

Post Distribution Report template: LSHTM Project Mali

1. Introduction

The ITN distribution took place in August 2008 in three localities of the district of Kati: Djoliba, Siby and Ouelessebouyou. Around 3,500 nets were distributed to children aged under 5 years in these localities. The nets were distributed at the community health center by a team composed of the local community health center staff and researchers from the Malaria Research and Training of the University of Bamako in Mali. Between August 2008 and December 2009, damaged nets were replaced.

2. Process

We started by a census of all the children less than 5 years of age in the three localities. Then we invited them to participate in our study. All the children who presented to the health center were given a net. The unique identification number of each child given during the census was recorded on his net at the time of distribution to allow for verification during the home visits. Random samples of 150 children were visited at home each week to assess the usage of the net. During these visits few damaged or lost nets reported were replaced.

3. What was done well

Everything was done well and according to plan. The net usage was very high > 99% of the children in the three localities used their nets.

4. Challenges – lessons learnt

- 1) The nets were delivered timely without any problem and we were able to provide them at the beginning of the transmission season.
- 2) There was high demand of nets in the communities of the three localities. In Djoliba and Siby we were able to provide nets to almost all the children less than 5 years of age at the time of the distribution. In Ouelessebouyou, where the population was larger we were able to provide the nets to only a proportion of the children under 5 years of age based on first come first served basis. Using first come first served is a fair and accepted way in distributing the nets.

5. Conclusion

We were able to deliver the nets in the community and had very coverage of the ITN in children less than 5 years of age who are the most susceptible to malaria. The benefit was perceived and recognized by the communities.