UGANDA RED CROSS SOCIETY.

REPORT ON DISTRIBUTION OF LLITNS IN HOMEBASED CARES

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LLITN POST DISTRIBUTION SUMMARY REPORT

Introduction

Uganda being one of the countries badly hit by malaria as top killer disease, Uganda Red Cross society with partners have been fighting malaria using mosquito nets, Indoor residual spray, home management of fever, intermittent presumptive treatment for expecting mothers using both hardware and software strategies respectively in six districts.

With the receipt of 2000 LLITNs, and with previous assessments of high malaria vulnerability levels among people living with HIV/AIDS, 380 PLWHAs, 270 OVCs under five years, 100 pregnant women, ,230 single headed households and 20 disabled/elderly were targeted in Kampala East branch-slums of Naguru I and II and Bukoto; and then 400 PLWHAs,280 OVCs under five years, 120 pregnant women, 150 single headed households and 50 disabled/elderly were targeted in the camps of Kapelebyong -Soroti branch Initially; the proposal was for 6 districts; when Uganda Red Cross society had not sought clarification on the number of nets to be distributed and the cost implications to the different communities. Later alone a decision was made to concentrate on two branches that were highly prone to malaria, so as to realize a wider impact.

Kampala East: URCS is implementing a home based care project in this branch. The home based care has got 400 PLWHAs (Direct beneficiaries) and 600 indirect beneificiaries.These are slum areas where service coverage is very low. Prostitution to make ends meet is also at its peak, with little or no consideration towards malaria control but survival in terms of feeding and other priorities. Here drainage systems are too poor and act as the mosquito breeding sites in the highly congested but less served slums.

Soroti/Katakwi: URCS Soroti Branch is implementing a home based care project in Kapelebyong Sub County, which neighbours Karamoja region, and is within Katakwi district. The home based care has got 380 PLWHAs a (Direct beneficiaries) and 620 indirect beneficiaries. People in Kapelebyong have been living in IDP camps since 1987 due to the Teso armed rebellion orchestrated by the rebels of the Uganda People's Army (UPA) and the cattle rustling and constant threat from Karamojong warriors further displacing most people to Soroti Municipality.

DISTRIBUTION CRITERIA OF THE 2000 LLITNs

- From the airport the nets were transported to the URCS main warehouse in Kampala.
- After assessment of potential beneficiaries and receipt of names from the two branches, nets were transported to the branches.
- Using the previous distribution arrangement for food among the items at specific sites, single distribution efforts were arranged at sub county level in both branches.

- Apart from distribution, messages on other options for malaria control and control of other opportunistic infections among this vulnerable group of PLWHA were passed on by both the district and Red Cross officials.

LLITN distribution table

Branch	**Direct beneficiaries**	**Indirect beneficiaries**	**Pregnant mothers**	**Vulnerable children Under 5**	**Single headed /orphans**	**PLWHA**	**Other prone categories (disabled/elderly)**	**Totals**
Soroti (Kapelebyong)	400	600	120	280	150	400	50	1000
Kampala East (Nagulu/Bukoto)	380	620	100	270	230	380	20	1000

NB: Apart from the PLWHA category, that were open about their sero-status; the rest of the categories sero-status did not matter. Vulnerability to HIV/AIDS impact together with proneness to malaria was the driving criteria that were drawn in partnership with the government officials.

On average; house holds got two nets each; but in some cases a house hold could get one e.g. where there is man and wife alone; and where the project had given a member before, or in rare cases three, where there are bedridden clients sleeping separately; with young vulnerable children in the same household.

Therefore on average; 1000 households benefited from the nets (500 for Kampala east and 500 for Soroti).

“Structures that allow mosquitoes to flock in” was just to emphasize the poor housing conditions of the target groups especially in slums and camps where doors and even roofs would some times be in a sorry state. However, it can be edited accordingly.

ENSURING FOLLOW – UP AND UTILIZATION OF LLITNs:

- Besides, the homecare facilitators and other community malaria drug distributors following up proper usage of nets in the households, they will also work with the nearby health centers to track malaria incidence and extract the statistics accordingly.

- Proper usage was also assessed as usual with sampled home visits to avoid misuse or improper use. With testimonies about malaria incidences among the beneficiaries, their dire need for nets, and with trained homecare facilitators who conduct routine home visits, there is no doubt that proper use of the LLITNs will reduce malaria incidences among these vulnerable individuals.

