



UGANDA RED CROSS SOCIETY

HEALTH AND CARE DEPARTMENT

REPORT ON THE DISTRIBUTION OF THE WORLD SWIM AGAINST MALARIA LONG LASTING INSECTICIDE TREATED NETS-2008



Free net mosquito net DISTRIBUTION

Uganda

Districts/ branches covered included; Kampala West, Arua, Apac, Kitgum, Luweero, Ntungamo, Bushenyi and Pader

INTRODUCTION

Uganda Red Cross Society (URCS) is one of the largest and oldest humanitarian organizations in Uganda. It was established by act of parliament in 1964. It 's a member of international Red Cross and Red Crescent Societies that brings together the national Red Cross Societies world wide.

The Society's vision is " An Empowered and Self-Sustaining Community that responds to the needs of the most vulnerable in Uganda." The URCS mission statement is; "to improve the quality of life of the most vulnerable in Uganda as an effective and efficient humanitarian organization." So controlling malaria is part of URCS mandate of reducing vulnerability.

In all its operations URCS observes seven cardinal fundamental principles namely; Humanity, Impartiality, Neutrality, Voluntary Service, Unity, and Universality. It is also known for its core values that include transparency, open mindedness, integrity, and stewardship, value for people, equity/equality, responsiveness and time management. URCS has 49 branches covering the whole country with a network of over 150,000 members and volunteers. The volunteer management policy is in place to guide in the management of the vast number of volunteers and this forms the biggest strength of the Society. A big portion of the volunteers is professional and willing to render this professional expertise whenever called upon.

In Uganda, malaria is one of the leading causes of morbidity and mortality especially among children under five years of age and pregnant women. It is responsible for 25-40% of out patients attendance and 20% of in patient's admissions. Malaria is also responsible for 60% of miscarriages among pregnant women. Malaria does not only cause ill health but is responsible for 25% of the absence of pupils from class in primary schools. Malaria is understood to be a disease of poverty and a cause of poverty. An episode of malaria for an average income earner uses 25% of his income to get the malaria treated. So, with repeated episodes most of the income that would be used in gainful ventures by the average Ugandan is used to treat malaria, let alone the time used to seek treatment.

Goal;

To contribute to reduction of morbidity and mortality due to malaria in the branches of; Bushenyi, Ntungamo, Luwero, Apac, Kitgum, Pader, Kampala West and Arua.

Objective;

- To lay strategies on how mosquito nets were to be distributed.
- To ensure stakeholder maximum involvement in the distribution exercise
- To select and list the most vulnerable target beneficiaries.

Target beneficiaries;

- Pregnant women
- Children under five years of age and,
- People living with HIV/AIDS

Figure2 Picture below shows some of the target population awaiting for the distribution in Bushenyi District



Prior to the distribution week the Health and Care department planned the best way to distribute the ITNs. The top management and the central Governing board members were involved in the distribution to attract high profile publicity. The Secretary General, the deputy and some members of the Central Governing Board (CGB) were involved in overseeing the distribution of the nets. The department allocated the programme officers to each of the branches implementing the distribution of nets to oversee the exercise.

Figure the Red Cross volunteers are offloading the nets ready for distribution



The allocation of mosquito nets was as follows;

- Kampala West- 2000
- Kitgum - 3000
- Arua - 1500
- Apac - 2000
- Ntungamo - 1500
- Bushenyi - 1500
- Pader - 1500
- Luwero - 1500

The total number of mosquito nets distributed was 14500.

The areas mentioned above were selected due to high burden of malaria prevalence and little or lack of any serious intervention in availing them with nets.

Before the nets were distributed our branch staff and volunteers critically assessed the exact people and households to receive the ITNs. This was followed by the registration of the beneficiaries by volunteers.

Figure shows One of the registration tools that were used in the eight districts

UGANDA RED CROSS SOCIETY
FORM 1B REGISTRATION FORM FOR CHILDREN BELOW 5 YEARS AND PREGNANT WOMEN

Name of Data collector: RUKWANA MUKASA Village/UC: RUKWANA-EAST Total HHs: 15 Parish: RUKWANA
 Nearest Health Facility: KARURUMA Sub County: NYABIHORO District: KITHUNGAMO Date: 14/3/08

