

Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
40,000	Burkina Faso	Diébougou Health District, Bougouriba Province	May 2009	Burkina Faso Red Cross

Further Information

- 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 distributed to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.)

69 villages in 8 wards in the Diébougou Health District, Bougouriba Province, South West Region, Burkina Faso.

Summary:

<u>Health ward</u>	<u>Population</u>	<u># nets</u>	<u>Longitude</u>	<u>Latitude</u>
BAMA KO	9,728	5,700	10° 56' N	3° 19' W
BAPLA	11,246	6,600	10° 52' N	3° 15' W
BONDIGUI	8,914	5,200	10° 53' N	3° 29' W
COMMUNAL	20,443	12,000	10° 50' N	3° 15' W
DANKO BLE	6,424	3,800	10° 49' N	3° 14' W
DIASSARA	3,701	2,100	10° 41' N	3° 34' W
NICEO	3,678	1,600	10° 56' N	3° 23' W
TIOYO	5,092	3,000	10° 38' N	3° 12' W
Totals	<u>69,226</u>	<u>40,000</u>		

Detail:

N°	Health Ward	Villages	Population	Number of LLINs	Number of bales
			Total		
1	BAMA KO	Bamako	9,728	550	6
2		Kolépar		300	3
3		Vokoum		528	5
4		Diasser		832	8
5		Tempé		606	6
6		Mébar		770	8
7		Konsabla		996	10
8		Néborgane		366	4
9		Barindja		463	5
10		Navrèkpè		187	2
11		Nipodja		115	1
		Total		5,713	57

12		Bapla centre		1,042	10
13		Lokodia		1,369	14
14		Moutori		828	8
15		Ségré		0	0
16		Birifor		1,972	20
17		Navielgane		1,163	12
18		Danko-Tanzou		230	2
	BAPLA	Total	11,246	6,605	66
19		Bondigui		1,547	15
20		Ouan		804	8
21		Sorindigui		278	3
22		Kobogo		245	2
23		Kpédia		89	1
24		Diarkadougou		343	3
25		Obro		363	4
26		Mougué		634	6
27		Bonfesso		271	3
28		Zanawa		662	7
	BONDIGUI	Total	8,914	5,235	52
29		Commune		8,746	87
30		Kpakpara		290	3
31		Séouregane		640	6
32		Loto		562	6
33		Kpologo		369	4
34		Limalia		208	2
35		Niaba		149	1
36		Moulé		123	1
37		Tédia		204	2
38		Yaoteong		231	2
39		Wapassi		222	2
	COMMUNAL	Total	20,443	12,006	120
40		Dankoblé		560	6
41		Tansié		1,357	14
42		Balignar		632	6
43		Sorgon		227	2
44		Mouviélo		0	0
45		Walbalé		0	0
46		Zopal		996	10
	DANKOBLE	Total	6,424	3,773	38
47		Diassara		541	5
48		Gbingué		201	2
49		Kambélédaga		118	1
50		Koursera		512	5
51		Wérinkéra		238	2
52		Binté		186	2
53		Yéyéra		253	3
54		Sarambour		124	1
	DIASSARA	Total	3,701	2,173	21
55	NICEO	Nicéo	3,678	1,214	12
56		Hélélé		359	4
57		Milpo		0	0

58		Bohéro		0	0
		Total		1,573	16
59		Tioyo		545	5
60		Kouro		572	6
61		Séhintiro		257	3
62		Kpolo		509	5
63		Diébiro		200	2
64		Balembiro		77	1
65		Gnebissinao		188	2
66		Yellela		159	2
67		Tordiero		115	1
68		Tiakoura		238	2
69		Kolonkoura		130	1
	TIOYO	Total	5,092	2,990	30
TOTAL			6,424	40,069	400

Comment on 1.7 people/net rather than normal 2.

This is the first campaign of its kind therefore a 17% contingency has been added to the total number estimated to be required for the population, this number was then rounded up from 58,500 to 60,000 as it is critical for there not to be stock outs.

The reason for this high % contingency is due to a likely cross boundary population movement in order to access nets which is difficult to account for or prevent. Secondly is the potential inaccuracy of population counts.

It is worth noting that should there be nets left over post campaign they will be distributed during post campaign mop up for households where people were not present to receive vouchers/nets during distribution or for free through routine services.

Dr Stefan Hoyer of WHO mentioned anecdotally after his recent mission to Burkina Faso he was finding 1.5 people per bedspace in Diebougou.

