Uganda Malaria Communities Partnership (UMCP) Project

CSO collaboration in ITN distribution: a UMCP experience

MACIS Fresh Air Malaria Workshop
March 31st-April 2nd 2009, Hotel Africana

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Technical Officer, Malaria Consortium
Presentation overview

- Introduction to UMCP project
- Selection of CSOs and key CSO activities
- The LLIN distribution model
- Successes and challenges
UMCP Project Overview

- Funded through PMI’s Malaria Communities Program
- Partnership among: MIHV, Malaria Consortium, MACIS, 16 local CSOs, Local District Gov's, MOH/NMCP, CDC, USAID
- 3-year project (FY 2008-2010)
- West Nile Region – 7 Districts
- Primary beneficiaries – pregnant women, U5s – and CSOs
To reduce malaria-related mortality and morbidity in areas with poor access to health facilities, using a network of local organizations for the delivery of an innovative and participatory community-based malaria prevention and treatment program.
UMCP Objectives

- To develop a network of 16 CSOs with the capacity to deliver a generic model for malaria control in communities throughout West Nile
- To improve coverage of malaria prevention commodities (LLINs) – 100,000 over 3 years
- To improve proportion of children under 5 receiving effective/appropriate malaria treatment within 24 hours of the onset of fever
- To improve the proportion of pregnant women receiving 2 doses of IPTp
- To improve demand, uptake and utilization of effective malaria prevention and treatment services in the community
- To improve public-private coordination by training private health care providers on referral and prescription practices
- To disseminate lessons learned and project model for ongoing impact of project nationally and within the African Region
Selection of CSOs

- CSOs selected using a competitive and transparent interview process involving District structure
- Scale up:
  - Year 1 - UMCP partnering with 10 CSOs in 5 Districts
  - Year 2 - 6 additional CSOs in 2 additional Districts to cover entire West Nile Region
- Signed MOUs will all CSOs
- First network of malaria related CSOs for the West Nile region
- Each CSO works within 1 Subcounty (selected as a recommendation from the NMCP and includes SCs not previously reached by LLIN distribution)
Key CSO activities

- CSOs trained in the Community Based Malaria Curriculum approved by MOH
- Other capacity building training activities (organizational management - finances and proposal development)
- Coordination of CSO network to deliver services (training & support provided):
  - Net distribution across the West Nile region - 100,000 LLINs over 3 years
  - Education through IEC/BCC (Materials developed, health talks, MAD events, radio spots, role model encouragement, etc)
  - Supporting VHTs/CMDs in a range of activities including delivery of HBMF, promotion of net use, promotion of ANC attendance and strengthening link between VHT/CMDs & health facilities
  - Share lessons learned via MACIS Newsletter and other working groups and forums
The development of a new net distribution model

- Beneficiaries targeted were children under 5 in line with NMCP targets (pregnant women targeted through ANC distribution under AFFORD project)
- Model adapted from existing models (campaign distribution model and LLIN Facility utilising NGOs developed by Malaria Consortium under the AFFORD project)
- Model approved by MoH
The development of a new net distribution model cont.

- Model builds capacity within district health structure and of CSOs in LLIN distribution planning, delivery, monitoring and follow up:
  - ToT of SC trainers and CSOs in LLIN distribution model
  - SC trainers and CSOs train VHTs in the primary delivery of the net distribution
  - CSOs and CMDs work together to mobilise communities, register beneficiaries, allocate nets, conduct distribution, collect summary data post distribution (needed for reporting to MoH)
  - CSOs take lead in IEC/BCC activities around promotion of net use, involving VHTs
  - CSOs take lead in LLIN distribution follow up 6 months post distribution (simple quantitative and qualitative methods)
## UMCP net distribution model - outline

