INTRODUCTION

South Sudan has an estimated 20-25 percent of the population living in endemic areas are at risk of contracting malaria. Malaria accounts for 40-45% of morbidity and over 20 percent of mortality seen at health facilities (MOS, 2009), it’s the leading cause of death in all age groups. Currently, the most common malaria prevention strategy is the mass distribution of LLINs. Since 2008 more than 9 million LLINs have been distributed through mass campaigns and routine health services.

Despite distribution, net ownership remains low with 95% of households in South Sudan having at least one net, and 95% have at least one net for every two people (MOS, 2009). Coverage in Lainya County – with 66% of households owning at least one net, 95% having enough nets for every household member – is close to the national target of 75%. Modelling shows that, even if universal coverage is attained, net ownership will still decline due to wear, tear and loss.

The purpose of the pilot in South Sudan aims to provide a sustainable method of replacing LLINs in households where they may have been destroyed, damaged or lacking.

OBJECTIVES

• Test community-based distribution systems in South Sudan.
• Determine the scaleability, accountability, and cost-effectiveness of such a model.
• Determine the effectiveness of such systems in maintaining universal coverage of nets.
• Guide policy on LLIN distribution in South Sudan.

METHODS & MATERIALS

Study site

Lainya County is located in Central Equatoria state, 100 km south of Juba, the capital of South Sudan. The county is 3,500 km2 and has a population of 280,000 (35,166 households). The population is served by a network of 21 functional health facilities (one hospital, 4 PHCC and 16 health posts), and 29 health workers including one doctor, 10 nurses and 6 midwives (Health Facility Mapping, 2010).

Pilot design

The continuous distribution system keeps beds nets in the community at all times in storage units established in Primary Health Care Centres (PHCCs) in all 5 payams, including rural hard to reach areas. The phc

The pilot uses a ‘pull system’ to ensure storage facilities never run out of stock. Community members receive net coupons from community health workers - Net Coupon holders - who are posted throughout the county at specific times. The pilot works with the coverage system in PHCCs during normal operating hours. The pilot also includes a system for determining the eligibility of persons/households that should get more nets, as well as criteria for selecting those members of the community who will determine whether or not the household is eligible. The design also takes into consideration the various stakeholders in the community and the country administrative structure, to ensure full community participation and scalability.

Malaria Consortium has taken the lead on designing the pilot’s study and implementing its implementation, including coordination with country implementing partners UNICEF, PSI South Sudan and the National Malaria Control Programme.

CONCLUSIONS

The overall goal of the survey is to establish baseline information on the pilot community in Lainya County. A total of 600 households were interviewed (6-27 Apr 2012) with a focus on the following key areas: level of household ownership, net use, LLIN attention, physical condition of current net, and equity in ownership. A key result was that ITN ownership of at least one ITN is equitable, 66%, and close to national target of 70%; and only 15% have enough ITNs for every person in the household. In addition to an ownership gap there was also a use gap leading to an overall very low rate of only 3% of the population using an ITN the previous night.

BASELINE SURVEY

The continuous distribution system keeps beds nets in the community at all times in storage units established in Primary Health Care Centres (PHCCs) in all 5 payams, including rural hard to reach areas. The pilot uses a ‘pull system’ to ensure storage facilities never run out of stock.

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At the current net coupon redemption rate of 95%, the pilot has already exceeded its target (6%).

Figure 1: Coverage in South Sudan

South Sudan Community-based LLIN Continuous Distribution Pilot in Lainya County
Lisa Woods, MPH, Project Coordinator, Malaria Consortium South Sudan
RoSS National Malaria Control Programme, USAID NetWorks, DFID Programme Partnership Arrangement

KEY ACHIEVEMENTS

BASELINE HOUSEHOLD SURVEY: Conducted baseline survey with a sample of 600 households with ethical approval from the Ministry of Health

LILIN DISTRIBUTION & MONITORING: Procured, sourced 50,000 LLIN and distributed and tracked 32,000 LLIN and 32,000 coupons to ensure no stock-out of nets and coupons

NET REDEMPTION: Achieved 95% countywide net coupon redemption

STORAGE FACILITIES: Established 95 LLIN storage facilities at health centres to ensure accessibility to nets

TRAINING: Trained 18 pilot volunteers - 60 community workers and 38 primary health care facility staff in community distribution of LLIN, malaria prevention and BCC to promote net uptake and use

COMMUNITY LEVEL NET USE MONITORING: 1,191 household visits conducted by net Coupon Holder Supervisors to track net coupon redemption, net availability and use

CONCLUSIONS

• BCC is key – constant communication and information about the use of nets is necessary to maintain community demand for nets.
• Strengthened partnerships and ongoing support supervision is crucial to the success of the pilot.
• Avoid overloading busy health workers by assigning net coupon and redemption responsibilities to auxiliary staff.
• Understand the context, be flexible and adapt – increasing geographic access may be more important than service hours.
• Continuous distribution requires heavy logistical support.

ACKNOWLEDGEMENTS

• Republic of South Sudan National Malaria Control Programme (RoSS NANCt) Central Equatoria State Ministry of Health
• Lainya County Health Department
• USAID Networks, UNICEF South Sudan, Population Services International (PSI) South Sudan, Dr. Albert Rolex
• Residents of Lainya County
• Lainya volunteers

DONORS

• Department for International Development (DFID)
• USAID (NetWorks project)

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1. South Sudan Malaria Indicator Survey 2009, Ministry of Health, Republic of South Sudan, Juba, 2009

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