The role of NGOs in the distribution of ITNs to the community:
Experience of Africare
(distribution and promotion of routine use in the community)

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Experience through five projects but only details of a presentation.

- **Projects**
  - Integrated interventions in health, water and sanitation in the municipalities of Cela and Nharea, May 2004 - April 2005
  - Community intervention against malaria, municipalities of Kuito, Cunhinga and Nharea, Bie province, January 2004-December 2006
  - Community intervention against malaria, municipalities of Kibala, Sumbe and Cela, Kwanza Sul Province, January 2007 continues.
  - Integrated project of Malaria in the province of Kwanza Sul October 2007 – still in progress.
  - Draft distribution of mosquito nets in Bie province in April 2006 – October 2007
  - Draft distribution of mosquito nets and community IMCI in the municipality of Sambizanga
The main role in the distribution ITNs by Africare was coordinated through:

- Support for the transportation of ITNs for different distribution points (Municipalities and Communes)

- To facilitate the training of distributors and volunteers.

- Ensure the supervision, monitoring and evaluation (joint).
Approach in these projects

- Remember that: in countries where the institutional system does not work well, as in Angola, improvement of skills from the community to identify and solve health problems is crucial to improving the health of women and children. The integration of the public health system and community increases access to services and relieve the burden of disease and financial assistance to families.

- The IMCI approach, particularly home/community was essential in projects implemented at district and village level. The IMCI strategy combines improved case management of childhood diseases in the health units of the first level, the aspects of nutrition, immunization, disease prevention, and promoting growth and development. There are three components to IMCI, these three covers, the cure, disease prevention/promotion activities for health:
  - Improvement of health workers' skills;
  - Improvement of the health system.
  - Improving household and community practices.
The **community component** aimed to develop the integrated management of childhood diseases, forming and volunteer activities in communities and other key members of the communities.

The specific objectives were:

- Improve household and community practices to prevent and handle childhood illnesses due to malaria, acute respiratory infections and diarrheal diseases
- Was also including EPI target diseases, malnutrition, water and sanitation, HIV / AIDS, emerging diseases, re-emerging, Marburg hemorrhagic fever, Cholera and attention to the Measles.
Example: Project Profile

Name: Proposed distribution of mosquito nets in Bie province in April 2006 – October 2007

Geographic Area: Bie Province, all 9 districts

Target population: 60% women and 70% children under one year of receiving the Pentavalent 3 (total population of Bie Province PAV 2005 1,165,836)

Deadline: April 2006 to October 2007, 18 months

Donors: UNICEF, PAM

Partners: ACE, PROMAICA
Key activities that were carried

- Collecting data and information for Micro Planning
  a. Organization of the Provincial Seminar of FOF on the distribution of ITNs
  b. Organization of Seminar Municipal Micro planning
  c. Training of Supervisors and Distributors of ITNs
  d. **Training of Activists**: IEC held at the community: the volunteers were recruited in the areas covered by each U.S.
  e. Transport and Distribution of ITNs
  f. Following the placing and proper use of ITNs
  g. Participation in Monitoring and Evaluation
Kifangundu Kibala
Results achieved

- Were formed
- 24 trainers on the distribution of ITNs
- 156 of US technical supervisors and ITNs distributors
- 842 volunteers with members of village health committees

- 176,780 ITNs were transported in health facilities
- 87,622 ITNs distributed to children and 89,158 ITNs to pregnant women at 148 U.S $. 
Center of Suade Catembo Kuit
Distribution of ITNs through

A. Routine (Fixed Stations vaccination)

Alternative routes of immunization through advanced health teams (fairs)
Deputy Municipal Administrator Cunhinga – Volunteer IEC
Activities of the various actors in the community during implementation

Local Administrators
- Assistance in transportation of ITNs in some areas
- Moral support, opening and closing of training in health facilities
- Monitoring

ACE and faith-based associations PROMAICA
- Members as volunteers (Father Fernando and Pastor Mauritius), in addition to leaders, volunteers

Chiefs
- Participation in the selection of volunteers
- Members of health committees in the villages
- Participation in training as volunteers
- Organization distribution of ITNs in pregnant women in U.S $
- 210 chiefs took responsibility for safeguarding the ITNs distributed in their villages
Leaders of the churches
Support voluntary activities in pastorates and churches.
Reinforcing the IEC of ITNs during lectures (cults and / or masses) dissemination, Saturday or Sunday.

