Combining primary schools and antenatal care as a channel for continuous mosquito net distribution to maintain high net coverage

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Key messages

- Combining antenatal care (ANC) and primary schools as channels for continuous long-lasting insecticidal net distribution (LLIN) can help maintain high LLIN coverage at community level in Uganda.
- Primary schools can serve as an effective channel for continuous LLIN distribution programmes within Uganda, leveraging on high attendance and enrolment in primary schools and existing school structures and personnel.

A Pupil of Pokongo Rock Primary School receives a net from the Minister of Primary Healthcare

Introduction

Following a mass LLIN distribution campaign led by the Uganda Ministry of Health, Malaria Consortium piloted a number of continuous LLIN distribution channels to maintain the high net coverage levels achieved from the campaign. Specifically, an approach that combined ANC clinics at public health facilities and primary schools were explored for continuous distribution because of its potential to reach a larger proportion of the population due to the the high rates of antenatal care and primary school attendance (primary school gross attendance ratio is 128% and net enrolment ratio is 97.5%).

Methods and results

LLINs were distributed to pupils through teachers in primary schools. For ANC, LLINs were distributed to health facilities and issued to expecting mothers during ANC clinic days. Data was collected through routine monitoring and HMIS data and through periodic surveys.

Table 1: Primary school beneficiary age distribution

Class year of students	Range	Median
Year 1	5, 14	7
Year 4	9, 18	11
Gender	**Range**	**Median**
Female	5, 18	8
Male	5, 17	8

Table 2: School LLIN distribution

Project year	Target	Planned LLINs	Students registered	LLINs issued	Percentage achieved
Year 1		32,957	31,416	36,096	115
Year 2	102,271	34,078	58,943	51,506	87
Year 3		35,236	31,872	29,474	92
Total		**102,271**	**122,231**	**117,076**	**96**

A total of 117,076 LLINs were distributed to school pupils out of the 122,231 that were registered (96%). The number LLINs distributed were more than the number planned for by 14,805 (15%).

Table 3: ANC LLIN distribution

Project year	Target	Planned LLINs	LLINs issued	Percentage achieved
Year 1		14,183	9,670	68%
Year 2	42,550	14,185	11,400	80%
Year 3		14.182	11,540	81%
Total		**42,550**	**32,610**	**77%**

*ANC clinics received 32,610 LLINs, which is 77% of the project's target

Table 4: LLIN use by recipients in 800 households

Project performance tracking indicator on LLINs	Baseline	End-term
Households with at least one ITN/LLIN	99%	91%
Children under 5 years who slept under LLIN the night before	94%	82%
Population who slept under an ITN the night before	86%	87%

