

World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
3,500	Kenya	Busia	Nov06–Jan06	AMREF

Further Information

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

The 4,000 nets will be distributed in Butula division of Busia district. 186 villages will be targeted.

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 114,000 people. Most of the people in this region are poor

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

This is a malaria endemic area, with transmission of malaria being sustained throughout the year.

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 leading cause of death among children under 5 years in the targeted area. The disease is responsible for 25% of all admissions and 48% of all outpatient attendance.

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 is distribution to vulnerable groups that include: pregnant women and mothers of children under 5 years, especially targeting those who live far away from health facilities and those whose ability to pay for a net is low.

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

Less than 50% of mothers of children under 5 years in Butula division sleep under a treated bednet. Furthermore, those who do not use treated bednets are likely to be the poor and those who live far away from health facilities; they have not been reached by the existing ITN/LLIN distribution processes managed by PSI (Population Services International) and the Ministry of Health.

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

The coverage with treated bednets is lower than coverage in the surrounding areas- for instance the coverage in the neighbouring Funyula division is in excess of 75%. The decision to distribute nets has been made by AMREF in liaison with the Ministry of Health.

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

AMREF has consulted with Kenya's department of malaria control who have approved the project within which this distribution will be taking place.

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 size of the target group has been determined thus: about 10,000 households do not have nets in the target area. Out of these, there are children under 5 years in about 2500 households. These are the households we will target. However, because we will also target households with pregnant women and do not have treated bednets, a total of 3500 nets will be required.

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?

We will use an integrated approach to ensure that ITNs/LLINs reach targeted beneficiaries. We will combine 2 approaches: VHCs/CORPs based approach; and inclusion of ITNs/LLINs in regular mobile clinics targeting hard to reach populations. The distribution will take one month.

(i) VHCs/ CORPs based approach

We will depend on VHCs and CORPs to identify households that do not own nets, and those whose nets are worn out. The CORPs will through one on one action oriented communication motivate the families to visit health facilities of their choice and receive comprehensive maternal and child health services including subsidized nets, or to buy a net from the nearest non-health facility marketing outlet.

Village health committees and CORPs will also identify those whose ability to pay for services is low and do not have or have worn out nets. We will work with VHCs and CORPs to develop criteria for identifying those who are very poor in their villages. The project will explore ways of helping these very poor people access nets. Mechanisms that we will explore include: introduction of an ITN/LLIN voucher program to be used to target the very poor

(ii) Maternal and child health mobile clinics

People who live away from health facilities and ITN kiosks in rural areas face difficulties in accessing sub-sidized nets. Busia child survival project will address this barrier by advocacy for regular (monthly) integrated mobile clinics organized by MoH to serve hard to reach populations. During these clinics, AMREF will negotiate with MoH to include the full package of preventive maternal and child health services (ANC, PNC, and CWC), including ITNs.

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

The ITNs distribution and replacement data will be collected by CORPs and VHC under the supervision of HEWs. Progress will be monitored through monthly and quarterly reports submitted by VHCs and CORPs to HFs and lots supervisors. Health facilities and health extension workers will collate and analyze the information, and provide feedback.