

**DISTRIBUTION OF  
4,000 LONG-LASTING INSECTICIDAL NETS  
DONATED BY  
WORLD SWIM AGAINST MALARIA**

**Four distributions in Adeknino Parish,  
Dokolo district, Uganda**



**9 – 11 January 2008**



## 1.0 BACKGROUND

Uganda is striving for rapid scale-up of coverage with long-lasting insecticidal nets (LLINs) through a combination of strategies. Mass distribution to target groups through campaigns is the main approach used to quickly raise coverage. Other approaches are used to maintain this coverage by ensuring LLINs remain available so that damaged and old nets can be replaced. On-going LLIN distribution at antenatal clinics to pregnant women and support to the growth of the commercial sector are two of these complementary approaches. The Ministry of Health (MoH) of Uganda is working parish by parish, seeking funding and nets from all sources to incrementally cover the whole country.

The area targeted for the present distribution of LLINs donated by World Swim Against Malaria and funded by COMDIS<sup>1</sup>, was selected based on discussions between the Vector Control Division and the National Malaria Control Programme of the MoH and Malaria Consortium. Operational research on malaria and lymphatic filariasis in Dokolo district (see figure 1) had shown that Adeknino parish had a particularly high prevalence of LF, as well as being in an area that is highly endemic for malaria. During a baseline survey it became clear that only few inhabitants of the area had mosquito nets and none had access to LLINs, despite being exposed to hundreds of mosquito bites every night. Consequently, the decision to target this area with free LLINs was taken by the Director of District Health Services, Dokolo district, the Vector Control Division and the National Malaria Control Programme. Application for the required nets from World Swim Against Malaria and distribution of the LLINs free of charge was led by Malaria Consortium.

Figure 1: Map of Uganda showing the intervention area, Dokolo district, north of lake Kyoga.



<sup>1</sup> A Research Programme Consortium led by the University of Leeds and funded by the Department of International Development, UK. See: [http://www.leeds.ac.uk/lihs/ihsphr\\_ihd/research/COMDIS.htm](http://www.leeds.ac.uk/lihs/ihsphr_ihd/research/COMDIS.htm)

## 2.0 THE DISTRIBUTION

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### 2.1 *Preparation*

Prior to LLIN distribution, Malaria Consortium conducted a number of routine preparatory activities:

- Meeting with the Ministry of Health's Malaria Focal Person for Dokolo district who supported the activities throughout the distribution process
- Checking on the LLINs in the district store
- Arranging the transport and staff for loading and off-loading LLINs
- Planning with the parish administrative structures for the times for training and distribution
- Carrying out mobilization of personnel to be involved from each village by accessing all villages by motorcycle to spread the word about the upcoming training.

The training included both sensitization of community leaders and training of the personnel to be involved in distribution itself. Two community medicine distributors (CMD) from each village were trained on the distribution method. Uganda has a system of CMDs, whereby two community members are identified in each village and trained to supply pre-packaged anti-malaria drugs to children under five years with fever in their community. These CMDs are well respected community members and an excellent resources to involve in programmes such as LLIN distribution. Their training covered:

- Refresher training on malaria
- The importance of LLINs and how to use them
- Key messages for supporting the use of the nets by the communities
- How to register the communities for the distribution of LLINs
- How to carry out the distribution itself

### 2.2 *Community census*

Malaria Consortium staff collaborated closely with the Vector Control Focal Person (MoH) for Dokolo district to organize and conduct a census of all villages in Adeknino parish prior to LLIN distribution. The census was used to determine the number of nets needed to protect inhabitants of each village. CMDs were responsible for registering each household and potential beneficiary in their village, on pre-designed forms. This took place over a 2-3 day period.

The census was completed in December 2007. This was followed by mobilization of all the communities, to make them aware of the planned LLIN distribution. As there are 16 villages in Adeknino parish, it was decided to plan for distribution of LLIN at four sites that were easily accessible to the villagers – Adeknino Primary School, Ongei Trading Centre, Akabi Chapel and Bataebwol Primary School.