Figure 1: Net coverage of mosquito net sources

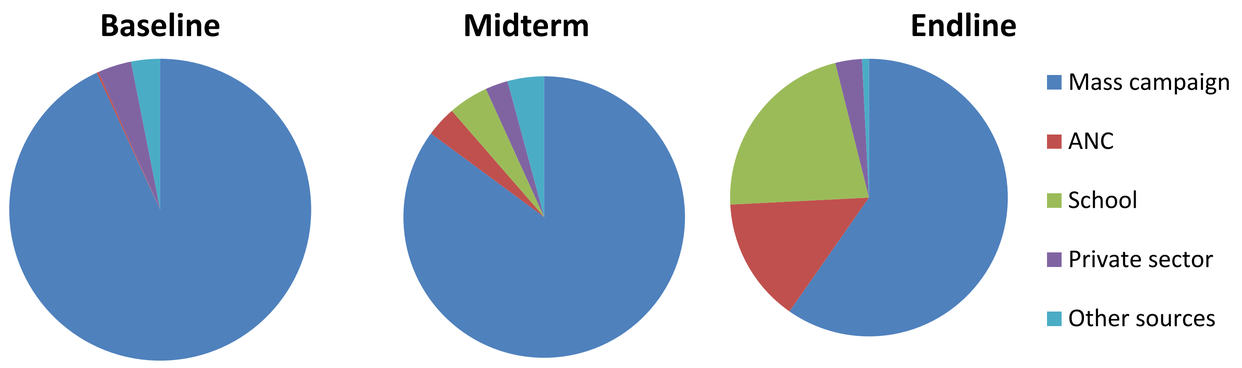


Figure 2: Malaria infection during pregnancy in Tororo

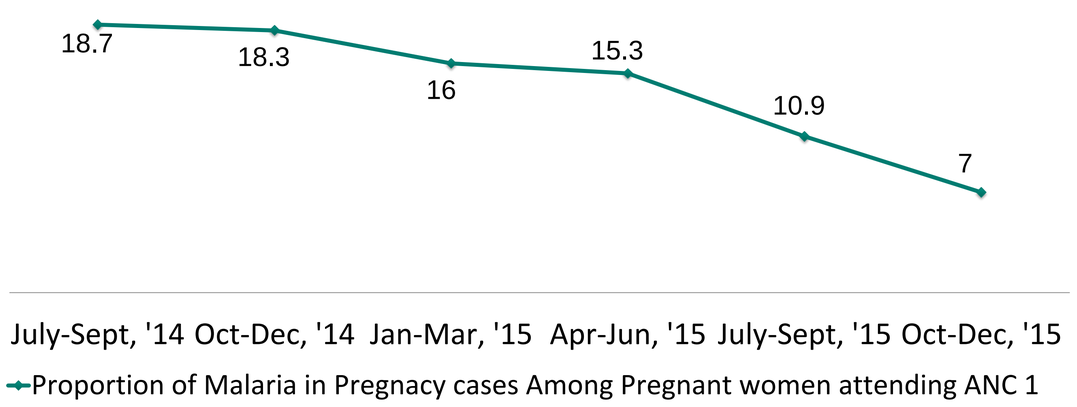
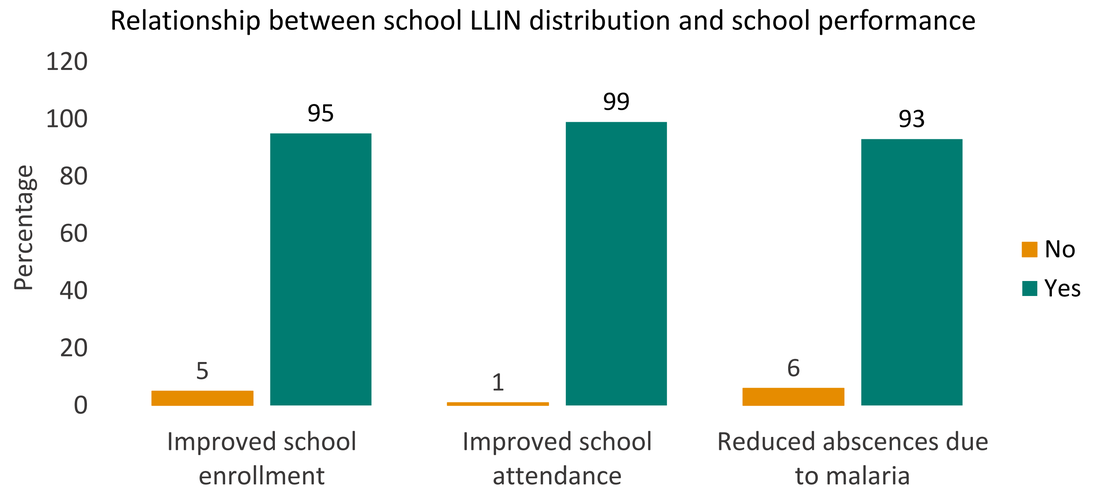


Figure 3: School performance



*This rapid assessment was carried out among 91 school teachers

Conclusion

Using antenatal care (ANC) and schools as channels for continuous LLIN distributions contributed to the maintenance of LLIN coverage in households at 91 percent, which is above the recommended national coverage rate of 80 percent.

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