

**Bednet Distribution
January 2008
Acholi Quarter of Kampala, Uganda**

1. INTRODUCTION

In November 2007, Global Health Forum ran an anti-malaria campaign and raised enough funds to purchase 900 bednets. I spoke to Karen Sparacio, founder of Project Have Hope, who works with women in the Acholi Quarter. She told me that she was going to Uganda from mid-December 2007 until mid-January 2008. We arranged to have Karen coordinate the bednet distribution efforts in Uganda. Additionally, Karen is a professional photographer and she offered to take photos of the bednet distribution.

I had met with community leaders in the Acholi Quarter in the summer of 2007 and they had offered to help us do bednet distribution. Karen has extensive contact with community leaders in the Acholi Quarter and we planned the bednet distribution in advance. We decided to target pregnant women, children under 5, and the poorest families. We also spoke about giving bednets to entire families, rather than just one or two members of the family. Additionally, 10 mothers of children of malaria were featured in our anti-malaria campaign, and all of them and their children with malaria were to receive bednets.

Karen arrived in Kampala, Uganda by December 21, 2007. Soon thereafter, she met with community leaders in the Acholi Quarter and began to devise plans to do bednet distribution. Women members of Project Have Hope were responsible for spreading the word within the community that bednets would be coming. Karen arranged to contact the Uganda Red Cross Society on January 5 to arrange transport for the bednets. By January 7 Karen picked up the bednets at 28/30 Lumumba Avenue, P.O. Box 494, Kampala, Uganda and brought them back to the Acholi Quarter via truck.

2. DISTRIBUTION PROCESS AND EDUCATIONAL COMPONENT

With the help of volunteers from the Acholi Quarter who are members of Project Have Hope, Karen began the bednet distribution process. The complete distribution effort took approximately 30 hours over the course of 4 days and was completed by January 15. The distribution efforts targeted pregnant women, children under 5, and the poorest families. Additionally, the 10 mothers featured in the Global Health Forum anti-malaria campaign, as well as their children with malaria, all received bednets.

Previously, we had planned to hold an educational meeting for all the members of the community who were selected to get bednets before the bednets arrived. However, because of the Ebola outbreak in Kampala, the government did not allow people to congregate in large gatherings. Therefore, people who received bednets were given educational information about how to use the bednets from volunteers when they came to pick up their bednets and before they received them.

The volunteers stressed that bednets can help prevent malaria, and that people who receive nets must sleep under them every night in order to benefit. It was also strongly emphasized that bednets are not to be sold, and that the community should discourage people from selling their bednets. They were also informed that an evaluator would come in approximately 6 months to ensure that the bednets were still up, and that if they were not using the bednets, their family would be ineligible from receiving further bednets from the program.

When people came to pick up their bednets, they signed a form with their name, the date, the people in the household who would use the bednets, the total number of bednets in the household, and directions in their home. Karen took many photos during the distribution process, which have been sent to Against Malaria.

3. SUCCESS AND COMMUNITY RESPONSE TO BEDNET DISTRIBUTION

All 900 bednets were successfully distributed to the high-risk groups for malaria: pregnant women and children under 5. Bednets were given directly almost exclusively to mothers, with the majority of women receiving two bednets: one for them and one for a young child. Some women received only 1 bednet, and approximately 20 women, including the 10 women featured in Global Health Forum's anti-malaria campaign, received between 3-5 bednets for themselves and their children.

Word of the bednet distribution spread quickly in the community and over the 4-day period in which the bednets were distributed and afterwards, Karen was approached by members of the community asking how they too could receive bednets. Karen tried to accommodate all people who wanted bednets, but as there are 10,000 people in the community and only 900 bednets, it was not possible to accommodate everybody who wanted a bednet. The members in the Acholi Quarter were extremely grateful to receive bednets. They thanked Karen profusely and asked her to thank the members of Global Health Forum.

4. CHALLENGES

Karen described the bednet distribution effort as demanding. It took fully four days for her and a group of 5 volunteers to distribute all of the bednets while also collecting personal information of the people receiving the nets and administering the educational component. The next time we do a bednet distribution, Karen suggested that we make up forms in advance with all of the information that we need. Then people who want bednets can fill out the forms in advance and the process would be sped up.

In the past, Karen has witnessed instances of corruption in the Acholi Quarter in which people working with her organization will attempt to surreptitiously gain benefits for their own family at the expense of other community members. She has taken measures in the past to ensure that there will be no corruption or favoritism, but nevertheless it was a potential concern of ours that the poorest families may not receive bednets because community members would find a way to put their own families first. In this case, however, Karen was happy to report that she did not witness any instances of corruption

or undue favoritism in the selection of the families to receive bednets, and that bednets went to many of the poorest families within the Acholi Quarter.

5. POST-DISTRIBUTION FOLLOW-UP

Post-distribution follow-up has been planned for the summer of 2008. Depending on who is in Uganda at the time, either Karen Sparacio, a member of Global Health Forum, or a member of the Acholi Quarter community will be in charge of assessing the level of bednet usage. That person will go from house to house of the people given bednets and see whether the bednets are being used. The person will interview the family and fill out a form with the following questions: Is the bednet still up? Has the person who is using the bednet had malaria in the past 6 months? Has the person been sick with malaria more often than before, less often, or equally often? Has the bednet been taken down for any reason? Has the person slept in their own bed, with a bednet, every night since receiving the bednet? After writing down the answers to these questions, the person will take photographs of the bednets hanging. The person will also take some video footage to send to Against Malaria.

6. CONCLUSION

The distribution was well-organized and people receiving bednets were respectful of one another and grateful to be receiving the bednets. Some members of the community were disappointed not to receive bednets, but on the whole people were extremely happy to receive bednets and the program was a success. We would like to thank Against Malaria for all of their help at every stage of the bednet distribution process, including planning, giving us a website for donations, coordinating with Vestergaard Frandsen to purchase the bednets, and helping us with logistical concerns. We are also grateful for the tireless efforts of Karen Sparacio and the volunteers who helped her coordinate the bednet distribution efforts in the Acholi Quarter: Achiro Santana, Akello Paska, Abalo Christine, Akello Ester Odong, and Amolo Stella. And finally, we thank Rob Mather for helping us at every step of the way and making sure that we got the bednets in time to distribute them.

SUBMITTED

February 28, 2008

Mark Dlugash

Co-Founder and Executive Director, Global Health Forum