

Zimbabwe Red Cross Society and IFRC

A Report on the Distribution Of Long-Lasting Insecticide Treated Mosquito Nets (LLINs)



**In
Victoria Falls and
Mt. Darwin**

August 9 to 10, 2006

Zimbabwe Red Cross Society

Introduction

The Zimbabwe Red Cross Society is implementing an Integrated HIV and AIDS programme in all the 8 provinces of the country with 27 project sites. Victoria Falls and Mt. Darwin are some of the districts in which the projects are implemented.

The programme targets the most vulnerable, Orphans and other Vulnerable Children and those infected with HIV and AIDS. Under the programme, the Zimbabwe Red Cross Society assist community people in the areas of Prevention of HIV and AIDS, Home Based Care, Orphaned and Vulnerable Children (OVC) care, Water and Sanitation, Livelihood and Food Security and Disaster Management and Preparedness. In attending to and addressing health issues, the Zimbabwe Red Cross Society (ZRCS) works closely with the Ministry of Health and Child Welfare (MOHCW). Malaria prevention and control is one such area where ZRCS works with MOHCW.

The ZRCS distributed long lasting insecticide treated nets (LLINs) donated by the World Swim for Malaria Foundation to the two project sites in Victoria Falls and Mt. Darwin. The main objective of distributing the nets was to reduce the incidence of malaria among the orphans and other vulnerable children and the people living with HIV and AIDS living in high malaria areas of Victoria Falls and Mt Darwin.

Malaria in Zimbabwe

In Zimbabwe approximately half the population lives in areas that are affected by malaria. The disease is the second most cause for attendances at Out Patients Department (OPD) and admissions in Health facilities. It is estimated that one and half million (1500 000) death cases are recorded and twice that number (3000 000) present with clinical malaria cases.

According to the Ministry of Health and National Malaria control unit, seventeen (17) districts in the country have been classified as high malaria prone areas and the two districts (Victoria Falls and Mt. Darwin) selected for the distributions of LLINs fall under that category.

Various bodies are responsible for spearheading the malaria control efforts in Zimbabwe and methods used include the environmental controls, house to house spraying, promotion and the use of bed nets and early treatment of cases.

Distribution of Nets

The ZRCS has beneficiaries under the Integrated HIV and AIDS programme and these received LLINs. As these beneficiaries are very vulnerable both in terms of Health status and Socio-economic status, these were targeted and it was also a means of enhancing the integrated programme.

The LLINs (1500) for each place, were transported to the distribution centers by road to the two districts.

Care Facilitators advised the beneficiaries prior to the distribution and they gathered at the centres that they normally use for the distribution of food packs. The beneficiaries were then categorized according to the size and gender break down of their families. Where there were parents with siblings who are boys and girls they would receive three nets, while those families with parent(s) and siblings of the same sex received two and where there was only the parents or children of the same sex only one net was given.

Priority was given to Child Headed families

Representatives from stakeholders participated in the distribution and those present were from the Local Authority, District AIDS Action Committee (DAAC), Ministry of Health (Local Clinic), ordinary community people, community leaders and church representatives.

Health Education

Support groups and other beneficiaries as well as Care Facilitators presented songs, poems and drama on malaria as a way of giving information about malaria and for entertainment purposes.

Health education talks were given during the distribution and these covered the definition and causes of malaria, signs and symptoms, prevention and control as well as treatment. Question and answer sessions were provided and much concern from the people who did not benefit was that there was need to establish treatment camps and have free treatment of malaria throughout their districts.

The Care Facilitators with the help of other health staff demonstrated how the nets should be mounted.

For verification and record keeping, beneficiaries were called by name, received their allocation and they signed in the distribution forms as proof of receipt of the net.

Distribution Table

Project Area	Clients (PLWHA) beneficiaries	Nets distributed	OVC beneficiaries	Nets distributed	Total Nets Distributed
Victoria Falls	463	926	551	574	1500
Mt. Darwin	483	1432	52	68	1500
Totals	946	2358	603	542	3000

Please note that the number of OVCs is less because some of them are under clients.

Post Distribution

The ZRCS team and IFRC delegate visited a few households to assess if the beneficiaries were able to mount the nets.

Arrangements were made for the Care Facilitators to move around the households to check if there was proper mounting and usage of the nets. The care facilitators will continue to help in identifying the suspected cases of malaria and referring them to health centers for treatment with health education being the main activity in disseminating malaria messages.

Observations

Community leaders and beneficiaries were very grateful to receive the nets. Beneficiaries were very relieved, as they had been having sleepless nights due to mosquito bites. The messages about malaria prevention have been understood by communities but they look helpless as the cost of the nets is too high for them to afford. While some of the care facilitators benefited as they are people living with

- The Red Cross volunteers are doing a good job of looking after the sick and OVC. Realization of the fact that they are also living in these high malaria areas may make it very necessary to protect them from malaria. It would be a good idea to have some nets specifically for them. This will serve to promote faithfulness on their part in the distribution processes and a motivator.
- LLINs should be made available at subsidized cost so that other community members can access them.
- Malaria Campaigns should be stepped up to ensure that prevention and control of the disease continues.
- Because malaria affects everyone in the community ie those who did not benefit would benefit if the communities in these areas are assisted with environmental spraying to control vector breeding.