RAPIDS/World Vision/Against Malaria Foundation

Net Distribution

ZAMBIA

Phase 1

October-November 2009

Introduction

Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS) is a consortium of six Non-Governmental Organizations (NGO's), World Vision (lead agency) Africare, CARE, Catholic Relief Services (CRS), Expanded Church Response (ECR), and The Salvation Army (TSA) in Zambia. The five year program is funded through an investment by the U.S. Government under the President's Emergency Plan for HIV/AIDS (PEPFAR). The overall goal of RAPIDS is to improve the quality of life of Zambians affected by HIV and AIDS. RAPIDS achieves this goal by applying a household model focused on vulnerable populations. This model utilizes caregivers at the rural village level to provide health services to the household level. RAPIDS' 18,500 community based caregivers provide ongoing support to 350,000 orphans and vulnerable children, 150,000 people living with HIV/AIDS, and 24,000 youth reaching all of Zambia's nine provinces.

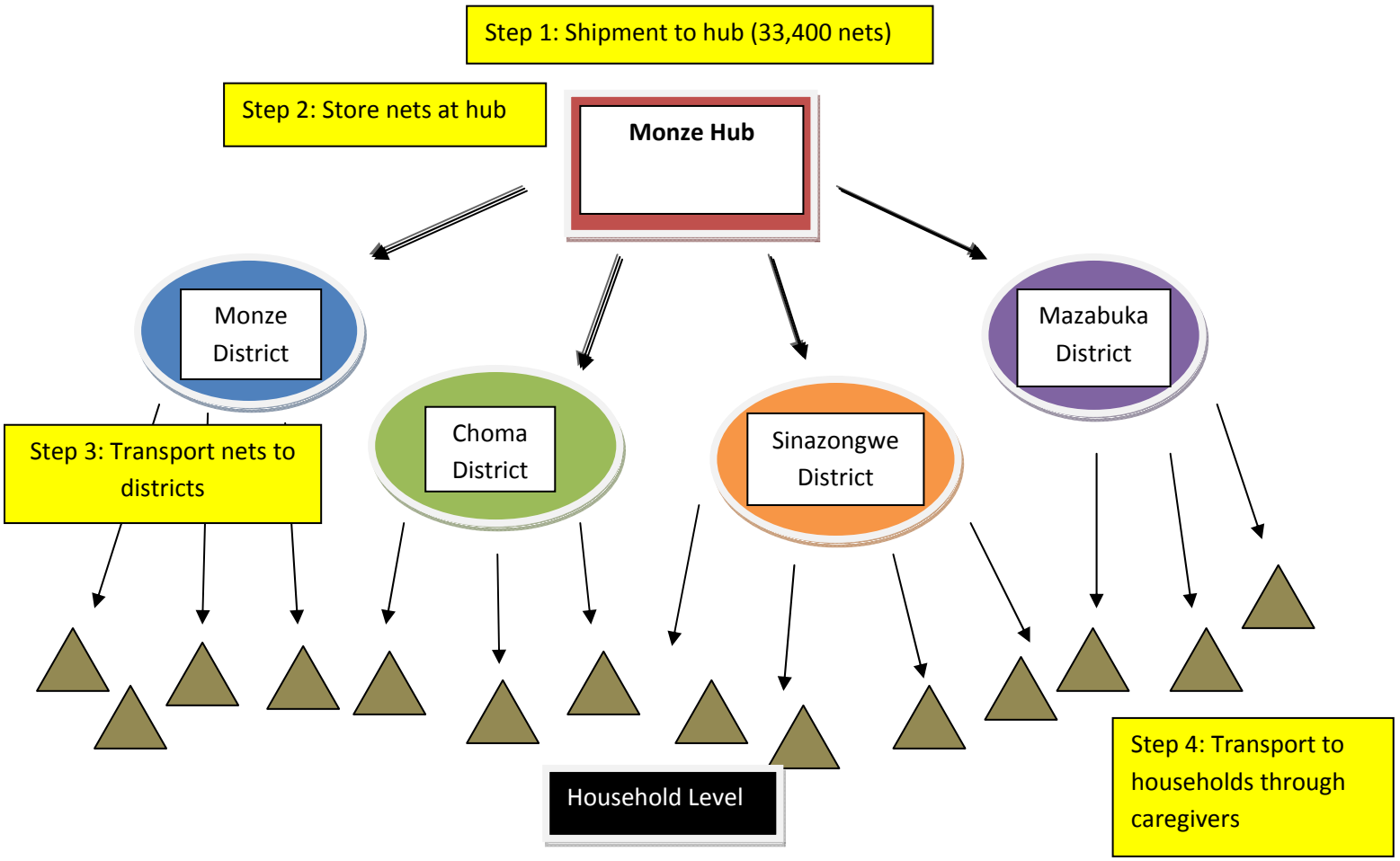
In 2007 RAPIDS partnered with the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) to assemble a private public partnership with the Office of the U.S. Global AIDS Coordinator (OGAC), The President's Malaria Initiative (PMI), Vestergaard-Frandsen, and a number of corporate partners to secure and distribute nearly 500,000 LLINs to the most vulnerable households in Zambia. This partnership addressed the critical linkages between malaria and HIV/AIDS.

In 2008 RAPIDS, in conjunction with World Vision US (WV/US), wrote a proposal to Against Malaria Foundation (AMF) to bring an additional 301,000 LLINs into Zambia in order to fill in the gaps in coverage left from the 2007 distribution.

