

**Senegal National level LLIN distribution integrated with Vitamin A and Mebendazole administration for under 5's.**

**Fatick Town, Fatick Region**

**23<sup>rd</sup> - 28<sup>th</sup> June 2009**

**Post distribution report**



## Introduction

Between the 23<sup>rd</sup> and 28<sup>th</sup> June 2009 the Senegal Red Cross on behalf of the Against Malaria Foundation distributed 40,000 LLINs (long lasting insecticide treated nets) to children under five years old in Fatick Town, in the Region of Fatick, Senegal.

This distribution was part of a National level distribution of 1,980, 046 LLINs to all children under five years old in Senegal. The Senegal National Malaria Control Program (NMCP) took the opportunity to distribute the LLINs at the same time as the bi-annual administration of Vitamin A to all children between 6 and 59 months and mebendazole (a deworming treatment) to all children 12 to 59 months. Every child under 5 years old was entitled to a LLIN, with no maximum number of LLINs per family. There were many organisations involved in this mass integrated distribution which was led and coordinated by the NMCP as part of the Ministry of Health and Prevention (MoHP). The Senegalese Red Cross worked throughout 8 out of the 14 regions in Senegal, one of which was Fatick.

Organisations working with the MoHP and NMCP to facilitate the implementation of the campaign included USAID/ PMI, IFRC, World Vision, Christian Children's Fund, UNICEF, Helen Keller International, YoussouN'dour Foundation, Malaria No More and Intrahealth and Senegalese organisations such as DANSE (nutrition) and SNIEPS (health education), PNA (logistics) and PNS (national pharmacy). Therefore the campaign involved a mass collaboration of many types of organisation. The campaign objectives aimed to achieve LLIN coverage and Vitamin A and mebendazole administration rates of at least 85% of the target population.



**Figure 1: The campaign was integrated with the administration of Vitamin A and deworming treatment**

## Malaria in Senegal

Malaria is a major public health issue in Senegal and is a heavy burden on its health system. Everyone in Senegal is at risk of contracting malaria. The disease is endemic for 4 to 6 months a year throughout most of the country and there are annual seasonal peaks in transmission during and shortly after the rainy season. Malaria represents 22.3% of total health care consultations for all ages and causes 18% of the total mortality in the country (National Malaria Control Programme Report 2007).

A Global Fund supported report published in March 2007 found that LLINs were available in 60% of households visited. However, throughout the country, LLIN coverage rates for targeted vulnerable populations such as children under 5 and pregnant women were an estimated 45.6% of children younger than 5 years of age and 32.6% of pregnant women<sup>1</sup>.



Figure 2 A woman and baby receive their free LLINs

The Ministry of Health and Prevention and the NMCP are committed to reaching a 50% reduction in morbidity and mortality caused by malaria having aligned their strategic targets with those of Roll Back Malaria (RBM). They also aim to achieve 80% population coverage of LLINs<sup>2</sup> by 2010. This mass free distribution of LLINs forms a major part of Senegal's strategy to meet these targets.

Fatick town lies 150km south east of Dakar, the capital of Senegal. It is the capital of the region bearing the same name. For this campaign the total population of the town was calculated to be 225, 777 people with an estimated 39, 285 children under 5. A 5% buffer was added to factor a potential underestimation in number of LLINs required. Therefore, the total number of nets required for the town was estimated to be 41,249. In the end all 41,249 LLINs were required and distributed, this included 40,000 from AMF and an additional 1,249 LLINs supplied by the Ministry of Health.



<sup>1</sup> Baye, Dr A 2006 Community Survey as to coverage and use of ITNs and IPTp in pregnant women Sante Plus Dakar 2007

<sup>2</sup> National Malaria Control Program of Senegal Strategic Plan 2006 2010



## Strategy

The campaign strategy entailed volunteers going door-to-door giving children under 5 vitamin A and deworming treatment called mebendazole whilst registering how many children there were per household and then giving parents or guardians a voucher that were then redeemable for a specified number of LLINs. One net was allocated per child and was available for collection at a fixed local distribution point, there was no maximum number of LLINs specified per family. Registration took place over 3 days and the fixed distribution points were open for 4 days. After the fixed distribution points closed, volunteers had two days to visit families that were missed in the voucher distribution and deliver the LLINs, vitamin A and mebendazole.



