

Safe and effective bednet distribution in the midst of a pandemic

Everyone has been forced to adapt to new ways of working and living. In the malaria world, this means implementing new strategies to maintain mosquito net distributions to protect families from malaria despite disruptions caused by COVID-19.

During these challenging times, where transport and gatherings are restricted, we'd like to recognize Benin as a country that has not wavered in their commitment to tackling malaria. Among the keys to a safe and successful distribution: effective coordination between the country, its funder and implementors; well-trained health workers conducting "no touch" door to door distribution; revised content to accompany the nets that offered both information on malaria and COVID-19; and enhanced safety measures to protect their health workers with personal protective equipment (PPE). Remarkably, 13,557,012 people, close to the 14+ million population of Benin, are protected with some 7,638,192 nets delivered in advance of the high malaria transmission season.



Healthcare workers in Benin distribute LLINs during COVID-19 in May 2020

For the first time, community health workers in Benin went door-to-door to distribute long-lasting insecticidal nets (LLINs) across the country. We have the photo story of our PermaNet® 3.0 being distributed during COVID-19.



After the nets have been approved by customs, the bundles are re-checked before they're taken to different communities for distribution.



Once the nets have been taken to the different communities, health workers work in teams of 4.



Village chiefs are responsible for taking care of stocking the nets that are stored locally.



The delivery agent is responsible for collecting the LLINs from the village chief and delivering them to the agents who are conducting door-to-door distribution.



Healthcare workers on their way to distribute the LLINs, door-to-door.



The technical agent scans all registration tickets. This agent never comes into contact with

the ticket.

Only the technical and distribution agent is ever in direct contact with people. Once they hand over the nets, these trained agents give messages on malaria, how to use the bed nets and answer questions. Each house takes approximately 5-10 min.



After the technical agent scans the QR code, the distribution agent hands over to the recipient the number of nets displayed by the electronic device based on household registration.

Excerpt from Professor Aurore Ogouyemi-Hounto the National Coordinator for the National Malaria Control Programme (NMCP) in Benin

“The 2020 edition [of the LLINs distribution campaign], which was highly digitized, was put to the test by the occurrence of the COVID-19 pandemic. In this context (...) and with the determination of Benin’s Minister of Health to ensure a resilient health system, we made the bold decision to continue the distribution phase of LLINs to households.

This decision undoubtedly had many requirements and adaptations (...) on the effective distribution of LLINs to households and on the respect of precautionary measures defined by the government of Benin to minimize the risks of coronavirus transmission during operations.

We are grateful for the support from the Government of Benin and all the partners who accompanied us throughout the process to accomplish this achievement. This has enabled Benin to implement the secure mass distribution campaign 2020 with satisfactory coverage rates in the context of the COVID-19 pandemic. The NMCP is therefore proud to have achieved this objective, as success was not guaranteed

‘Long live the fight against malaria.’”

**Text was translated from French to English*

How does a normal LLIN distribution differ from a door-to-door distribution during COVID-19?

Outside of COVID-19, a normal LLIN distribution occurs at a fixed point and could take up to 8 days.



Large groups gather in Uganda during a normal LLIN distribution to receive their long-lasting insecticidal bed net in 2017.

When comparing to normal LLIN distributions, those conducted door-to-door require double the time.



To not disrupt malaria services, LLIN distributions must be done door-to-door during COVID-19 and require double the amount of time compared to normal LLIN distributions.

We continue to applaud the efforts of all front-line workers around the world who are battling COVID-19. We also want to recognize the great achievements made by countries, like Benin, that ensure the continuity of health services, remain attentive to other diseases, and also find new solutions for combatting malaria.