- The Home care facilitators will do mini surveys on malaria incidence using the local health centres records. Proper and consistent use will be ascertained through the on going home visits by the Red Cross home care facilitators.

By Lydia Mirembe
URCS Information Officer

Two thousand people living with and affected by HIV/AIDS in Naguru (Kampala) and Kapelebyong (Soroti) have received insecticide treated mosquito nets from Uganda Red Cross Society. The nets were a donation from World Swim For Malaria foundation, through the International Federation of Red Cross/Red Crescent Societies (IFRC). World Swim for malaria foundation is a UK registered charity involved in raising and provision of funds for the prevention and treatment of malaria.

The beneficiaries, 1000 from Naguru and 1000 from Kapelebyong, mainly included People living HIV/AIDs orphans and vulnerable children, pregnant women, single-headed households, and people living in structures that could easily allow mosquitoes to flock in. These were all selected under the Uganda Red Cross home based care program, under which community based volunteers are trained and facilitated to assist HIV/AIDS patients in their respective communities and to help them strengthen their coping capacity. The nets they received were to help prevent malaria, among this group of people who are particularly vulnerable.

In both areas, beneficiaries gave moving testimonies about the great improvement in their lives since they became part of the program.

Destar Okure, a 44 year-old mother of seven was one of the 1000 who received nets in Kapelebyong camp, in Soroti Branch. As she happily spread her net over her bed in a small hut, she narrated the improvement in her life since the she registered with URCS home based care project in 2003: “Before I registered with Uganda Red Cross, my body was wasted. I went to all the local clinics, and to witchdoctors but none of them could tell me openly that I was HIV positive. They always said it was malaria. Then the home based care volunteers visited me, counseled me and encouraged me to take a voluntary HIV test, which came out positive. From then on, the volunteers visited me regularly. They comforted me and even helped me with food supplements. Now I am much stronger and able to take care of my children. And now they have also given me a mosquito net! If I got malaria today, it would make me so weak. But I am happy that now I have a net to keep the mosquitoes away.”

Similarly, Joseph Adungo speaks of the new lease of life he has got from the Uganda Red Cross Home based care project: “I have enjoyed a new life since the Red Cross came into Kapelebyong in 2002. The home based care volunteers gave me ideas for saving my life. I can’t remember when I got infected with HIV but I know that my life was deteriorating everyday. The home based care volunteers then introduced me to Uganda Cares where I get ARVs. I used to get malaria and cough all the time, but they have stopped now since I also received a mosquito net from the volunteers. Now I decided to join the team as a home care facilitator. Many people who saw me close to death can now believe that you can live with HIV/AIDS if you take good care of yourself. I was down and about to die. I am a living example. I visit about 400 other people living with HIV in Kapelebyong and

Odited. I look at Red Cross as my father and Uganda Cares as my mother because they gave me life."

For 46-year old James Omoding, the income generating initiatives under the home based care project have been a real lifesaver, as he narrated: "I had been seriously ill for a long time. I had been to witchdoctors who took up to Ushs250,000 ($135) and three goats from me, but didn't provide any remedy. Then I found the Red Cross volunteers who advised me to take an HIV test. Indeed, I was found HIV positive, but I didn't despair. The volunteers provided my family with food and non food items like blankets, bed sheets, kitchen items. Perhaps the biggest provision came in form of the IGA money, Ushs100,000 ($54), which helped me start a business and generate income to sustain my family. I used to buy many items and sell them in the camp market at a profit. Very soon, I had paid back the loan and now my business is continuing. I sell cassava and groundnuts. I also have a small poultry project at home. I have been on ARVs since December 2004 and I'm living a healthy life. Now that we have got this mosquito net, my wife and I won't have to worry about malaria any more.

All around the camp, excitement was in the air. Even before the distribution could end, many of benefiting camp dwellers had already hanged the mosquito nets over their beds and were happily welcoming us into their huts to see. Unlike in some places where people misuse mosquito nets to sieve local brew or make wedding gowns and decorations, the people of Kapelebyong and Naguru seemed to know the right purpose of nets.

As HIV/AIDS and malaria rage on in Uganda, the emphasis from intervening agencies will still be on prevention, control and assistance to people who have been rendered vulnerable by the two diseases, as URCS vice chairman Robert Ssebunya said at the distribution exercise in Kapelebyong. "In the face of HIV/AIDS and malaria, the least we can do is control and prevent their further spread among our population, through intense sensitization."