



Summary

# of LLINS	Country	Location	When	By whom
8,000	Haiti	<p>Northeast Haiti – communities of St. Suzanne, Trou du Nord and Caracol (American RC)</p> <p>Central Plateau-Hinche (Spanish RC)</p>	Oct– Nov 2007	Haitian Red Cross in collaboration with American and Spanish Red Cross Societies

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.)

St. Suzanne, Trou du Nord and Caracol communities in Northeast Haiti Program, 6,000 LLINs distributed by American Red Cross.

Hinche and surrounding areas, 2,000 nets distributed by Spanish Red Cross.

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

These are primarily semi-urban areas which support outlying rural “communal sections.” Both PNSs are working or planning to work, with the local HRC branch committees in each area.

1. Central Plateau:
Hinche and surrounding areas - total population is 23,559
2. Trou du Nord - 30,017
3. St. Suzanne - 25,904
4. Caracol - 5,625

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

Malaria is endemic and high risk all over Haiti. According to Global Health there were 9,837 total cases reported in 2003. The areas of Fonds Verrettes and the Southeast are still recovering from flooding and other disasters in the past years. Mapou, in particular, is one of the most risky areas of the country for malaria. PAHO considers the coastal

areas with altitude below 300m and the South and Artibonite the most risky areas for malaria.

Most of the areas, especially where we work, the case load is "suspected" not confirmed - mostly due to lack of testing equipment. This information is not well documented and not available in every department. In the Southeast in 2004, there were suspected cases (treated with chloroquine), but in the Ouest (where we work in Fonds Verrettes) this is not reported in their annual report.

Focus groups and other participatory assessments by AmCross and CanCross both found that malaria are high concerns among local populations, particularly mothers.

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.

Specific information on malaria cases is difficult to ascertain as medical services in all departments are not regular or well documented. Furthermore, many people do not consult with medical facilities when symptoms of malaria arise due to cost and transport issues. Most medical facilities have no way to test for malaria (due to lack of microscopes and/or electricity for blood tests) and treat based on symptoms. In consideration of that, the following are health center reports for 2005:

1. Central Plateau:

Hinche - of 3274 samples examined, 58 were positive in 2005

2. The Northeast department has a high level of malaria cases and is considered a very vulnerable area by the MOH. In 2006 the Northeast Health Department recorded 995 positive malaria tests and 6,553 persons treated based on symptoms. Of these cases, 1,494 (23%) were children under five years old.

Participants in an ARC-facilitated focus group in the Northeast 2005 indicated that malaria was a top concern. Furthermore, a recent report by the Pan American Health Organization showed that malaria accounted for 12% of the deaths among children under 5 years old nationally.

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 distribution of nets will take place as part of on-going community health/MCH programming by the Haitian Red Cross in collaboration with the respective PNS (American Red Cross or Canadian Red Cross) in each area. Distribution will target pregnant women and children under 5 as the most highly vulnerable groups.

A voucher system will be used because we are targeting pregnant women and families of children under 5. The voucher system allows HRC volunteers to identify these groups ahead of time (for example, during household education). Vouchers come with education so the recipients know how to use, wash and repair the nets - and not to make coffee or strain food

with pieces of it. It also allows for a relatively orderly distribution session (i.e., no pushing and punching of pregnant women to get to the front of the line to get the net - as happens in other distributions). With the voucher system, it's clear who gets the net - no voucher, no net. The voucher system and household education are part of the overall program.

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

The national malaria program has been developing ITN distribution as part of a Global Fund supported program. Most health centres have access to a handful of ITNs that they can provide free of charge, but most have not distributed more than a few hundred.

The Global Fund social marketing program and PSI are socially marketing ITNs nationally, but have determined that certain areas (Fonds Verrettes and the eastern portion of the Southeast, for example) as not suitable for social marketing due to limited access and low income levels.

American Red Cross has been collaborating with the national malaria program and social marketing NGOs (PSI) to ensure that free distribution does not contradict other programs in their target areas. The ITNs requested in this application will also be provided specifically for pregnant women and children under 5 which have been designated by the MOH as vulnerable groups who should not be expected to purchase socially marketed nets.

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 partner ONS/PNS/Federation in Haiti have decided to join forces, in the form of a Community Health Task Force, to complete massive distribution of ITNs as part of regular, on-going and planned community health programs, in an effort to assist the Ministry of Health to eradicate malaria in Haiti. Each RCM partner has already started working in the proposed distribution areas in community health and MCH programs and will join forces in this endeavour to enlarge the coverage of ITNs throughout the country, with accompanying community education and awareness raising.

The Red Cross Movement Community selected these sites based on the criteria presented (that the nets should be part of an existing community health program). The ARC and CRC are both doing community health in these areas.

The decisions were made in consultation with the health delegate from the American Red Cross, Judi Harris; the Haitian Red Cross President, Madame Gedeon; and the Haitian Red Cross Community Health Director, Ferna Pierre.

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.

Red Cross partners have maintained regular contact with the National Malaria Programme about this planned distribution and other malaria related issues. Furthermore, the MOH Malaria/TB Program Coordinator, Dr. Myrtha Louissant is a member of the Haitian Red Cross governing board and is aware of PNS planned activities. Dr Myrtha Louissant can be reached at: +1 509 416 9069.

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 two Red Cross Partners will integrate the distribution of nets into their existing Maternal Child Health Programs. Each PNS is in the process of implementing or developing these MCH programs. Distribution process will take place by using vouchers for target groups, via HRC local committees in the respective areas.

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.

American Red Cross: ITNs will be distributed by HRC volunteers in a direct voucher-ITN exchange, as part of a Community Mobilization Event which will provide malaria education and RCM dissemination. Distributions will begin in October 2007 as a preliminary activity in the establishment of the MCH program and should be completed by December 2007.

Spanish Red Cross: The SRC program is in its last stages of development with some activities currently being implemented. ITNs will also be distributed by HRC volunteers in a direct voucher-ITN exchange and can begin in late 2007.

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?

As part of the Community Health programs with American Red Cross and Spanish Red Cross, there will be a baseline survey prior to distribution and an evaluation survey at the end of the project. RC Volunteers will also provide continuing education and monitoring of recipients.

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 Jean Denis Pierre is the head responsible for the MOH in the North East department. We don't have international contact information - we deal with him in person or on local phone connections while in the field.

13. Please confirm the nets will be distributed [free-to-recipients](#), a requirement for us to fund nets.

Confirmed.

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.*

Confirmed.

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.*

We are not able to provide video footage. We don't have this equipment in Haiti.

16. Please confirm you will send a [Post-Distribution Summary](#) when the distribution is complete.*

Confirmed.

17. Please provide your name, role and organisation and [full contact information](#).

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