

# World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
3,500	Namibia	Kavango	Nov-Dec06	PSI/SMA

## Further Information

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

#### Andara District

##### Riverside:

- Kamutjonoga village
- Tjava village

##### Inland:

- Mangamba village
- Shutu village

#### Nankudu District

##### Riverside:

- Kahenge village
- Simanya village

##### Inland:

- Katope village
- Kaparara village

#### Nyangana District

##### Riverside:

- Rundjarara village
- Sinyungwe village

##### Inland:

- Sarusungu village
- Kandjara village

#### Rundu District

##### Riverside:

- Ngone village
- Karangana village

##### Inland:

- Kambowo village
- Nkutu village

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

All above mentioned areas are rural areas.

Andara district population rate for the year 2005 is 30,472

Nyangana district population rate for the year 2005 is 39,848

Nankudu district population rate for the year 2005 is 46,087

**Rundu district population rate for the year 2005 is 117 200**

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

Yes! This is high risk malaria areas. These areas are characterized by high average temperatures, high rainfall, high humidity and perennial rivers. These conditions are conducive for mosquito breeding and parasite development.

### 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.

Andara district cases for malaria in all ages is 10,644

- Andara district malaria death cases is 20

Nyangana district cases reported for all ages is 12,946

- Nyangana district malaria death cases is 90

Nankudu district cases reported for all ages is 16,267  
- Nankudu district malaria death cases is 35  
Rundu district cases reported for all ages is 70,970  
- Rundu district malaria death cases is 54

**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 of nets blanket coverage is for the area which will also include vulnerable women, men or orphans.

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

ITN level of use in these areas is very low. SMA does not have a free bed net distribution programme in these areas. However SMA promoted educated and sell ITN to people in these areas.

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

These are disadvantaged and vulnerable communities in the region of Kavango. Some of the community members do not qualify for the program of pregnant women or children under, five years of the Ministry of health and social services. This decision is made by SMA management together with the SMA malaria prevention coordinator.

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

Yes we have consulted the national malaria program in our country. These members are very happy with the possibility that disadvantage and vulnerable communities, in regards to malaria, can be helped. They support the idea of giving free nets to those who cannot afford it.

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

Health Awareness Days (HAD)

At a HAD event the communities are informed about malaria and HIV/AIDS. Trained Health educators give education on malaria and HIV/AIDS. For example: What causes malaria or HIV/AIDS? Signs and symptoms of malaria and HIV/AIDS. How to prevent or protect oneself from this disease? ITN and maximum gold condoms are promoted as health items to be used. The last part of the event included a competition where participations who answered correctly can win promotion materials.

These communities are very big with a great demand for social education. Young and old are attending these events. Even the headman of the villages is involved in these events. Some times people can come together in hundreds to a HAD event depending on the population of the area.

The number of nets will depend on what we receive and the population rate of the community/district.

**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 coordinator of the malaria program of SMA and the malaria team in Kavango region will go to the specific areas in the region to deliver the nets officially. As soon as we receive the nets we will distribute the nets. November/ December 2006 will be a good time to distribute the nets. Information and education sessions on malaria will take place before handing out the bed nets. This will be together with the distribution of education material. Another way of making the community involved is also with a competition where an ITN could be a winning item.

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

Community mobilization on malaria and ITN usage in above mentioned areas/villages. Follow up HAD activities to monitor the usage of bed nets. Headman evaluation meetings will also be a measurement of follow up the usage of nets. Clinic and health centres will also be used to follow up the usage of the nets in the areas/villages.