Community volunteer with census booklet

### 2.3 Net allocation

The village leadership (in Uganda referred to as the “LC1”) signed off on the census forms to confirm their accuracy. These forms were then reviewed at a parish meeting where the total number of LLINs available for Adeknino parish were allocated within this list. A detailed guideline for the allocation process was followed. This involves first ensuring each household received at least one net, then each household with more than one child under five was allocated a second net. Households with more than five children were allocated a third net. Names on the list were highlighted as they were confirmed to receive a net so that at the end of the allocation process the list of names of people to receive nets was then available for the distribution.

### 2.4 Distribution

Distribution took place from 9 to 11 January 2008. Distribution points were set up at four sites that were easily accessible for all the nearby villages. At the distribution point CMDs from each village in the catchment area were present with their village list (this was necessary as these volunteers would be able to identify that the name on the list corresponded to the person coming to receive a LLIN).



At the distribution point, two health educators gave talks to the waiting beneficiaries, demonstrating the use of an LLIN, showing how the net should be hung and tucked under the mattress or other sleeping surface.

The distribution point was arranged so that those arriving to collect a LLIN were able to identify the distributor for their village. After confirming the person’s name on the list, the CMD handed over the net removed from the packaging. This was a measure taken to discourage potential re-sale of the free LLINs, which would have a lower resale value without the packaging. Each person receiving a net signed the list to confirm they had received the allocated number and had an ink mark made on their hand.



A total of 4,000 LLINs were distributed to inhabitants of 16 villages in Adeknino parish from the four distribution points. The numbers distributed to each village are shown in the table below. The location of the distribution points and the villages are illustrated in figure 2.

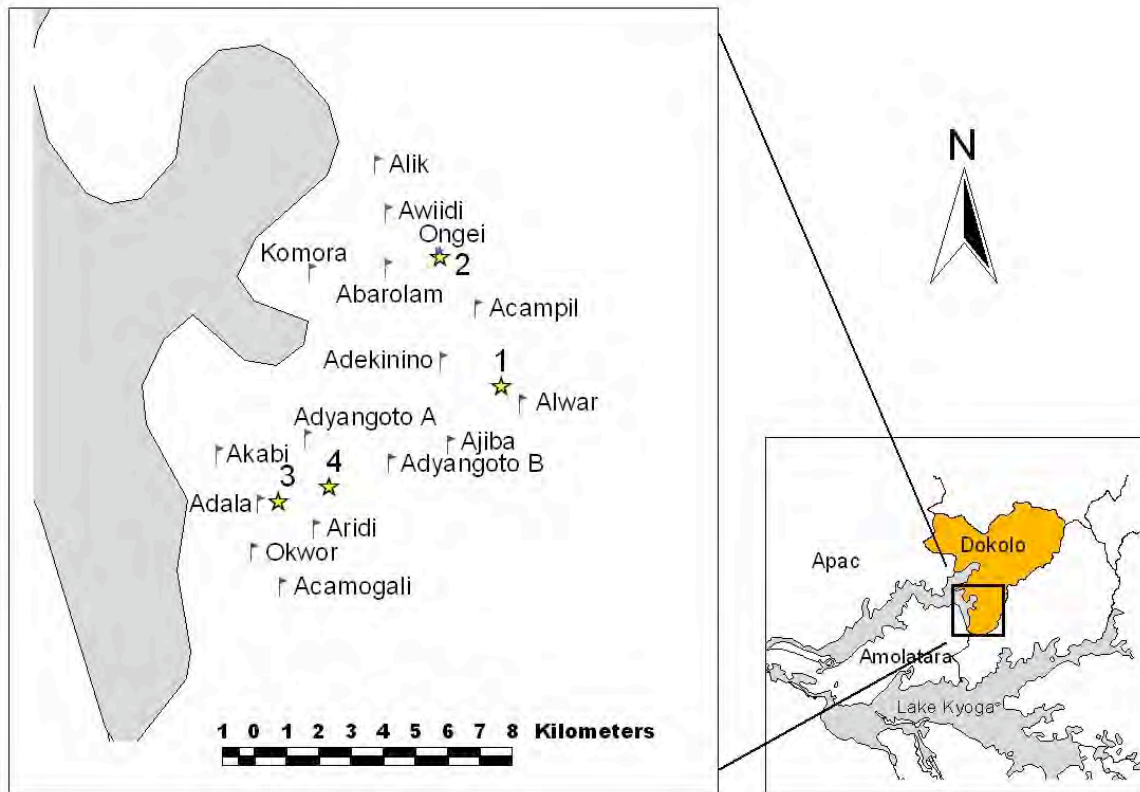
Table: Summary of the four LLIN distributions in Adeknino Parish, Dokolo

