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# PRESENTATION ON KIRDP'S EXPERIENCE ON ITN'S DISTRIBUTION IN THE COMMUNITY



BY

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AT HOTEL AFRICANA ON 31<sup>ST</sup> /3/09

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## INTRODUCTION AND BACKGROUND

- Kinkiizi Integrated Rural Development Program (KIRD DP) is a development programme operating in the Diocese of Kinkiizi, was launched in 2002.
  - Diocese of Kinkiizi covers the area of Kanungu District located in south western Uganda, is 400km away from Kampala.
  - It shares boarder with DRC in the west, Rukungiri District in the North, Kabale in South west and Kisoro District in the south.
  - It has a total land area of 1228,28km<sup>2</sup> with projected population of 270,000.
  - It has 9 sub counties and two town councils, 54 parishes and 508 villages.
  - The Programme is in its 3<sup>rd</sup> phase 2008-2010 and operates in 40 communities..
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# VISION

- To improve the quality of life of all people living in Kinkiizi (Kanungu District) and enhance development.
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# MISSION

- To proclaim the Good news of Jesus Christ and demonstration the love of God through practical services that are relevant to all people's needs so that they can enjoy God's full liberation (Luke 4:18-19)
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# GOAL

- To Contribute towards poverty reduction among communities in Kanungu District through empowering communities that can sustain their own development activities, thus contributing towards the achievement of the Millennium Development Goals.
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# PHILOSOPHY

Train persons how to fish , enabling them eat fish  
whenever they want.

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## THIRD PHASE 2008-2010 COMPONENTS

1. **Capacity building:** Training people in participatory Integrated Community Development (PICD) process . Focus is on the following:
    - Malaria control
    - Sanitation and homes improvement.
    - Food production and live stock management.
    - Feeder roads construction
    - Protection of water springs and water harvesting.
    - Education of children.
  2. Lobby and Advocacy.
  3. Gender :
  4. Net working and collaborations.
  5. Data management :
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## ACTIVITIES ON ITN`S DISTRIBUTION

- KIRDP has been involved in malaria prevention since 2000.
  - In 2004, 50 nets were procured and given free to the Batwa.
  - In 2005, Radio talk shows and workshops on malaria prevention were conducted, resulting in members to order for 1000 nets through KIRDP which they bought at a subsidized fee of 6000=
  - 8 women groups were mobilized to pool money for buying ITN`s where 2000 women have benefited .
  - In 2005 KIRDP in partnership with Africare procured 1000 ITN`s and sold them to members on request at a subsidized price of 6000.
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## RECENT KIRDP'S EXPERIENCE ON ITN'S DISTRIBUTION

- In 2008, AFFORD indentified KIRDP and gave her a mandate to distribute free LLITN`s to pregnant women and children below 5 years in the 2 Sub-counties of Kanyantorogo and Rugyeyo.
- 9253 LLITN were delivered to KIRDP by AFFORD for distribution on 3<sup>rd</sup> June 2008.
- Distribution of ITN`s was preceded by the following activities.
  1. Mobilization of beneficiaries through Churches and radio.
  2. Orientation of KIRDP staff as ITN`s distributors.
  3. Registration of beneficiaries at their respective parish centers .Beneficiaries brought immunization and antenatal cards as a proof.
  4. LC1 chair persons and drug distributors were invited to assist on registration to assure the nets to go to right beneficiaries .



