



Summary

# of LLINS	Country	Location	When	By whom
4,000	Uganda	Adeknino Parish, Dokolo District	Oct–Nov 2007	Malaria Consortium

Further Information

1. Please describe the specific locations & villages to receive nets and the number to each? Please provide longitude/latitude information. (Important note: If the distribution is approved, approval will be for the nets to be distribution to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.)

The nets will be delivered to Adeknino parish, Dokolo district (formerly part of Lira district), north of lake Kyoga. The parish has 16 villages. Each village will receive sufficient nets to protect all inhabitants (assuming 2 people share a net). The central point of the parish, Adeknino primary school, is located at N 01'46.870 E 033'02.675, and an altitude of 1062 metres above sea level.

The 16 villages are:

Acamogali, Acanpii, Adala, Adeknino Village, Adyangoto A, Adyangoto B, Ajiba, Akabi, Alik, Alwar, Aridi, Awidi, Barolam, Komora, Okwor, Ongei.

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

The area is a remote rural area with an estimated total population of 8,000 individuals.

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

The area is highly endemic for malaria (and lymphatic filariasis) with perennial transmission. The entomological inoculation rate (EIR) for the area has been estimated at 5324 infective bites per person per year and 79.3% of children between 1 - 9 year olds were infected with malaria parasite (A Talisuna, pers. com.). In most other highly endemic areas of Uganda the EIR has been estimated at 100 - 400 infective bites per person per year.

Recent rapid mapping for lymphatic filariasis by the Malaria Consortium and the MoH showed that 22% of school children in the parish were infected with *Wuchereria bancrofti*, the parasite causing lymphatic filariasis.

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 Uganda, malaria is the most commonly diagnosed disease contributing 35% - 50% of the outpatient burden and 35% of hospital admissions. Children under the age of 5 years and pregnant women, particularly during their first two pregnancies, are the most biologically vulnerable. Children contribute the largest part of malaria related mortality; 25%-30% of under 5 deaths in highly endemic areas and 70,000-100,000 deaths annually country-wide.

Detailed malaria data from Dokolo district is as yet not available, as it was only designated as a district in 2006. Until then all malaria data was reported as part of Lira district.

From July 2005 to June 2005, Lira reported 524,954 outpatient attendances (in a population of 832600) out of which approximately 210,000 cases were due to suspected malaria. Given that Adeknino parish has a population of approximately 8000 individuals, we can assume that there were at least 4000 cases of malaria in the last year.

Detailed data on Plasmodium falciparum prevalence and recent histories of febrile illness is currently being collected by the Malaria Consortium for Adeknino parish as part of a household survey.

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.

The nets will be distributed to the whole population in the 16 villages, because all individuals are considered to be at high risk of malaria and lymphatic filariasis, and all individuals are considered to be economically vulnerable.

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

The mosquito net coverage for Lira district has been estimated at 47% (A. Kilian, pers. com.) and our observations from a number of villages in Adeknino parish have confirmed that many people do have mosquito nets. However, all of the nets we inspected were untreated nets in extremely poor conditions, providing little to no protection from vector-borne diseases.

Lira district has been targeted with free LLIN distribution under the President's Malaria Initiative. However, Adeknino parish was not included under this distribution, probably because its remoteness makes LLIN distribution particularly challenging. The extremely poor population in this area of high malaria and lymphatic filariasis endemicity thus remains largely unprotected.

7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position and organisation of the person/s making the decision.

The area was originally selected by the Vector Control Division (VCD) of the MoH (Dr Ambrose Onapa, Head of Lymphatic Filariasis Control Programme) and by the Malaria Consortium (Dr Jan Kolaczinski, Public Health Specialist) as a sentinel site to monitor the prevalence of lymphatic filariasis over time and to determine the effectiveness of LLINs in controlling this devastating disease.

During the ongoing baseline survey (which includes collection of data on net coverage, anaemia and malaria parasitaemia) it became clear that there are in fact no LLINs in the area, despite the high prevalence of malaria and lymphatic filariasis.