Distribution Points	Village	Number of LLINs distributed
1 Adeknino Primary School	Alwar	365
	Acampil	173
	Adeknino	230
2 Ongei Trading Centre	Alik	191
	Awiidi	240
	Ongei	170
	Abarolam	189
	Komora	200
3 Akabi Chapel	Akabi	218
	Adala	208
	Okwor	272
	Acamogali	298
4 Bataebwol Primary School	Ajiba	304
	Adyangoto A	316
	Adyangoto B	298
	Aridi	328
<b>TOTAL</b>	<b>16</b>	<b>4,000</b>

## 2.6 Data collection

The registration / distribution lists were retained at the distribution point and the following day these were summarized for the whole parish with the numbers distributed reported back to the subcounty, district and national level MoH (National Malaria Control Programme) to ensure the MoH can monitor and plan for subsequent net distributions in this region.

Figure 2: Detailed locations of LLIN distribution points in Adeknino parish, Dokolo district, and of villages that received nets. Distribution points are shown by orange stars, with numbers corresponding to those shown in the above table.



### **3.0 PROMOTING PROPER USE – A SUMMARY OF THE APPROACHES**

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A variety of approaches were used to ensure that the LLINs distributed will be kept and used by the beneficiaries.

#### *Involvement of local leadership*

District, subcounty, parish and village level leadership were all included in the preparations for the distributions. They were informed about the reasons for the LLIN distribution and their support for the activity was confirmed. At the lowest level, that of village leadership, their role was to mobilize the communities to come and collect the nets from the distribution points and to follow up in their communities after the distribution to support appropriate use of the nets.

#### *Support by the CMDs*

CMDs are a key resource for health care in Uganda and well respected by the communities. We took the opportunity in the meetings where the CMDs were trained on the distribution process to also give them a refresher training on malaria, prevention of malaria and use of LLINs, with the understanding that they would play a role after the distribution to visit the households receiving nets to encourage proper LLIN use by these families.

#### *Demonstrations and health education talks directly to beneficiaries*

At the distribution points, LLINs were hung-up by CMDs to show the beneficiaries how nets should be used and cared for, to maximise the effective protection provided by an LLIN and make it last as long as possible. The need to use LLINs throughout the year, even if in the absence of nuisance biting, was highlighted to ensure effective protection from the anopheline vector of malaria (and lymphatic filariasis) even during seasons of low transmission.

### **4.0 ACKNOWLEDGEMENTS**

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We would like to thank everyone involved in the LLIN distribution in Adekino parish. In particular the CMDs and the district and sub-county leadership who were key to the success of the exercise.

We would especially like to thank the Swimmers Against Malaria who have allowed us to give all families in this parish the means to protect their children from deadly malaria and debilitating lymphatic filariasis.



The costs of the LLIN distribution were covered by COMDIS, a Research Programme Consortium [[http://www.leeds.ac.uk/hsphr/ihsphr\\_ihd/research/COMDIS.htm](http://www.leeds.ac.uk/hsphr/ihsphr_ihd/research/COMDIS.htm)], with funds from the Department for International Development, UK, under Malaria Consortium's operational research project on malaria and lymphatic filariasis.