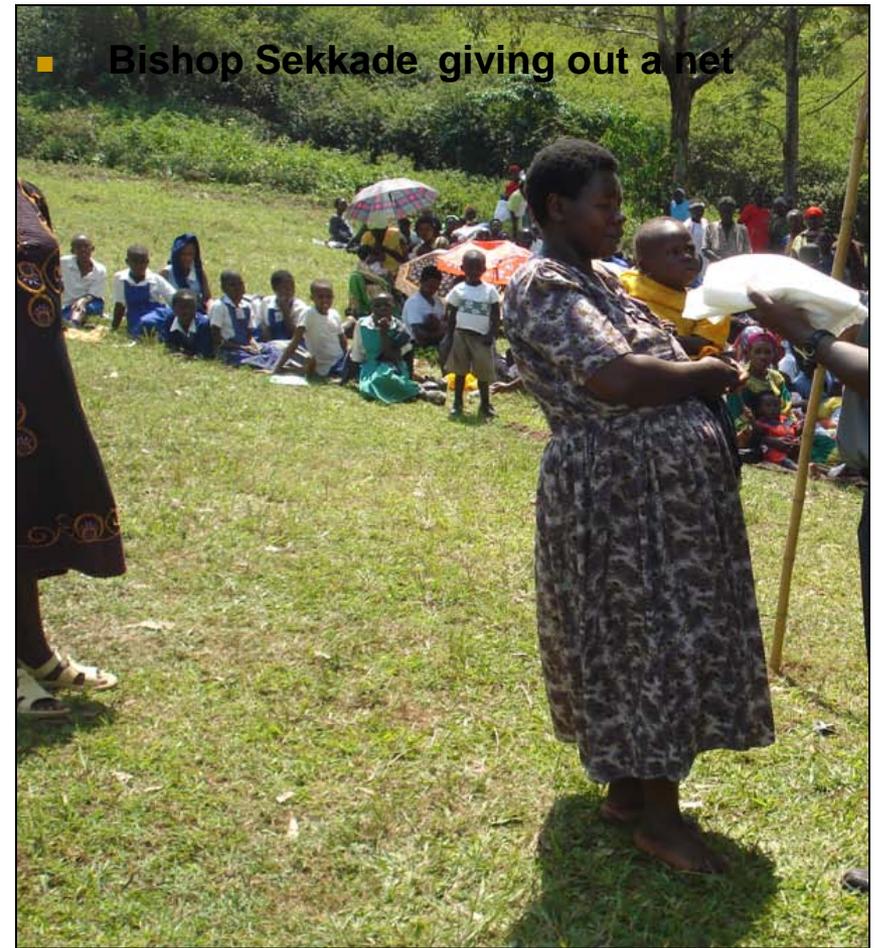
# DISTRIBUTION OF ITN'S

- Was done at parish centers by KIRDP staff where beneficiaries were registered
- KIRDP contributed staff, vehicles and funds.
- Demonstration on the use of the ITN's were done before giving out nets. →
- Beneficiaries were discouraged from selling out nets.



## ITN'S DISTRIBUTION

- The Bishop of the Diocese of Kinkiizi, the visiting of Bishop of Namirembe Diocese Balagade Sekade and MP Kinkiizi East Hon. C. Baryomunsi flagged off the distribution exercise in



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# Summary of ITN`s Distribution

## **Rugyeyo Sub-County**

- It is composed of 6 parishes and 62 cells
- A total of 3319 ITN`s were distributed as follows.

Children	2442
Pregnant women	218
Medicine distributors	112
<b>Total</b>	<b><u>3319</u></b>



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# KANYANTOROGO SUB-COUNTY

- Is composed of 4 parishes with 23 cells .
- ITN`s were distributed as follows

Children	3103
Pregnant women	435
Medicine distributors	43
<b>Total</b>	<b>3581</b>

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# KIHIIHI SUB-COUNTY

N.B. ITN`s that were distributed to Kihiihi were a balance from Ruyeyo and Kanyantorogo Sub-counties.

- Kihiihi is composed of 5 parishes but nets were distributed in only 3 parishes of Kibimbiri, Nyanga and Rushoroza as follows:

Children	2016
Pregnant women	280
Medicine distributors	13
<b>Total</b>	<b>2309</b>

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## LESSONS LEARNT

- Mobilization and sensitization through Churches and radio is effective.
  - Local leadership should be considered as beneficiaries to make the exercise easy .
  - Majority of parents cannot read and write therefore, there is a need for FAL classes to be established .
  - Most people want free things
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# CHALLENGES ON RECENT ITN`S DISTRIBUTION

- It was difficult to determine the age of children below 5 years due to lost immunization cards.
  - Local council leaders were not cooperative i.e. they demanded allowances and free nets .
  - Some pregnant women and parents forged immunization and antenatal cards.
  - High level of double registration to get more nets.
  - Sick and other vulnerable persons in areas of intervention who were not beneficiaries demanded for ITN`s and were not catered for.
  - Some mothers did not have antenatal cards as a proof of being pregnant.
  - It was difficult to get information from cards due to poor storage.
  - Non –beneficiaries appeared on distribution days making the exercise difficult.
  - Funds were not enough to facilitate the whole exercise
  - Pregnant women and children below 5 years from other Sub-counties that did not benefit raised complaints to the office.
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## RECOMMENDATIONS

- Persons living with HIV/AIDS and the elderly should be considered to receive free ITN`s
  - Sub-counties that were not reached should be considered
  - Partnership between KIRDPA, AFFORD and other government agencies involved in the fight against malaria should be maintained .
  - Follow up of ITN`s beneficiaries should be done to ensure proper utilization .
  - Sensitization on proper storage of immunization and antenatal cards should be done by government.
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# Thank you

- **REV. CAN. KENNETH KANYANKOLE**

