

World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
10,000	Uganda	Masindi and Buliisa Districts	Apr 2007	Malaria Consortium

Further Information

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

District	Sub county	Parish	Nets allocated for <5s	Nets allocated for PW	Total per parish
Masindi	Masindi Port	Kaduku	800	200	1000
		Masindi Port	900	200	1100
Buliisa	Biiso	Butyaba	2150	500	2650
		Kihunge	2150	500	2650
		Biiso	2100	500	2600
TOTAL			8100	1900	10000

Both districts are in the mid-west region of Uganda

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

Rural areas. Population of Biiso Sub county is 34,000. Population of Masindi Port is approximately 10,000.

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

Malaria in this part of Uganda is highly endemic. Transmission is year round with seasonal peaks.

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.

In 2005 Masindi and Buliisa district were combined (they split into two districts in mid 2006). Full annual data are not available for 2005 but are available for some months. April is given as an example as distribution will take place at the start of April this year. In April 2005 ~ 12,000 cases of malaria were reported in Masindi (+ Buliisa) districts.

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.

LLINs will be distributed to every household in these parishes with a pregnant woman or child under-five children. Each household will receive a maximum of 2 nets.

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

In a 2003 survey 6% of children under five were reported to have slept under an ITN the previous night. There are not more up-to-date data than this. The population these sub-counties have not been targeted for LLINs previously.

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

Discussions took place with the National Malaria Control Programme Manager and these locations were agreed.

Uganda is taking a sub-county by sub-county approach to scaling up LLIN distributions. Recent LLIN distributions under the Global Fund have allowed some sub-counties to be covered and USAID has followed suit but committing some more nets to complete some more sub-counties. There are still large gaps across the country and these two sub-counties proposed here have yet to be served with any LLIN distributions.

Buliisa district in particular has been neglected in LLIN distributions and the WSM nets would allow full coverage of the vulnerable groups in this sub-county. Masindi Port sub-county is a small rural sub-county that has not benefited from any other distributions. The numbers of LLIN available will also ensure complete coverage of the vulnerable groups in this sub-county.

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

Yes. See above. The National Malaria Control Programme have been fully involved in the discussion and decision making process and fully support this activity.

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

Registration of beneficiaries by village will take place, with community drug distributors doing the registration under supervision of MC and village leadership. The list will be reviewed against the number of nets available, with the rule of maximum 2 nets per household and those decided to receive nets will be highlighted on the list. This list will then act as the register for distribution with distribution points set up at parish level (easily accessible) and the community presenting at these points to receive nets. The staff involved in registration, net distribution and health education (see below) will all receive training prior to the exercise. Sub-county, parish and community leadership will be informed about the plans and activities prior to the start of the exercise and the district health team (ministry of health) will be involved in that sensitisation.

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?

Distribution sites will be set up at parish level, which is easily accessible by communities in these sub-counties. At each distribution point a community medicine distributor (CMD) from each village will be located with their village list of highlighted names. People presenting to receive nets will be verified that they are the correct person by the CMD (the CMDs know their community well and are able to verify that the face matches the name).

Additional CMDs (2 at each point) will be on hand to give health education talks about the benefits of LLINs and practical issues about their use to the net beneficiaries. Security will be provided at the distribution points by the local police, as proposed by the districts.

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

The CMDs will follow-up in the four weeks after the distribution to address any concerns householders may have about the nets and prompt correct use. No formal survey is planned to assess use of the nets as funding does not allow.

12. Please give the name and contact information for the head of the district health management team for the/each area.

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