S/N	Name of HH Head (In case the head is polygamous register the names of the mothers)	Type of Dwelling *1- Temporary *2- Semi-permanent *3- Permanent	Name of child <5yrs / Pregnant woman in the household	Date of birth/ Age	Sex	Mosquito Net Under a net Y/N	Net given Y/N
1	BARBARA GAYBOY	2	MUSIMILE GEORGINA	1-7-04	F	Y	Y
2	K. JON. GULE - GORON	2	AKABIRUKAMA	1-1-04	F	Y	Y
3	PULINDI ASATI	2	TUTIBI	1-1-04	F	Y	Y
4	K. JON. GULE - GORON	2	MUSIMILE GEORGINA	1-7-04	F	Y	Y
5	HAANDA - GORON	2	AKABIRUKAMA	1-1-04	F	Y	Y
6	K. JON. GULE - GORON	2	TUTIBI	1-1-04	F	Y	Y
7	MUSIMILE GEORGINA	2	MUSIMILE GEORGINA	1-7-04	F	Y	Y
8	AKABIRUKAMA	2	AKABIRUKAMA	1-1-04	F	Y	Y
9	TUTIBI	2	TUTIBI	1-1-04	F	Y	Y
10	MUSIMILE GEORGINA	2	MUSIMILE GEORGINA	1-7-04	F	Y	Y
11	AKABIRUKAMA	2	AKABIRUKAMA	1-1-04	F	Y	Y
12	TUTIBI	2	TUTIBI	1-1-04	F	Y	Y
13	MUSIMILE GEORGINA	2	MUSIMILE GEORGINA	1-7-04	F	Y	Y
14	AKABIRUKAMA	2	AKABIRUKAMA	1-1-04	F	Y	Y
15	TUTIBI	2	TUTIBI	1-1-04	F	Y	Y

The distribution of nets was integrated into the ongoing health programmes. The areas which were selected had trained volunteers who were tasked to sensitize the beneficiaries in aspects of malaria and proper use of mosquito nets. After thorough education on how to use the ITNs at selected distribution centres where demonstrations on proper hanging was done by the field staff and volunteers. To avoid temptation for the beneficiaries to sell the nets our staff and volunteers ensured that the packs holding the nets are cut open. Beneficiaries were required to sign the distribution sheets against their names for transparency and accountability purposes



Figure Pre- Nets distribution sensitization on proper use LLNs

In Kampala west , the nets were distributed in the slum area of Nakulabye which accommodate the majority of the urban poor. However our focus was on children under five, pregnant women and people living with HIV/AIDS.

Figure 1 Net demonstration on proper hung up in Kyamuhunga Bushenyi District



MOSQUITO NETS DISTRIBUTED.

District/branch	No.of nets allocated.	No.of house holds registered	No.of pregnant women registere d.	No.of children under 5 years registered	Total no. of nets given to PLWHA	Total no. of nets given to pregnant women	Total no. of nets given to children under 5 years
Kampala west	2000	1028	364	1616	20	364	1616
Kitgum	3000	1407	603	2317	80	603	2317
Pader	1500	1005	245	1203	52	245	1203
Arua	1500	1102	239	1238	23	239	1238
Apac	2000	1291	576	1362	62	576	1362
Bushenyi	1500	1020	165	1119	216	165	1119
Luwero	1500	1003	232	1048	220	232	1048
Ntungamo	1500	1016	182	1120	198	182	1120
Total	14,500	8,872	2,606	11023	871	2,606	11023

Achievements;

- All the registered pregnant women, children under five years and people living with HIV/AIDS each received a mosquito net.
- A lot of publicity was made especially on mass media both electronic and print. This helped to educate the people on utilization process.
- Eight thousand eight hundred seventy two thousand (8,872) households were sensitized on effective use of LLITNs during the identification and registration of the beneficiaries.

The community appreciation of the Red Cross services. The majority of the beneficiaries are poor and cannot access themselves to long lasting nets which are treated.



Figure 1 shows Net Hung up demonstration in Luweero District

Challenges;

There was overwhelming demand of nets as almost everybody in the rural community and in urban slums is vulnerable. Even those who had not registered turned up to benefit but the distribution were restricted to only those earlier registered.

- There was transportation constraint as the nets had no specific budget for mileage.
- Some of the community roads are bad, muddy and slippery.
- In one distribution centre the crowds were unruly and wanted to grab the nets if the local leaders not restrained them.
- There was a big delay in the distribution of nets due budgetary constraints.
- Not all the target vulnerable people were served due to limited number of nets received.
- Local leaders demanded special consideration and favour to get nets although they did not qualify.

Recommendation:.

- There is need to retrain the volunteers for the up to date information
- There is need to follow up to ensure that the nets are properly hung and used.
- Incorporation of malaria messages and hung up of nets into ongoing media programs is important.
- Community theatre groups (Music Dance and Drama) should be supported to organize drama and dance performance that carries messages about proper use of mosquitoes.
- Development partners should consider funding the process of nets distribution.

Conclusion;

Generally the intervention was commended by the government authorities both at the national and local levels. There is need to mobilise more resources to meet the demand of the most vulnerable people of our society. For instance many pregnant women, children under five and people living HIV/AIDS were left out simply because the number of nets were limited to few who had earlier registered.

Gratitude should go to WORLD SWIM AGAINST MALARIA and the Federation for the support of the LLITNs. This will go a long way to prevent malaria from our people if properly utilized.