

**Partners In Health
Mosquito Net Distribution
Against Malaria Foundation**



November 2010 – February 2011

Partners In Health:

Partners In Health (PIH) is an international organization that works in some of the poorest corners of the world to deliver high-quality health care to the poor and marginalized. By establishing long-term relationships with sister organizations based in settings of poverty, PIH strives to achieve two overarching goals: to bring the benefits of modern medical science to those most in need and to serve as an antidote to despair.

Haiti has long been the heart of PIH—our largest site and where we have learned the most about providing high-quality care to the destitute sick. In 1983, Dr. Paul Farmer and Ophelia Dahl worked with several Haitian leaders in the village of Cange, a squatter settlement in Haiti’s impoverished Central Plateau, to establish a community-based health project. In 1987, Dr. Farmer and others founded PIH in Massachusetts to support activities in Cange; at the same time they created Zanmi Lasante (Creole for Partners In Health) as our sister organization in Haiti. Today, Zanmi Lasante (ZL) is the largest health care provider in Central Haiti, serving a catchment area of 1.4 million across the Central Plateau and the Lower Artibonite and employs over 5,500 people, almost all of them Haitians, including doctors, nurses and community health workers.

Summary of the Distributions:

PIH/Zanmi Lasante was accepted to receive a donation of 20,000 mosquito nets from the Against Malaria Foundation (AMF), and decided to distribute these nets to 14 locations across the Central Plateau Department, Artibonite Department, and four spontaneous settlement camps Port au Prince. The nets were sent to Haiti in September of 2010 and arrived three weeks later on October 14th, 2010. Two weeks later, Zanmi Lasante logistics staff members were able to quickly move the nets out of customs and into our warehouse in Port au Prince. Before the nets arrived a meeting was held between the logistics staff, the community health staff, and the monitoring and evaluation department to revise the proposed net allocations. The nets actually arrived after the cholera outbreak, so the allocations were revised again to meet the growing demand in the Artibonite region

# of LLINs	Location
700	Cange
1,000	Thomonde
2,000	Mirebalais
1,100	Belladere
2,000	Lascahobas
700	Boucan Carre
1,000	Cerca La Source
2,000	Hinche
2,000	St. Marc

1,000	Petite Riviere
2,000	Verrettes
700	Dadadou
2,000	Parc Jean Marie Vincent
1,500	Carradeux
300	Building 2004

Pre-planning the distribution:

Before receiving the nets the Community Health Team made a distribution plan and designated priority groups based on needs. We prioritized people injured in the January 12th earthquake, pregnant women, HIV/TB patients, malnourished children, and the elderly. Because we selected 14 sites to distribute nets, each distribution site had to select a point person to coordinate distribution activities. Each site managed their own stock of mosquito nets and came up with unique ways to meet target populations in their catchment areas. To distribute all 20,000 nets we were confident one month would be sufficient.

October 2010 Cholera Outbreak:

During the week of October 18, 2010, a cholera epidemic broke out in the Lower Artibonite region of Haiti. As of Friday morning, October 22, more than 2,000 cases and 140 deaths had been reported. PIH immediately rushed clinical reinforcements and supplies to the region and mounted a massive community education and mobilization campaign. Community health workers fanned out throughout the area to distribute oral rehydration salts and soap and to warn people of the need to drink only clean or purified water and wash their hands frequently—the two keys to preventing further spread of the disease.

Starting on Tuesday evening, patients suffering from acute watery diarrhea began arriving at Hôpital Saint Nicolas in Saint Marc, which PIH operates in partnership with the MSPP. By Thursday evening the hospital in Saint Marc was overflowing with over 500 patients, of whom 12 had died. Another 437 patients were taken in between 6:00 Thursday evening and 5:00 Friday morning. Other hospitals in the Lower Artibonite region—including PIH facilities in Petite Riviere and Verettes—also reported large numbers of patients with similar symptoms and high mortality rates. This is the first outbreak of cholera in Haiti since the 1960s.

Although the diagnosis of cholera was not confirmed until Friday morning, PIH, the Ministry of Health, and other partner organizations had already launched urgent treatment and prevention efforts. Several longstanding partner organizations have also rallied to support PIH and the Ministry of Health on both fronts.

