

**REPORT ON DISTRIBUTION OF LLINs IN INTEGRATED HOMEBASED CARE AS A  
MALARIA INTERVENTION STRATEGY (By Zambia Red Cross Society and IFRC  
Southern Africa Region)**



**Background**

Zambia as a country has for sometime been and continues to suffer from malaria, which is the country's biggest killer disease. The high prevalence and incidence rates of malaria together with HIV/AIDS have not only negatively compounded the already critical health condition of people but also their livelihood in terms of food security. HIV/AIDS and malaria have resulted in a large number of households being unable to meet and sustain their own basic household food needs as there is a greater linkage and correlation between higher HIV/AIDS and malaria with food insecurity.

In Zambia, according to the 2005 statistics available at the National Malaria Control Centre, malaria accounted of 33 people per 1,000 hospital and health centre admissions and the malaria incidence levels was 383 people per 1,000. 45 % of out patient cases are people affected by malaria. 50% of malaria cases are children under the age of 5 and 20% of maternal mortality are malaria cases. Every year, there are about 50,000 deaths caused by malaria.

The Zambia Red Cross Society ( ZRCS) intervention strategies include training of volunteers and care facilitators in basic health and nursing education in malaria and HIV/AIDS prevention, control, care and support, dispensation of drugs or make referrals of clients/patients to and from health institutions, distribution of mosquito nets (LLINs) to clients and the communities (while educating them on the definition of malaria, causal factors, signs and symptoms, the dangers, prevention and treatment). Following this strategy the ZRCS with support from the **World Swim For Malaria Foundation** from whom it received a **donation of 3,000 LLINs** through International Federation of Red Cross/Red Crescent Societies undertook such a mission and subsequently distributed these 3,000 LLINs in eight(8) districts namely : Mansa, Sesheke, Mongu, Livingstone, Mporokoso, Chipata, Sinazongwe, and Kapiri Mposhi in which ZRCS is implementing HIV/AIDS Integrated Home Based Care projects which also involves caring for the orphans and other vulnerable children.

## Distribution of LLITNs and the beneficiaries

ZRCS HIV/AIDS Integrated Home Based Care has 4,269 registered clients (the majority Being PLWHA, elderly and incapacitated/disabled people) and 1,000 OVC who are highly vulnerable to malaria. The distribution of LLINs was tailored to target PLWHA and OVC in the 8 project areas as potential beneficiaries. As the total number of the ZRCS IHBC clients and OVC was much higher than the 3,000 LLINs received, the District Project Officers together with their Care Facilitators carried out pre distribution identification and selection of the most vulnerable and needy beneficiaries who would each receive one (1) mosquito net.

In all the 8 project areas, the Project Officers and Care Facilitators in conjunction with the District Health Management Team conducted pre distribution community health education and sensitization on prevention, control and treatment of malaria, the proper way to use, re-treatment of mosquito nets and the interconnection between HIV/AIDS and malaria through community meetings, theatre/drama and door to door campaigns. These activities continued even during the actual LLINs distribution days.

**LLINs distribution Table**

<b>Project Area</b>	<b>Clients as Beneficiaries</b>	<b>OVC as Beneficiaries</b>	<b>Total</b>
Mansa	320	80	400
Sesheke	270	52	322
Mongu	120	39	159
Livingstone	680	120	800
Mporokoso	210	40	250
Chipata	50	19	69
Sinazongwe	440	60	500
Kapiri Mposhi	425	75	500
<b>TOTAL</b>	<b>2,515</b>	<b>485</b>	<b>3,000</b>

The 3,000 beneficiaries (clients and OVC) despite having other numerous needs, highly appreciated the donation of LLINs to them and thanked the World Swim For Malaria Foundation, IFRC, and ZRCS for the gesture which will reduce their chances of suffering from malaria.

## Impact

The main objective of the distribution of LLINs was to contribute to the reduction of malaria prevalence, incidence levels and deaths among the OVC and people living with HIV and AIDS. It is envisaged that the pre distribution, distribution and the post distribution activities as intervention strategies will in the short and long term lead or

result into greater knowledge of malaria, its prevention, control and treatment and with proper use and re-treatment of LLINs will reduce malaria cases especially among the 3,000 beneficiaries.

### **Lessons learned**

- Community education on malaria prevention, control, treatment and the provision of LLINs will ultimately lead to the improvement of the health status of the community and a reduction of malaria incidences.
- Through IHBC Programme, the ZRCS has experience in selective distribution of LLINs to the vulnerable clients and OVC to reduce malaria among them.

### **Recommendations and Way Forward**

- Capacity building for volunteers is inevitable (Integrated training of volunteers in HIV/AIDS and malaria prevention, control and treatment). Integrated training will be conducted in all areas of operation in adherence to IFRC, Zambian Government and WHO Guide Lines
- The ZRCS will improve and scale up training of volunteers in malaria prevention, control and treatment as well on proper usage, re-treatment and monitoring on a more frequent or regular basis.
- Plans will be put in place to conduct a campaign on malaria prevention in all the communities before the start of the rain season.
- The successful implementation of a Programme of this kind also depends on availability of a reliable and committed base of volunteers and communities' full participation together with the ZRCS staff members as facilitators/coordinators.
- ZRCS will need to be assisted to acquire/obtain 3,000 more LLINs in order to distribute to the other registered clients and OVC that did not benefit from this distribution because of inadequacy of LLINs received.