Intervention

Lainya County in Central Equatoria State, Republic of South Sudan was selected for a one year pilot programme to test the feasibility of a community-based, demand-driven, continuous distribution scheme for ITN for a population of about 250,000 following a mass distribution campaign in 2011. Families who did not have ITNs or had lost nets due to wear and tear could approach one of 50 “net coupon holders” (1/700 households) to request a new ITN. If the eligibility was confirmed a coupon was issued and one ITN per coupon could be obtained from one of 23 distribution points (1/2,500 households). Implementation was done jointly by the County Health Department and Malaria Consortium and accompanied by social mobilisation and behavioural change communication.

Methods

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Results

Between May 2012 and March 2013 a total of 30,530 coupons were distributed and 28,696 were redeemed (94%). Output as well as redemption rate was constant over time (Figure 1) averaging 3,188 per month. Most coupons (57%) were given because the family did not have enough ITN for all household members (1 ITN per 2 people), 32% to replace worn out or destroyed ITN and 11% for pregnant women who delivered in the village and did not attend ANC. Of all nets obtained by households during the pilot 68% came from the community distribution, 15% from ANC and 10% from the market.

Programme effectiveness was high: 74% of all households in the county requested a coupon and 69% had at least one ITN from the scheme at the endline survey, i.e. 93% of those requesting also received and retained the ITN. The proportion owning at least one ITN increased by 16%-points (Figure 3) and the proportion with enough ITN for all members more than doubled reaching 46%. At the end of the pilot, 83% of communities had at least 80% of households with any ITN (up from 40%) and 63% of communities had at least 50% of households with enough ITN for all (up from 3%).

Conclusions

• The community-based LLIN distribution pilot was well received and achieved high levels of program effectiveness
• ITN ownership could not only be sustained from the previous campaign but significantly increased towards “universal coverage”
• ITN use improved significantly to 81% of those with access to ITN also using them
• This study provides evidence that a community-based, demand-driven approach to continuous distribution works
• Cost analysis is under way to provide evidence of the cost-effectiveness of this approach

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