The nets arrived into our warehouse at the very beginning of the current cholera epidemic. Our logistics team on the ground was busy moving oral rehydration salts, IV fluids, anti-biotics, and infection control products. The Community Health Team charged with leading the mosquito net distribution had to engage very quickly in community cholera response. At the very beginning of the epidemic we sent

out community health educators to distribute hygiene kits, clean water and to inform communities about how to prevent the spread of cholera.

Mosquito nets were a high priority, so for some of those first cholera community distributions we prioritized sending nets in the cholera kits.



Community health workers in St. Marc preparing kits to fight cholera

The first 2,000 nets we distributed were sent to communities struggling with cholera around St. Marc. Petite Riviere and Verrettes were two other sites on our distribution plan that were also severely affected in the early days of the cholera epidemic. We also prioritized sending nets to those sites to quickly get them out to patients in need. In preparation for Hurricane Tomas, which threatened populations in the Artibonite region in early November, our teams prioritized getting the remaining nets out to communities surrounding Petite Riviere and Verrettes. In total 5,000 nets of the 20,000 donation were distributed to sites in the Artibonite region.

Distributions across the Central Plateau and Port au Prince:

Once cholera moved from the Artibonite Region to the Central Plateau, our community health team was again mobilized to provide immediate community response in our catchment area. Our ability to distribute mosquito nets quickly and effectively was slowed because of cholera. Once we opened cholera treatment centers across the region we were better able to focus on other projects that we had to put on hold. We immediately moved our mosquito net stocks from Port au Prince to the Central Plateau in late November.

Because of the elections on November 28th, our community teams were not comfortable doing any distributions at our health facilities for a few days before the election and a few days after. The same was true in the spontaneous settlement camps in Port au Prince. The security situation was evolving each day and to avoid complications we postponed distributions during the election process.

Unfortunately on December 7th, riots broke out across the country because of the first round election result announcement. This further complicated our ability to distribute nets for weeks. Our clinical services never ceased during the time of unrest, but our staff were concerned that doing any type of product distribution would jeopardize their safety.

After careful monitoring of the situation, a decision was made that it would be safe to resume distributions across the Port au Prince settlement camps as well as in sites in the Central Plateau. Different sites assigned different community health employees to manage the distributions. Each director had a unique idea about how to best serve their communities.

In the Camps across Port au Prince, women's groups were chosen to receive nets. These women met during one afternoon. At the meeting they received trainings about how to hang the nets and proper care techniques for the nets.



Women receiving nets in Parc Jean Marie Vincent



Training recipients how to hang the mosquito nets – Parc Jean Marie Vincent

Some distributions were completed at large community events at the hospitals, while other distributions were provided by prescription at the hospitals. Some distribution points like Cerca, Verrettes, Cange, Belladere, Lascahobas, and Mirebalais preferred to distribute large quantities to a group of people in need while holding a reserve stock that were given out by prescription to the neediest patients that visited the hospital.



Challenges and Lessons Learned:

The 20,000 nets we received were important and necessary for our community outreach work. Because we have an extensive network of hospitals and a very large catchment area it was important for us to send nets to all of our supported sites. Coordinating distributions across so many sites with many different staff was challenging. Oversight of the project was challenging since there were 14 sites and no full-time staff members dedicated to managing the distributions and ensuring proper guidelines were followed.

Another challenging aspect of this distribution was capturing media, especially the film. Most of our staff do not own cameras and for those that do, not all of the cameras have video capabilities. We did not have a specific staff member in Haiti working full time to ensure the best documentation possible for the report. If we were to participate in this special program again, it would be helpful to budget “flip cams” for the distribution coordinator at each site. Different distribution locations used different methods to determine how they would distribute the nets. Allowing the sites to determine the neediest members of the population to receive nets often meant that distributions sometimes did not happen as quickly as anticipated.

The cholera outbreak, Hurricane Tomas, and political unrest were all challenges that PIH’s dedicated Community Health Team overcame to make sure the 20,000 nets reached the families that needed them most.

Despite some obstacles, from a patient perspective the Against Malaria Foundation donation was very successful. 20,000 mosquito nets were distributed to vulnerable populations exposed to malaria and dengue fever.



Families in Verrettes come together to receive mosquito nets