



Lake Tanganyika Floating Health Clinic
Katanga Kicks Malaria
Moba Territory, Democratic Republic of the Congo
2010

I. Context and Justification of Project

Malaria is the leading cause of morbidity and mortality in the Democratic Republic of the Congo (DRC), where some 97 percent of the population lives in areas where the disease is endemic and transmitted throughout the year. About 200,000 people die every year from this disease, many of whom are children under five years of age. Recognizing that malaria has and continues to ravage its population, the DRC is taking practical steps on numerous fronts to help eradicate this preventable disease. Still, approximately 90 percent of the population does not have or use impregnated mosquito nets.

Long-lasting insecticide treated bed nets (LLINs) are a lynchpin in a comprehensive strategy to decrease morbidity and mortality from malaria. They are highly cost-effective, easy to use, and a major component of the [World Health Organization's \(WHO\) anti-malaria program](#). Currently, there is a nearly 11 million net gap in the DRC, preventing the country from reaching one of the Millennium Development Goals of achieving universal bed net coverage by the end of 2010. Katanga Province has the single largest component of this gap, requiring some 5.5 million nets.

While multi-laterals and other entities have begun to find funding for these nets, the second and more difficult phase concerns the actual distribution of nets into households for proper use by populations who desperately need them. This implies the need to develop comprehensive education and distribution pilot programs to execute this crucial phase.

II. Project Activities

In an effort to help address the human, social, and economic costs of malaria in the DRC, the [Lake Tanganyika Floating Health Clinic \(LTFHC\)](#) created and implemented **Katanga Kicks Malaria 2010 (KKM)**, a unique, innovative, and multi-phase anti-malaria educational outreach program tailored specifically for the Great Lakes Region of Katanga Province.

The LTFHC partnered with local, provincial, and national DRC governmental bodies; local, provincial, and national healthcare professionals; national and international non-governmental organizations (NGOs); professional Congolese football players; United Nation's (UN) agencies, such as the [United Nations High Commissioner for Refugees \(UNHCR\)](#) and [UNICEF](#); national and international business leaders; and others, to jointly implement **KKM**.

Phase I Activities

Harnessing the excitement and energy that surrounded the [FIFA World Cup 2010](#), the LTFHC and its partners implemented Phase I of KKM in Moba Territory, a remote area of the DRC situated on the shores of Lake Tanganyika, from June 18 – July 9, 2010. The following major activities were successfully implemented during Phase I:

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- **Targeted anti-malaria education program.** The LTFHC kicked off KKM with a comprehensive and targeted anti-malaria education program. The program's curriculum, designed by [Grassroot Soccer](#) in close collaboration with the LTFHC, engaged professional Congolese football players and community role models to educate and engage youth and community leaders in a football-based malaria education project in rural communities along Lake Tanganyika. Twenty-five local community role models and four professional Congolese football players were trained as KKM coaches to sensitize adults and youth in their communities and distribute 15,000 LLIN's.
- **Registered 7,500 households.** Working with local community role models and healthcare workers, the LTFHC registered 7,500 households, comprised of some 45,000 residents, in the remote Moba Territory Health Areas of Liombe, Kizike, Kapampa, Kiku, Kapote, and Livua – areas that are accessible only by Lake Tanganyika.
- **Positioned 15,000 LLIN's in Moba for distribution.** The LTFHC mobilized funds to purchase 15,000 [Olyset](#) LLINs, manufactured by [A to Z Textile Mills](#) in Arusha, Tanzania. The LTFHC transported the LLINs across Tanzania, Zambia, and Lake Tanganyika to Moba, where they were imported into the DRC.
- **Organized exhibition football match.** The twenty-five local community role models and four professional Congolese football players trained as KKM coaches, as well as local players from boys' and girls' Moba football clubs, played an exhibition football match organized by the LTFHC. During halftime, the KKM coaches conducted anti-malaria training sessions with Moba residents.
- **Live broadcasts of World Cup matches.** The LTFHC broadcasted live the World Cup semi-final matches during two "movie nights" in Moba. In addition to the World Cup matches, the LTFHC screened an educational healthcare video produced by [Medical Aid Films](#) about safe birthing practices.
- **Increased awareness.** Using proven methods of communication and a broad community based outreach approach, the LTFHC brought to the greater attention of DRC government leaders and officials, the international community, and Congolese citizens that by working together, it is possible to combat the leading cause of morbidity and mortality in the DRC.

Phase II Activities

Completing Phase II of KKM prior to the onset of heavy seasonal rains and uncertain Lake Tanganyika conditions required tremendous logistical organization and perseverance. The LTFHC and its partners successfully implemented the following major Phase II activities:

- **Conducted KKM educational sessions.** During August, September and October 2010, most of the twenty-five local community role models trained as KKM coaches conducted educational sessions in their Health Areas, sensitizing the population regarding proper anti-malaria practices and preparing them for the late-October distribution of the LLIN's and other materials. Adults and children in these communities participated in the KKM educational sessions.
- **Transported overland from Lubumbashi to Moba [Hope is a Game-Changer](#) Project soccer balls.** Positioning the [Hope is a Game-Changer](#) soccer balls in Moba Port for

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eventual distribution to the Health Areas was key to the soccer ball-based malaria education project. It was also a herculean task. The LTFHC successfully completed the nearly 1,000km overland journey in five days, and 400 footballs were delivered to KKM coaches to distribute to all the primary schools in each Health Area, as well as soccer clubs in Moba Plateau and Moba Port.