**Figure 3 A registration visit the volunteer on the left has a booklet of vouchers**

The total number of LLINs available was planned to be 2.1 million, however the final number available was 198,046. The official dates of the campaign were June 22<sup>nd</sup> to 30<sup>th</sup> although this differed in some regions. The Senegal Red Cross was able to mobilise in total 1850 volunteers in 8 regions of which 60 were in Fatick town with 2 supervisors. During the campaign, volunteers integrated with Ministry of Health and other organisation staff to implement the distribution and so the Red Cross volunteers were involved in both door-to-door voucher distribution and managing the fixed points.

The Senegal Red Cross had an additional role in ensuring that the whole population knew about the distribution and were informed that they needed to stay at home to receive vouchers. This pre campaign sensitisation aimed to mobilise, inform and engage communities especially those living in areas identified as at risk from non participation in the campaign. For three days prior to activities starting Senegal Red Cross volunteers went door-to-door talking to families, talking to Imams and community leaders and holding discussions with groups of people at for example, water pumps or the market to ensure that the messages got round.

Also directly after the distribution period, for 6 days, Red Cross volunteers again went door-to-door assisting families to hang their nets and delivering and reinforcing key messages. During the house visit messages were delivered regarding malaria, its causes, signs and symptoms and target groups for priority net use (pregnant women and children under 5), net maintenance, washing and repair. If necessary volunteers assisted families to physically hang their LLINs and showed them how to use them correctly so that people do not lean against them in the night and so the “skirt” of the net is tucked under a mattress or sleeping mat. Messages were reinforced regarding the necessity to air nets before use to prevent skin irritations. These pre and post campaign activities have been shown to increase both engagement in campaigns and net usage, as owning a net does not always transpose to net use, or net prioritisation by those most at risk from malaria.

#### Activities

##### **Training**

Training of volunteers took place in three phases. Firstly the regional supervisors were trained over 3 days in Dakar. Then the district supervisors were trained in two trainings over two days. These district supervisors then went back to their communities and trained their designated volunteers. Therefore in Fatick the one regional manager helped train the 2 district supervisors who in turn each trained their 30 volunteers.

The volunteers then received an additional one day of training regarding the specifics of the campaign by the National Malaria Control Programme/ Ministry of Health staff. This training was directly prior to the start of distribution activities and involved all partners.

##### **The distribution**

Three days prior to the fixed distribution points being opened, a container containing bales of LLINs was delivered to Fatick town. From this point bales of LLINs were transported and pre positioned to secure locations at three points in the town and stored. These points were the main referral hospital in the town and two community clinics.



**Figure 4 Bales of LLINs are delivered to a distribution point**

Between the 19<sup>th</sup> and the 21<sup>st</sup> June, Senegal Red Cross volunteers began their pre campaign sensitisation activities. In total the 60 volunteers logged over 450 group and individual meetings over the 3 days whilst other volunteers assisted with the pre positioning of LLINs.

On the 22<sup>nd</sup> June everyone involved in the campaign attended a one day training session led by Ministry of Health regarding the specifics of the campaign, team allocation, roles and responsibilities, key messages and tools for collecting data.

From the 23<sup>rd</sup> June to the 25<sup>th</sup> June the mobile teams set off door –to-door administering Vitamin A and mebendazole to every child in the targeted age groups and registering and handing out vouchers to parents and guardians for people to hand in at the fixed LLIN distribution points.

On the 25<sup>th</sup> June the fixed distribution points opened and people who had already received their vouchers queued up to receive their allocation of LLINs. The fixed distribution points were open until June 28<sup>th</sup>, allowing enough time for everyone to collect their nets. The net packaging was opened when the net was handed to the recipient to discourage re sale. The distribution sites were set up so that people did not have to queue in the sun, in two locations tents were erected for this purpose and police assisted with crowd control.



**Figure 5 People queuing at the specially erected tent at a distribution point**

On the 29<sup>th</sup> and 30<sup>th</sup> June teams conducted their “mop up” activities, seeking out families who for some reason or another had not received vouchers or collected their LLINs ensuring that no one missed out on the opportunity of receiving nets.

This was immediately followed by the Red Cross volunteers post campaign activities, the 60 volunteers visited over 3,000 households in the 6 days, ensuring that LLINs were being used correctly and by the priority populations.





**Figure 6** A volunteer discusses LLINs with a beneficiary, in the background a net is being aired before being hung

## **Results**

Results from the Ministry of Health initial coverage survey shows that there was above 85% coverage in all three health inputs throughout the country (see Table 5). Of the 1,980,046 LLINs available for distribution in all 14 regions, 94% (1,865,608) were distributed. Fatick Region recorded 104% coverage with LLINs, this shows that the 5% buffer was used up and that a very high coverage rate was achieved.