The first phase of this distribution began with 133,400 PermaNet 3.0 nets being delivered in 3 provinces in Zambia (Northern, Southern and Eastern) by RAPIDS in partnership with WVUS and Against Malaria Foundation. These districts received LLINs in a 2007 distribution, but the National Malaria Control Program (NMCP) and district staff identified gaps in LLIN coverage. RAPIDS, with WVUS, aimed to fill these gaps in order to achieve universal coverage (3 LLINs per household) within those communities where RAPIDS' partners have a presence. The areas included in the distribution were chosen in consultation with the NMCP. The selection was based on the level of vulnerability of the community, the malaria prevalence rate, and the number of LLINs needed within the districts where World Vision Zambia (WVZ) and RAPIDS are actively working.

Method

Distribution Logistics Scheme



Nets were delivered at two different ports and then transported over land by trucks to the hubs. At the hubs the nets were stored until they could be delivered to the districts.

Prior to the start of the distribution partners at the district level, in coordination with their caregivers and district health staff, were required to fill out beneficiary lists for each of the villages receiving nets. These lists stated the beneficiary's name, number of people in their household, and number of nets they were to receive on the day of distribution.

When filling out the beneficiary lists, in order to reach the goal of complete LLIN coverage in these areas and fill in the gaps from the 2007 distribution, district partners and caregivers identified whether households had one, two, or three nets existing in their household prior to distribution. Then depending on the number of functional nets the household was

currently remaining with, caregivers assigned each beneficiary one, two, or three nets in order to ensure the household was fully protected.

Collection of these completed sheets decreased the amount of time it took to distribute the nets on day of delivery, as caregivers only had to have the beneficiary come and sign for their net(s). If a beneficiary could not sign, ink pads were also available so the beneficiary could sign with his or her thumb print instead.

The table below indicates where nets were sent, first by district and then by partner at the district level. The distribution was launched in Monze district with a ceremony and representatives of all the different partners, as well as a Ministry of Health representative, District Commissioner, and WV/US staff.

HUB	District	Number of Nets (estimated)	Partner	# ITNs needed by partner	Total	Number of Containers
PHASE 1						
Monze	Monze	5,150	Africare	1,455	33,400	1
			TSA	3,695		
	Choma	6,993	ECR	2,009		
			Africare	2,646		
			TSA	2,338		
	Sinazongwe	7,208	WVZ	7,208		
	Mazabuka	13,799	TSA	5,806		
			Africare	4,783		
			WVZ	3,210		
Petauke	Katete	20,746	CARE	20,746		
	Petauke	42,734	Africare	2,287	66,800	2
			WVZ	25,000		
			CARE	12,345		
			TSA	3,102		
	Nyimba	3,320	TSA	2,400		
			WVZ	920		
Mbala	Mbala	22,564	Africare	9,026	33,400	1
			WVZ	13,538		
	Kasama	10,836	Africare	10,836		

After the launch, the distribution ran simultaneously in Eastern and Southern provinces with teams present in each. Both distributions ran for two weeks, from mid-October through the end of October. Following this the team moved up to Northern province for another two weeks for the final distribution which concluded in the third week of November.

Nets were distributed to beneficiaries in one of three ways:

- Delivery from hubs to zones within the district that had been predetermined. Caregivers then delivered the nets to beneficiaries, either through mass distribution at a central place within the zone or house to house.
- Nets were dropped at Rural Health Centers where caregivers gathered to lead mass distributions. Beneficiaries traveled to the Rural Health Center in order to receive nets.
- Self-delivery by partners to beneficiaries. Partners worked with their caregivers to deliver nets directly to the village level or to the beneficiary's household.

Each distribution began with a health presentation by caregivers or district health staff that highlighted the signs and symptoms of malaria, prevention methods, proper treatment, and proper net usage including a net demonstration. The health talks were reinforced by the malaria informational brochures translated into local languages that were also passed out with every net.

Successes

- Caregivers were extremely efficient at organizing communities, dividing up supplies, translating educational parts to communities, and mobilizing individuals. Their dedication to the project and their communities made the distribution a success.
- Involvement by the District Health Office in many districts provided partners with valuable information about which areas within a district had already recently received nets. By having this data partners were able to target other areas within their district that had not received nets. Continuing this kind of information sharing would increase the effectiveness of such programs and help to inform future programs.
- Most district partners conducted site visits with their villages prior to the distribution, making sure they knew the areas well and organizing their caregivers, Community Health Workers and other field staff.
- Including village headmen in certain areas helped to more effectively organize the communities.
- District partners conducted planning meetings with other district partners prior to the distribution in order to share communication and develop a logistics plan.

Challenges

- Peri-Urban areas were difficult to distribute to as most of these areas were situated close to markets were people not involved in the distribution showed up to receive nets because they had heard the distribution was taking place.
- In select areas beneficiary lists were not filled out prior to distribution.
- Large spread out districts.
- The distribution concluded during the rainy season.
- In some areas, the caregivers did not or were not able to quantify the net need for all households in their community, thus the distribution was not universal in these particular areas.

Conclusions

The net distribution highlighted the advantages of how an integrated effort makes interventions such as the net distribution a success. It was clear that the distribution was successful due to the inclusion of interested parties at every level. This partnership encompassed the organizations and support of international partners like Against Malaria Foundation and WVUS, partners and organizations in Lusaka, partners across the districts, caregivers, households and beneficiaries. Future distributions should continue to include and ensure full participation and support of the involved parties at every level.