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

In the whole area is rural there are total of 102,165 people. AMF nets will be distributed in 69 out of 146 villages.

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

<http://www.mara.org.za/pdfmaps/BukPrevModel.PDF> showing that like much of Burkina Faso, malaria is endemic and stable in Diébougou with a seasonal peak between May and October.

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.

According to the National Health Information System (SNIS) in 2007 malaria was accountable for 44.6% of all deaths in the country. Local level information is not available.

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 a universal coverage campaign where one net will be allocated per two people in the households in the entire Health District. This is assuming two people share one sleeping space. It is a pilot project for a country wide universal LLIN campaign in 2010.

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

There are no known existing bednet distribution programmes in the area. A National Malaria Control Program survey in 2005 found nationwide 32.4% of households possessed a mosquito net of any type, 27.5% of pregnant women used an ITN, 23.7% of children less than 5 years of age slept under an ITN.

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 Health District of Diébougou was chosen as:-
- it is in a permanent malaria transmission zone,
- the total population is a size that enables the roll out of a universal distribution in a country that has no previous experience of conducting free mosquito net distributions at scale.
- the zone is accessible with access via a tarred road.
- the robust Red Cross and community health workers capacity in the district enables a strong social mobilisation campaign.

This information was taken directly from the National Malaria Control Program Plan of Action for this distribution.

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, the distribution campaign is being led by the National Malaria Control Programme.

National Malaria Campaign Coordinator
Dr MOYENGA Laurent
Médecin épidémiologiste
D.U. en paludologie
Coordonnateur du Programme National de
Lutte contre le Paludisme du Burkina Faso
Tél service: +226 50 32 63 32
Cél : +226 70 25 85 57
E-mail: moyengalaurent@yahoo.fr

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

During a pre registration phase teams of volunteers will visit households going door to door counting family members/

sleeping spaces and delivering key messages about malaria. They will also discuss how malaria is transmitted and prevented, its symptoms, early treatment of fever, and when and where a family member should go to receive their LLINs.

Focus groups will take place in markets, and cultural meeting points and places where large number of people can be contacted at once. Demonstrations of LLIN use will take place at these events.

There are two community radio stations that will be used to broadcast key messages about the campaign before during and after LLIN distribution.

Each supervisor and volunteer will receive an LLIN to demonstrate its correct use and to show the benefits of using one prior to the campaign.

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 LLIN distribution will take place over 3 days with one extra day of "catch up" when teams will revisit houses where vouchers were not redeemed. Every locality and village will have been visited and vouchers distributed during pre registration when the head of household will receive 1 voucher for every 2 family members. These are then redeemable at one of a total of 146 sites of which 69 will have AMF nets. The sites will be manned by Red Cross volunteers where there will also be a demonstration net hanging.

The distribution strategy is heavily dependent on volunteers and needs to be done in a relatively short period. Incentives will be provided for these volunteers. In West Africa the daily cost for this is 2,000-2,500CFA (4.2-5.2 USD) per volunteer per day, for the pre, during and post distribution days. In this case the cost is covered by IFRC.

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?

Directly after the distribution and at the beginning of the seasonal peak in malaria transmission, visits will be made to households by Red Cross volunteers, to sensitise the population on the necessity of how to use the LLINs they have received. At the same time volunteers will discuss the possibility of taking back old nets and note any reasons given for them not being relinquished.

Formal statistics will be gathered using standardised Red Cross household visit forms ie how many nets are hung and how many not; how many nets not given back.

The National Malaria Control Program will conduct a post campaign survey looking at hanging rates and net usage. The

date/s of the NMCP post-campaign survey is still to be defined.

The final report with this information collated will be shared with you. It will be in French.

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.

District Sanitaire de Diébougou
A/S Dr. Dar Francis Albert Somé
BP 05, Diébougou
Tel : 20905371/86

Health District Manager
Niampa Sanoussa
Gestionnaire du district sanitaire
sanitaireniampasanoussa AT yahoo.fr

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

We confirm that the nets will be distributed 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.*

We confirm that the Red Cross will provide at least 40 digital photos per Health Ward.

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 confirm that the Red Cross will provide at least 5 minutes of video footage from each Health Ward.

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

We confirm that the Red Cross will provide a Post Distribution Summary when the distribution is complete.

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

Dr Maxime Yameogo, Health Coordinator, Burkina Faso Red Cross
and
Katie Eves, Malaria Consultant, IFRC Dakar
Cell: +221 77 529 43 58 katie.eves1 AT gmail.com

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