

World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
3,000	Zimbabwe	MountDarwin Victoria Falls	May - Jun 2006	Zimbabwe Red Cross

Further Information

1. Please describe the specific location & villages that will receive nets and the number to each?

AREA 1 Mount Darwin

The distribution will be in three wards namely, Bveke, Chahwanda, Dotito and around Mt Darwin Hospital area. The target population are our clients in these wards totalling 11023. Of this figure 2532 are orphans and other vulnerable children (OVC).

AREA 2 Victoria Falls

Distribution will be in four areas where we are carrying out HBC activities. The wards are : Chinotimba B, Chinotimba clinic, Mkhosana A and Mkhosana B. number of beneficiaries in these areas are 13915 clients.

2. Is this an urban or rural area and how many people live in this specific area?

AREA 1 Mt Darwin

This is a rural area with a population of 165 828 according to the census of 2002.

AREA 2 Victoria Falls

This area is an urban area which have a population of 16 826.

3. Is this a high risk malaria area for this country? If yes, why do you designate it as high?

The two areas are all Malaria prone areas of Zimbabwe with hot and wet climate.

4. How many reported cases of malaria and malaria deaths were there in this area in 2005? If you do not have statistics please make a qualitative comment.

60% of deaths in the two areas are due to malaria.

5. Is this distribution of nets 'blanket coverage' of an area/village or to a select/vulnerable group? If the latter, please describe this group.

The distribution of nets will be to our Home based clients i.e People living with HIV/ AIDS and to children under 5 years and pregnant women in the communities covered by the project.

6. What is the existing level of ITN use in this area? Are there existing bednet distribution programmes in this area?

The organisation distributing ITNS in the two areas are all targeting pregnant women that attend antenatal clinics (ANC). ANC is not free hence is not accessible to all. ZRCS will target its clients and the children in the home base projects and pregnant women that can not access ITNS.

7. Why was the area/villages chosen for bednet distribution and who made this decision?

These districts are high risk for malaria. The decision was made by the RC HIV/AIDS coordinator in consultation with the local authority.

8. Have you consulted with the National Malaria Programme in your country about this distribution and what was their response?

RC is part of the working group on ITNS that make plans on malaria prevention.

9. Please describe any pre-distribution activity, in particular how the size of the target group and number of nets required will be ascertained?

Zimbabwe Red Cross Society has structures in place already. We are carrying out HBC and food distribution in the named areas therefore the same structure will be used for the distribution of ITNS.

10. Please describe how the bednets will be distributed, by whom, between which dates, whether distribution will be a focussed effort or part of a combined programme and if there will be an information/education component to the distribution?

Collaborate with existing food handout programmes through an officer in the area and identified volunteers. Education on the use of the nets will be conducted.

11. What post-distribution follow-up is planned to assess the level of usage of these nets?

HBC care facilitators will follow-up on the use as they go about their day to day activities.