



Community Based Volunteers - Increasing LLIN Utilization



2002 to 2008 – Post Campaign Progress to Date

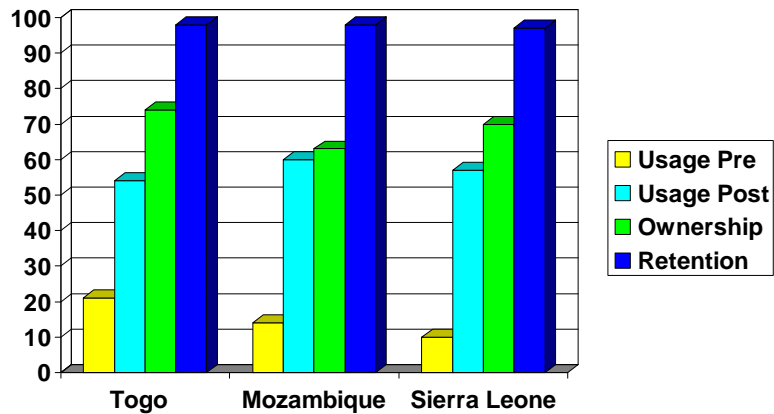
Ghana 2002 – Togo 2004 – Mali 2007

- 15,500 ITNs Ghana
- Togo 1st country wide campaign no post campaign activities planned to attain and maintain LLIN utilization.
- Mali integration of 5 health interventions distribution of 2.2 million LLINs. Immediate post campaign 'Hang Up', multi-year 'Keep Up'





2005-2007 Results Mass LLIN Distribution



Bridging the 25% Gap - Community Based Volunteers

Global Targets

- 80% RBM target for coverage by 2010
- 80% Usage of LLIN the previous night

National Targets:

- RC/RC role as auxiliary to government support objectives as set by National Malaria Control Program.
- 100% of programs that RC/RC has supported have included immediate post campaign (1 week) and multi year activities to increase net ownership and utilization from Indonesia to Mali. Togo – trigger for 'Keep Up' was the CDC 1 month post campaign survey.
- 3 Ns Newly Born Newly Pregnant New Arrivals
- Net lifespan (effectiveness / durability)

Focus Populations

- RC/RC volunteers focus activities on populations in with limited / no access to basic health services – often rural populations.



'Hang Up'

Activities:

- Objective is to get net out of bags and hung over sleeping space.
- Key messages on who should be under the net.
- Volunteers work at the community and HH level.
- Volunteers cover a # of communities or HH
- Target 80% utilization by U5's and pregnant women in targeted communities.

When:

- Immediately following mass distribution
- Just before the start of the rainy season
- Multiple 'Hang Up' campaigns in a year

Where:

- Indonesia, Madagascar, Mali



'Keep Up'

Activities:

- Multi year activity
- Target 80% net ownership / usage
- Target 80% completion of ANC – EPI contacts
- Share knowledge on the importance of nets, where they can be acquired, demonstrate the proper use of nets, assist in hanging nets
- Includes distribution of LLINs free of charge via proximate health facility or other partners at the community level if health facility is not accessible, HBC programs, emergencies settings.
- Not limited to nets – support NMCP strategy (IRS, recognition of danger signs and referral to treatment / access to treatment at the community level

When:

- Immediately following the completion of 'Hang Up'

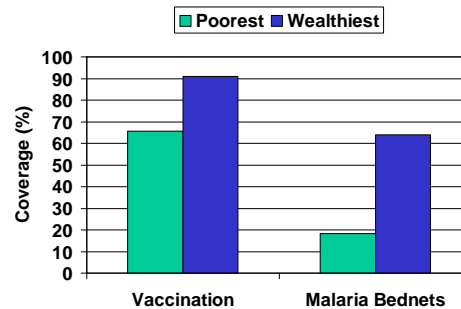




Challenges

- Access to basic health care (Source MoH PoA) Togo 39% / Mozambique 40% / Sierra Leone 38%
- This increases to 80% and more for EPI and ANC
- Majority of districts the system for routine distribution of nets is not working. Stock ruptures, stock management weak or non-existent. Distribution through routine in a number of cases is not working. Not an issue of funding.
- Challenges is messaging to access nets routine and no stock available.
- Lack of contact with males

Access to “free” health interventions, by family wealth, Kenya, 2003



(Source: World Bank, World Development Indicators 2006)

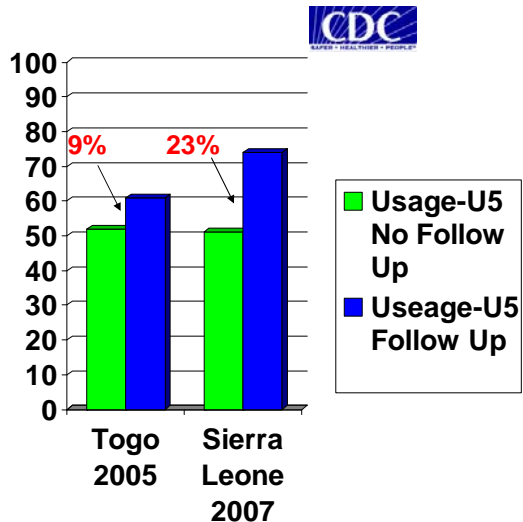


Opportunities

- Improved results when individual volunteers are recruited and work in their local communities
- Improved results when there is a strong link to MoH at the district level
- Need local problem solving at the district level and down
- ‘Keep Up’ link to ANC and EPI allows for 1,000’s of contacts within a country (Fixed facility and weekly outreach). Link the RC/RC volunteers with the MoH at the district level
- ANC / EPI (women) RED EPI outreach contact with community leaders (men)
- RC/RC is positioned to support these activities



Impact on Utilization with one follow-up visit by a community based volunteer



Costing

'Hang Up'

- USD 0.07 per net based on (Sierra Leone, Madagascar, Mali). Cost includes training, supervision, transport, incentives.
- Costing is linked to mass distribution where a single training takes place – covering pre, distribution, post distribution social mobilization activities.

'Keep Up'

- USD 0.25 – 0.35 per targeted HH per month. Activities include (training, transport, incentives, net distribution, recognition of danger signs, monthly supervision planning meetings with MoH)



Bridging the 25% gap 2008 - 2010

- Immediate post distribution 'Hang Up' activities are included in every program objective 100% coverage.
- 'Hang Up' should be followed by multi-year community based activities to maintain / increase utilization.
- In addition to reinforcing the link to routine health system need to move nets from health facility level of getting those out to communities that lack access.
- Expansion of 'Hang Up' to cover every HH (Mali 2008)
- Data to be generated and shared during 2009 meeting:
 1. Intensive 'Hang Up' planned Mali 2008
 2. Costing of 'Hang Up' / 'Keep Up' and effect on utilization
 3. Assess effectiveness of community based volunteers to carry out health promotion interventions following mass distributions.



Thank you