Midwives tradicional
Identification and education to pregnant women to receive ITNs and ante-natal consultations
Referral of pregnant women to U.S

Other NGOs
Collaboration and uniformity (messages) voluntarily
Avoidance of duplication, OXFAM UK 10,000 ITNs distributed in the same period in areas of difficult access and also to non-target population
Media
Radio, messages in national language (Israel Alfredo supervisor Bie)

MINEDUC
Health Club
Some constraints/problems and proposed solutions in the distribution of ITNs in the community

- **Transport**
  - Developing roads in areas with difficult access while transporting ITNs; e.g. Kuemba Camacupa and part of
  - Support of municipal administrators, the FAA and police in the transportation of ITNs. Some ITNs were transported by bicycle

- **Logistics support**
  - Lack of records or paper reports
  - Support of municipal administrators and paper is supplied in some counties.
  - Africare provided initially through the provincial malaria supervisor and continues to provide health facilities where the MOH did not support
- Lack of routine activities in $US
  - U.S without cold chain and without pre natal consultations
  - Use of advanced teams to distribute ITNs and to pre natal consultations

- Poor information
  - Women who walked long distances (25 km) and their children did not receive ITNs
  - IEC and provision of other services, culture and peri vaccination

- Statistics
  - ITNs distributed in some U.S. with no reports of distribution
  - Fixed the formative supervision on the ground, taking the report sheet to be filled collection of bookmarks and distribution in the U.S.
- **Do not use ITNs**: very small house, fire burn, color ITN
- IEC by volunteers and authorities formed
- In the commune of Trumba with the support of the Administrator some villagers increased the size of their houses to place ITNs

**Supervision**
- Staff of the U.S. without transport to carry out surveillance activities in the community
- The project decided to distribute bicycles to U.S. personnel responsible for health promotion to make supervisory visits in the communities

**Mitigating factors**
- Staff trained in distribution of ITNs were sometimes absent due to illness, urgent family, funerals etc.
- More trained staff during supervision, to support the distribution of ITNs
Directives

Confusion about who is the target group
Different guidelines, provincial program of UNICEF and the National Program for the Fight against Malaria.

Written and received guidance from UNICEF, distributed p/(MINSA, partners).

Incentives

Even though the work of voluntary, call for incentives
Multiple strategies used to encourage volunteers.
Motivation Volunteers: Multiple Incentive Strategies

- **Materiais**
  - ITNs
  - Bicycles
  - Food at work
  - Jerseys, hats
  - Educational materials and posters

- **Moral**
  - Views exchange of experience between cities.
  - Visits by local government
  - Certificates
  - Additional training
  - Acceptance preferred by nurses and authorities
Work of community volunteers on ITNs

- IEC in the prevention and control of malaria through:
  - House to house visits
  - Lectures
  - Theater
  - Dance
  - Song
- Check proper use and assist in proper placement of ITN.
- Routing Children, Pregnant Women to U.S.
ITNs
Lessons learned

Motivation of community volunteers to support their involvement in the definition of roles and responsibilities as well as the selection of volunteers, based on consensus own, clear and relevant goals of the project and recognition of U.S.

When religious or traditional leader serves as a model, participates in the area (High community participation).

The use of multiple incentives was critical to involve and mobilize and retain volunteers.

Volunteers should be given proper attention and respect traditional community leaders (chiefs). During the distribution of bed nets in Bie province, the chiefs took the leadership, not only seeing that pregnant women and children received the nets, but also took responsibility for finding his people following the use of mosquito nets.
Community volunteers are encouraged when they can see a tangible result. In the commune of Cacibo in Kibala Ndala, volunteers are very proud to mobilize families, while stating that they witnessed a tangible decline in mortality of children with the introduction of ITNs in their communities.

The training of the MoH at the local levels of service provision — management, monitoring, technical maintenance, data collection and record — support the sustainability of the project. The direct involvement of staff of MOH in community based activities brings trust and collaboration between communities / clinics.
- Tuapandula
- Thank You