Consequently, the decision to target this area with free nets was taken by the Malaria Consortium (Dr J. Kolaczinski) in consultation with the Vector Control Officer of the Director of District Health Services, Dokolo district (Mr Tom Opio), the Vector Control Division in Kampala (Dr Onapa) and the National Malaria Control Programme (Dr Rwakimari, Head of NMCP).

8. Have you consulted with the National Malaria Programme in your country about this distribution and what was their response? Please provide the name, position and contact details of the person/s with whom you have liaised.

Yes, we have consulted the National Malaria Control Programme about this distribution. Our contact is the head of the NMCP, Dr JB Rwakimari (dr_jbr AT yahoo.com; mobile: +256 (0)772 461942).

He fully support the planned distribution and is particularly keen on it as the areas is coendemic for malaria and lymphatic filariasis, meaning that the donated nets would control two diseases, making it highly cost-effective.

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 and the number of nets required has been estimated based on the number of households and individuals, as kept by the Parish chief. This information is considered more reliable than the official, extrapolated population figures.

Prior to distribution we will sensitize the local population of the target villages on appropriate net usage by using village leaders and community health workers (CHW).

We are already working with the local leaders and CHWs on the ongoing malaria and lymphatic filariasis baseline survey. The need for education on LLIN usage will be minimal, as the population is already used to regular net usage.

10. Please describe how the bednets will be distributed, by whom, 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? Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.

The LLINs will be distributed after completion of the ongoing baseline survey, making use of existing community-based distribution mechanisms. Highly experienced Malaria Consortium staff will supervise all stages of this activity and ensure that detailed distribution data is collected, as well as GPS locations of each village. Using this data we will prepare a map showing exact location and numbers of nets distributed.

Distribution will take place in August/September 2007, depending on arrival of the LLINs in Uganda, over a period of approximately 2 weeks. It will be a focussed effort to scale of coverage in one of the most endemic, yet completely underserved areas. A follow-up surveys on malaria and lymphatic filariasis planned for 2009 in the parish (funded by other donors) will ensure that detailed net usage and retention data is available two years after the proposed distribution.

Health education will be kept to a minimum, as the target population is already fully aware of the benefits of regular mosquito net usage.

11. What post-distribution follow-up is planned to assess the level of usage (hang-up percentage) of the nets? How long after the distribution will this assessment take place? Will you provide us with the findings? What will you be able to do subsequently to increase net hang-up if relevant?

Two years after distribution (in 2009) we will conduct a household survey in at least 500 households, as well as parasitological examination of at least 1000 individuals and mosquito collections using CDC light traps.

The survey will provide net retention and usage data, as well as data that will be used to estimate the effectiveness of these nets in preventing malaria and lymphatic filariasis. Should the net-hang up percentage be found to be low, the Malaria Consortium team will conduct a specific awareness campaign to improve.

12. Please give the name and contact information for the (government) head of the district health management team for the/each area. Please ensure you include contact information.

Dr Robert Oremo, Director District Health Services, Dokolo district, mobile: +256 (0)752 497016

13. Please confirm the nets will be distributed free-to-recipients, a requirement for us to fund nets.

Yes, the nets will be provided for free to recipients.

14. Please confirm you will send us, post-distribution, at least 40 digital photos per sub-location, taken at the distribution/s, to be added to our website as we report on the distribution to donors.*

Yes, we will provide you with 40 digital photos in each sub-location (four).

15. Please indicate if you will be able to provide video footage from each sub-location. This is not mandatory but is preferred and aids reporting to donors and encourages further donor giving.*

Yes, we will be able to put a short video together for you in each sub-location (four).

16. Please confirm you will send a Post-Distribution Summary when the distribution is complete.*

Yes, as for previous distributions of World Swim nets by the Malaria Consortium, we will provide a post-distribution summary to you, including a map of the targeted villages and the number of nets provided to each.

17. Please provide your name, role and organisation and full contact information.

Jan Kolaczinski, PhD, MPH
Public Health Specialist
Malaria Consortium
Africa Regional Office
Kampala, Uganda
Tel: +256 (0)312 300420
Mobile: +256 (0)782 945304

*Information on providing photos, video and a Post-distribution Summary is included in the attached document.