

Sierra Leone LLIN distribution campaign
Western Rural Area District
28th September – 1st October 2009

Post-distribution report



I. Introduction

During the last week of September 2009, the Sierra Leone Red Cross Society (SLRCS) led a mass distribution campaign of LLINs across the Western Rural Area District, distributing in 4 days a total of 60,000 nets, two thirds of which were donated by Against Malaria Foundation (AMF).

This campaign was essential to Sierra Leone as Malaria is the leading cause of morbidity and mortality and the entire country's population is at risk. Some interesting country facts about Malaria include:

- Malaria accounts for over 40% of all outpatient morbidity for the entire population.
- Among children under five, malaria is responsible for:
 - 47% of outpatient morbidity
 - 37.6% of hospital admissions
 - 17.6% of in-patient deaths
- Mortality attributed to malaria is 38.3% among children under five and 25.4% for all age groups.
- On average, 7-12 days are lost (productive days) per episode of malaria.

Table 1: Main demographic features and Health indices of Sierra Leone:

Indicator	Latest Estimated Value (See sources*)
Population: Total	5,607,930 (2009 projection)*
Population: under one	224,317 (4%)*
Population: under five years	992,604 (17.7%)*
Population: pregnant women	246,749 (4.4%)*
Average annual growth rate	2.0%*
Total fertility rate	6.2 birth/woman*
Infant mortality rate	89 /1,000 live births**
Under five mortality	140/1,000 live births**
Maternal mortality rate	857/100,000 live births**
Malaria treatment in U5 children	42.4%****
ITNs usage by U5 children	55.6%****
ITNs usage by pregnant women	49.7%****

Sources: *Statistics Sierra Leone 2004, **Demographic Health Survey 2008 ***Multi Indicator Cluster Survey 3 (2005)
****CDC Atlanta Survey (2007)

The vegetation in the Western Rural Area District is mainly secondary palm-bush, interspersed with numerous swamps. Moreover, the capital city Freetown, situated close by, has several mangrove swamps, which provide breeding sites for *Anopheles melas* mosquitoes, one of the major vectors of Malaria in the country. The district provides a particularly ideal breeding place for mosquitoes, hence the necessity to respond with a mass distribution campaign to protect its population effectively.

As part of its programme to fight against Malaria, SLRCS undertook a distribution of 60,000 LLINs. 40,000 of these nets were provided by AMF, and the additional 20,000 LLINs



needed to cover the district were secured from the National Malaria Control Programme (NMCP) in Freetown (existing stock supplied by the World Bank). The distribution covered the communities of Waterloo, Lumpa and Mabureh, all situated within the Western Area District. For the distribution, the SLRCS was responsible, in partnership with the Ministry of Health and Sanitation, for the logistics, social mobilization and Hang Up activities. The distribution was stand alone, targeting children under five years of age. Mothers were instructed to attend distribution sites with all of their children under five years of age to receive one net for each eligible child.

The last LLIN distribution campaign was in 2006 and was funded and supported by the Canadian Red Cross Society. A subsequent Ministry of Health led campaign was planned for November 2009 however, this has been put back until May 2010 due to an inability to secure the required number of LLINs to cover all children in the country. The Sierra Leone Red Cross Society is expected to play a major role in pre, during and post campaign activities. The small distribution in the Western Rural Area District this September 2009 was an ideal opportunity for the SLRCS to pilot their activities for the 2010 national campaign, as well as to gather images and stories for continued advocacy around Sierra Leone's LLIN needs to effectively prevent malaria among the most vulnerable populations, in line with the Roll Back Malaria Partnership's targets for 2010.

II. Timelines

Training of supervisors (2 days): September 17-19
Training of volunteers (2 days): September 21-23
Social mobilization (3 days): September 24-27
Distribution (3 days): September 28-30
Hang Up: September 30 – October 3

III. The distribution



The Sierra Leone LLIN distribution at Lumpa, Waterloo and its environs was based on a fixed site strategy. This means that all LLIN beneficiaries (children under 5 years) visited a site (health centre/fixed post or temporary fixed post) to protect their children from malaria. The most common location for the LLIN distribution was in fixed health posts or peripheral health units such as Waterloo Health Centre, seen in the picture to the left.