- **Advance Trip to Moba Territory Health Areas.** Two local LTFHC staff members and a Moba Health Zone official conducted an advance trip to the six remote Moba Territory Health Areas from October 18 – 24. During the weeklong journey, the LTFHC finalized household registrations, met with and further prepared the KKM coaches and population, and informed local authorities of the pending distribution.
- **Distributed 15,000 LLINs and other material to Moba Territory Health Areas.** The LTFHC chartered the M/V Lengwe, a ship based in Kalémie, and loaded it with the 15,000 LLIN's, 325 [Hope is a Game-Changer](#) soccer balls, a variety of anti-malaria best-practices educational material in French, Kiswahili, and Tabwa, and other supplies. The M/V Lengwe, its crew, and eight LTFHC team members departed Moba Port on October 25 to conduct the distribution. Over the ensuing four days, the LTFHC sailed to and stopped in Liombe, Kizike, Kapampa, Kiku, Kapote, and Livua. In each village, the LTFHC offloaded and delivered nets and materials to the health centers for distribution and witnessed KKM demonstrations conducted by KKM coaches and village residents. The KKM-trained coaches, all of whom are from each of the six Health Areas, will spearhead the distribution of nets to households. Each coach was given a hammer and nails, to immediately install and use nets upon household distribution.

Additional Activities

- **Additional anti-malaria education programs.** KKM is a pilot program intended to test and verify the efficacy of its comprehensive education and distribution methods. If successful and funds are available, the LTFHC could implement the program in the remaining Moba Territory Health Areas, as well as expand into Kalémie Territory Health Areas and the Uvira, Nundu, and Fizi Territory Health Areas of Sud Kivu Province, to complete bed net coverage of the DRC side of Lake Tanganyika. The method would also lend itself to other Health Areas in the DRC and Africa's Great Lakes region.
- **Monitoring and evaluation.** A key component of the KKM curriculum is monitoring and evaluation. In addition to conducting educational sessions, the KKM coaches will frequently monitor the population's anti-malaria practices, including ensuring that LLINs are properly used and accordingly provide feedback to the LTFHC. Grassroot Soccer has collected preliminary metrics, and monitoring and evaluation techniques were a part of the comprehensive training curriculum for the KKM coaches.
- **Media and communications strategy.** Because of the national and provincial magnitude of malaria in the DRC and the high-level officials, football players, organizations, etc., collectively involved in helping to try and solve it, the LTFHC will implement a basic media and communications strategy to ensure that KKM continues to receive appropriate high-profile local, national, and international media coverage. And importantly, the LTFHC will continue to promote the fact that the DRC is helping itself.
- **Continued close collaboration with key stakeholders combating malaria in the DRC.** Despite the efforts of numerous key stakeholders who are working diligently to combat

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malaria in the DRC, the problem still exists on a massive scale. The LTFHC will continue to work with key stakeholders playing critical roles in this fight and encourage others to participate. See Annex A for LTFHC KKM partners.

III. Project Results

- 7,500 households, comprised of some 45,000 residents, registered in Moba Territory Health Areas of Liombe, Kizike, Kapampa, Kiku, Kapote, and Livua.
- 25 community role models and four professional Congolese football players trained as KKM coaches to sensitize adults and youth in their communities and distribute LLIN's.
- Comprehensive educational sessions designed to decrease morbidity and mortality from malaria conducted in Moba Territory Health Areas of Liombe, Kizike, Kapampa, Kiku, Kapote, and Livua.
- 15,000 LLIN's distributed.
- 400 footballs delivered to KKM coaches to distribute to all the primary schools in each Health Area, as well as soccer clubs in Moba Plateau and Moba Port.
- Increased awareness among Moba residents, Moba Territory health care officials, DRC government leaders and officials, the international community, and other Congolese citizens that by working together, it is possible to combat the leading cause of morbidity and mortality in the DRC.

IV. Budget

The LTFHC raised funds from private and public entities for KKM. Please see attached budget.

V. Annex

Annex A: LTFHC KKM partners

Annex B. Budget

Annexe A

LTFHC KK M PARTNERS
The Office of President Joseph Kabila
The Office of Katanga Province Governor Moise Katumbi Chapwe
The Office of Sud Kivu Province Governor Marcellin Chishambo Ruhoya
The DRC Programme National de Lutte Contre le Paludisme (PNLP)
The DRC Ministre de la Santé, de l'Intérieur, de Planning, Education, and others
Katanga Province healthcare professionals
Professional Congolese football players and FECOFA
The UN Special Envoy for Malaria and the African Leaders Malaria Alliance
UNHCR, UNICEF, other UN bodies
Grassroot Soccer
CARE International
Olyset Net
Mission Aviation Fellowship
Tenke Fungurume Mine
The Gertler Foundation
Hope is a Game Changer/Sager Family Foundation
Search for Common Ground/Moba DRC
Medical Aid Films
Ambassador Duty Free, South Africa
ABS Mamry ADG
Portage Freight Forwarding
Private donors

Annexe B - KKM Budget

Description:	Amount:
Phase I	
Programmatic Expenses	\$76,934
Educational Development Costs	\$26,068
Long-lasting insecticide treated bed nets (LLINs) and delivery	\$90,000
Phase I subtotal	\$193,002
Phase II	
Programmatic Expenses	\$38,154
Phase III	
Programmatic Expenses	\$6,955
Total KKM Budget	\$238,111