<table>
<thead>
<tr>
<th>Day</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Arrival Courtesy call DDHs office and planning for district sensitization</td>
<td>District</td>
</tr>
<tr>
<td>Day 2</td>
<td>Morning session - sensitization of district leaders</td>
<td>District</td>
</tr>
<tr>
<td></td>
<td>Afternoon session – ToT of CSOs (and 1 SC trainer per SC - to be attached to the CSOs)</td>
<td>District</td>
</tr>
<tr>
<td>Day 3</td>
<td>Village mobilization – invites for LC1s and CMDs for training</td>
<td>Village level</td>
</tr>
<tr>
<td>Day 4</td>
<td>Morning session – Orientation of parish leaders, LC1s, CMDs</td>
<td>SC level</td>
</tr>
<tr>
<td></td>
<td>Afternoon session – More detailed training of CMDs in the net distribution process</td>
<td>SC level</td>
</tr>
<tr>
<td>Day 5</td>
<td>Registration exercise of U5s</td>
<td>Villages</td>
</tr>
<tr>
<td>Day 6</td>
<td>Registration continues (half day) and allocation of nets (half day)</td>
<td>Villages – registration</td>
</tr>
<tr>
<td></td>
<td>Allocation involves reconciliation the actual number of beneficiaries registered against the number of nets available. Final beneficiaries need to be agreed. May need to prioritise</td>
<td>SC level – allocation</td>
</tr>
<tr>
<td>Day 7</td>
<td>Distribution</td>
<td>Parish</td>
</tr>
<tr>
<td>Day 8</td>
<td>Follow up and data collection/summaries</td>
<td>Parish</td>
</tr>
<tr>
<td>Day 9</td>
<td>Debriefing of DDHS. Presentation of distribution summaries for signing and departure</td>
<td>District</td>
</tr>
<tr>
<td>6 months later</td>
<td>Review net retention and use</td>
<td>Villages</td>
</tr>
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CSO LLIN distribution tools and materials

- Training manual. Topics included:
  - Refresher training on malaria
  - The importance of LLINs and how to use them
  - Key messages for supporting the use of the nets by the communities
  - Community mobilisation
  - Registration of beneficiaries and allocation of nets
  - How to carry out the distribution itself
  - Data collection and follow up
- Monitoring forms for data summaries post distribution
- IEC materials (posters, flip charts and beneficiary leaflets – translated into West Nile languages from those developed under AFFORD)
- Additional materials and IEC/BCC approaches (MAD days) to support ongoing promotion of net use
- Net distribution follow-up methodology (simple quantitative and qualitative)
### No. nets distributed

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>SUB-COUNTY</th>
<th>NO. OF PARISHES</th>
<th>PARISH POPN (APPROX)</th>
<th>CHILDREN &lt; 5</th>
<th>NO. VILLAGES</th>
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</thead>
<tbody>
<tr>
<td>ARUA</td>
<td>AROI</td>
<td>6</td>
<td>25,984</td>
<td>5,197</td>
<td>52</td>
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<tr>
<td></td>
<td>OGOKO</td>
<td>6</td>
<td>18,655</td>
<td>3,731</td>
<td>33</td>
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<tr>
<td></td>
<td>AJIA</td>
<td>9</td>
<td>26,495</td>
<td>5,299</td>
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<tr>
<td>MARACHA</td>
<td>NYADRI</td>
<td>4</td>
<td>29,326</td>
<td>5,865</td>
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<tr>
<td>TEREGO</td>
<td>YIVU</td>
<td>8</td>
<td>26,851</td>
<td>5,370</td>
<td>61</td>
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<tr>
<td></td>
<td>TARA</td>
<td>5</td>
<td>21,386</td>
<td>4,277</td>
<td>40</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>38</strong></td>
<td><strong>148,697</strong></td>
<td><strong>29,739</strong></td>
<td><strong>292</strong></td>
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</table>

- All participating CMDs also received a net
- All beneficiaries received a LLIN leaflet
Key successes

- Almost 30,000 nets distributed filling key SC gaps in the West Nile
- New model utilising CSOs successfully piloted
- Net retention and use to be explored in May
- Success stories also captured in the MACIS newsletter
Key challenges

- Getting the nets and supporting the distribution and IEC costs (distribution funded by Against Malaria Foundation, MTN Foundation, AFFORD project and Malaria Consortium)
- Level of training (too much/too little?)
- CMD retention/interest
- Mobilization abilities vary per LC/CMD, etc
Contact us

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Thank You

President’s Malaria Initiative

Minnesota International Health Volunteers
Uganda

malaria consortium
Disease Control, Better Health

MACIS
Malaria and Child Health
NGO Secretariat

THE REPUBLIC OF UGANDA

Uganda Malaria Communities Partnership