Some temporary distribution posts were set up in order to improve access for hard-to-reach populations. These were located at schools, houses of traditional leaders, streets and market areas. LLINs were distributed at these sites for the duration of the campaign.

The distribution post team supervisor was responsible for the set up of the site, the allocation of tasks and supervision of activities. A team of volunteers put in place at each distribution site undertook the following tasks as they were instructed during their training session before the campaign:

- Crowd Control (there were 1 or 2 volunteers controlling crowds depending on the amount of people present at the site). Their role was mainly to mobilize the community to the distribution post and ensure orderly flow of beneficiaries at the distribution post.
- Registration: the volunteer in charge of registration checked if children were within the target age group for the intervention and filled the child's registration form (name, age). Where a child's age was not known, a common way of determining whether a child was under five and eligible therefore to receive a net was to check whether the child could reach his ear with his opposite arm above his head. If the child cannot reach his ear, he is considered to be under five years of age.
- Distribution: 2 volunteers working at the LLIN table confirmed whether the information recorded in the child's registration form is accurate, gave one LLIN to every eligible child, tallied every child and painted a finger nail on the left hand in order to mark children who have already collected their net. The volunteer then explained how to use the LLIN, based on the demonstration net that was hanging as an example. Every distribution site that we visited had a demonstration of a net hanging as part of the site set up. The volunteers also explained to the caregiver to remove the net from the package (packages were torn prior to being handed over to beneficiaries) and hang it in the shade for 24 hours prior to use.



During the campaign we were able to visit a variety of different distribution sites. Within the Western Rural Area District there were a total number of 43 distribution sites set up at which a total of 360 supervisors and volunteers were working. The complete list of distribution sites can be found in Annex 1.

Waterloo Health Centre



The total number of nets that had been distributed upon our arrival at Waterloo Health Centre on the first day of the distribution was 673 out of the 800 they had available for that day. The distribution lasted a total of 3 days and more nets were to be delivered over the course of the next 2 days. This distribution point was relatively urban, off a main road and therefore benefiting of good access. Many people attended the distribution on the first day and the site was well managed to accommodate a crowd, with a total of 11 volunteers working at the site. As in most sites that we visited, a banner (as seen in the picture above) was displayed to identify the distribution point, and all volunteers wore T-shirts bearing the logos of all partners involved in the distribution: AMF, Y's Men International, UNICEF, The Global Fund to Fight AIDA, Tuberculosis and Malaria, WHO, the Ministry of Health and Sanitation and the SLRCS.

Fallah Town



We also visited Fallah Town on the first day of the campaign. Upon our arrival, they had already distributed 500 nets and the crowds were still forming. The crowd was controlled through the setting up of a 'corridor' made from ropes and sticks to control the flow of people entering the site. The distribution point was very animated, but tasks were carried out effectively by the LLIN distribution team. The nets were given to mothers with the packaging torn open to deter resale of the nets in the market

(this was common practise in all distribution sites). Mothers were informed that the nets must be aired outside and in the shade for 24 hours prior to being used inside the household. Emphasis was put on explaining to mothers how the nets should be hung and tucked under the mat or mattress to ensure proper use of the LLIN, again referring to the net demonstration available on the site.

555 market place

We visited 555 market place in the afternoon, by which time the distribution was nearly finished for the first day. A small number of mothers were still coming in with their children however, but the crowd had subsided. We conducted some interviews while on this site which proved the good work the SLRCS carried out in terms of Behaviour Change Communication and social mobilisation within the Western Area District to create awareness about malaria and its prevention.

Indeed, one of the greatest challenges is to educate the population about the true cause of this deadly disease. Although sending the message out about how people contract malaria may sound simple, there are many myths and misconceptions about the disease. Many people we spoke to still believe that malaria can be transmitted by eating mangos, or can be cured if you are bitten by a particular species of ant. However, from our discussions with mothers at this distribution site, it seemed like the message on the utility of LLINs had come across well.



