therefore we chose health zones with the lowest level of income where the population is not able to pay for bed nets and where we found the highest rates of malaria and lethality of malaria - all under the aspect that maybe by end of 2007 other health zones might benefit from Global Fund bed nets.

The final decision was made by the medical coordination of Malteser (Dr. Lothar Winkler und Dr. Alfred Kinzelbach), with approval of the health district authorities.

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

Focal point of the national program is the "Inspection provinciale de santé". This institution is aware of our demand; they agree with the approach, which is in line with the national policies, although they still would prefer a more vast coverage if possible.

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

As we are working long term in the region detailed population figures are already present and up to date (see figures above). We have that base even further elaborated for a bigger target area for the national program in case of an eventual intervention of the Global Fund.

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?

Steps of program:
1 - Briefing a sensitisation of health facilities of the selected aires and their health committee with the village health teams.
2 - Fixing the distribution modalities and conditions:
For at least 30% of the bed nets should be followed up, with a questionnaire, through home visits.
3 - training if the health staff implicated into the activity in IEC for malaria and bed net use (already done before; should be a refresher activity)
4 - Monthly follow up of LLNI stock, distribution, home visit activities, and evaluation of the questionnaires collected.
5 - Any pregnant women presenting for delivery in the targeted health centres showing a complete ANC monitoring card and her bed net shall receive a free second bed net for the household
The figures given above are for a period of six months.

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

At least 30% of the distributed bed nets shall be followed up through home visits. We have done that during our pilot program of 12.000 bed nets in 2005. The results at that time were encouraging: 82% of the visited bed nets were properly used for the right target group.