Banga Farm

Over the next days we spent some time in the area of Kissi Town visiting more remote rural villages which were sometimes difficult to access due to poor road conditions (we were lucky however that the rainfall was relatively scarce).



Road conditions to get to rural villages such as Banga Farm, Masantigie and Matinkay

The distribution site in Banga Farm was a highly visible and known location within the village as it was situated at the village chief's household.

The site was particularly effective at giving out comprehensive malaria educational talks after people had received their nets. The volunteer in charge of explaining how the nets should be used was very careful to show people how they need to tuck in the net under their mat or mattress.

The delivery of nets had been delayed on the morning of our visit, resulting in mothers who had waited for a long time leaving their children unattended to collect their nets. The supervisor had to explain that all children's mothers were needed in order to ensure that the proper instructions on net usage would be followed.

The next day, hang up activities were conducted. Volunteers went into households and hung nets up with the caregivers, explaining at the same time the importance of properly hanging up the net and its maintenance (washing instructions). Community based volunteers, particularly those from the Sierra Leone Red Cross Society, are engaged throughout the district to undertake door-to-door activities immediately after the campaign to encourage the hanging and utilization of LLINs.



Campbell Town

We visited Campbell Town in the early morning and discovered that the delivery of nets was delayed due to a road accident. Beneficiaries had arrived very early at the site to collect their nets and get on with their day's work. This of course threatened to jeopardise the coverage of certain households as mothers became impatient to return to their daily chores. As the

morning went by it became increasingly difficult for the crowd to find some shade. Despite this difficulty, people remained in Campbell Town and the nets finally arrived, creating much excitement among the crowd. After a slow start, the distribution finally started picking up late that morning.



As we left the site we encountered a young girl and her 2 day old baby brother, whose mother had passed away giving birth. The young girl asked us for a ride back to her village from where she had walked with the baby to pick up their net. We dropped them off after a 10 minute car drive, realising that this young girl must have walked an hour to the distribution point. Despite numerous sites having been set up across the district (43 in total), some populations were clearly still very difficult to reach. Nevertheless, the distribution points were numerous and well organised, and distances were most often very well covered.

IV. Successes and challenges

Overall the logistics planning for the distribution was very well conducted. Some elements beyond control delayed the delivery of nets in certain distribution points (e.g. delays due to a road accident in Campbell Town). The funds transfer for the LLINs distribution was delayed which also led to delay in some logistics arrangements. However, even bad road conditions did not prevent the delivery of nets and access to remote rural populations and the distribution was a big success, with the population responding massively to the campaign. The target range (0-59months) was reached and a total of 60,000 LLINs were distributed to all.

ANNEX 1

Distribution Sites for Net Distribution

WATERLOO

1. Deep eye Health post
2. Waterloo Health post
3. Bush house York road
4. Fallah town/ Fullah chief house
5. Campbell town MCHP
6. Council Acertshom street
7. Tombo park
8. Mamy Yayah house-Cal mount road
9. Plassas ground
10. Benguima barracks

LUMPA

1. Lumpa-HC - old rail way line
2. 555-sport - Felix Zoker tele center
3. Bonga farm - Head man
4. Cole street - Chief T.S. Lebbie
5. Kabba street- Haja Gassama
6. Community center - Koroma street
7. Main motor road - Head man
8. Cole town - Sillah
9. Paloko road - Hassan Kanu
10. Betts farm - Head man
11. Kamara- Dig house - Lokko street(Kandia road) Kandeh Sheku
12. Gbassan - Rogers
13. Bouma - Chief

MABUREH

1. Mabureh community Health Post
2. Mabure chiefs compound - Mabureh
3. KPMM Primary School - New London
4. New market site- 555 Sport
5. Mano area - head man compound
6. Chief K –store - mano conner Mabureh
7. City of light Primary School - Mabureh
8. Water street , chief Barraah
9. Bangura street,chief - Alimamy compound
10. Alpha Kamara compound - main Mabure road

KISSI TOWN

1. Section 8, Moi estate
2. Section A and G
3. Section F and Opon estate
4. Section B and D
5. Section C and E
6. Banga farm
7. Matinkay
8. Masantigie
9. Morabie/old road
10. Paloko and sansan water