

# **BOTSWANA RED CROSS SOCIETY REPORT ON DISTRIBUTION OF LLINS**



**1. Distribution of 1500 LLINs in Ngami and Okavango, Chobe, Tutume and Francistown**

**2. Distribution of 1500 malaria nets in Ngamiland and Okavango Districts in Collaboration with the Ministry of Health.**

**By  
BRCS TEAM VIZ: SG, RC, OVC, INFO OFFICER AND PO.  
Prepared by Wendy M. T. Madikwe (Health/Prevention Officer)  
SUMMARY REPORT ON POST DISTRIBUTION OF LLITN**

## **1. Distribution of 1500 LLINs in Ngami and Okavango, Chobe, Tutume and Francistown**

### **Background Information**

In Botswana, malaria transmission is unstable, and closely related to the level of rainfall, which varies considerably each year. Transmission occurs in the rainy season between November and May, and occurs mainly in the north of the country. Significant numbers of malaria cases generally appear in early January, and peak in the month of March and April (From Botswana Rolling Back Malaria Report: Implementation of the National Malaria Strategic Plan 2002-2005).

Transmission is most intense in Chobe, Okavango and Ngami and less intense in Boteti and Tutume. Within these sub-districts transmission levels vary significantly. In years of heavy rainfall, the malaria transmission belt can move southwards such that malaria outbreaks occur in the central zone e.g. Ghanzi.

Botswana Red Cross Society as an auxiliary to the government, with other partners has been fighting malaria using vector control personal protection while BRCS with their volunteers have been going outreach disseminating information, educating and communicating to the community about the prevention on Malaria. Selective vector control, principally insecticide-treated materials, is the main elements of this strategy.



With the receipt of 3000 LLINs, following the Health Sector and the Millennium Development Goals activities which are to

- Reduce child mortality
- Improve maternal health and
- Combat HIV/AIDS, malaria and other diseases.

Botswana Red Cross Society has issued 1 500 of LLITN to the Ministry of Health which according to the agreement, they will distribute them to the vulnerable people, destitute and the Rural Area Dwellers which we have shared ideas on distribution of the said nets.

Below is the table showing malaria morbidity and mortality 2000-2005

Malaria cases	2000	2001	2002	2003	2004	2005
Confirmed	8056	4716	356	1830	2453	417
Un-conf.	71555	48281	3575	236774	22404	6164
Deaths	35	27	6	10	11	10

As BRCS a decision was made to see which areas were highly affected by malaria. For example, weekly malaria notifications for 2006 week 1-32 ending 12/8/06 in highly affected districts, are as follows

- Ngami and Okavango confirmed=1 036 death= 14
- Chobe confirmed= 517 death= 5
- Tutume confirmed= 271 death= 4
- Francistown confirmed= 42 death= 2

(From Program Review and Evaluation 2002-2005)

According to the plan of BRCS, the Home Based Care (HBC) clients were chosen as recipients of the nets. The clients were chosen looking at the HIV/AIDS scourge in the country.



## **DISTRIBUTION PLAN**

- From the airport the nets were transported to the warehouse in capital city Gaborone
- After meeting with the Ministry of Health, about the LLITN donation, the above 4 mentioned districts were chosen. The BRCS Health/Prevention Officer had to liaise with the relevant officers/volunteers (Environmental health, community health nurses, HBC coordinators, Public Health Specialist, village health committee and village development committee etc. to inform the community including disseminating information, educating and communicating on malaria info.
- In addition of the above, a press release was issued to inform the media on the distribution.
- NB. Names of the HBC clients and the OVC clients were send to the office for ease distribution. The distribution areas were far from each other that we had to have breaks on the way.

## **FRANCISTOWN**

- 28/8/06 counselors, matrons were around to receive on behalf of the clients, 100 nets and BRCS Division received 100 nets all is 200.

## **DUKWI/TUTUME**

- 29/8/06 the refugees at the camp including the community were around to get the nets. 2 bails were donated (200) to the community and the refugees, which the BRCS Coordinator, Refugee Commandant, Home Based Care Nurse to receive the donation on behalf of the clients.

## **OKAVANGO/NGAMI**

- 30/8/06 the event was held at the main kgotla, some of the HBC clients were present and managed to get their nets, the rest was given to the HBC coordinator .BRCS also had to perform some demonstration on how to insert the nets to the clients, six(6) bails (600) nets.

## **CHOBE**

- 01/9/06 the event was also held at the kgotla, where this is a place in a village shows a sign of appreciation by allowing events to take place, there was a drama group informing the community about malaria infection, by means of theatre. The OVCs were present including the HBC clients. 4 bails (400) were donated.







## **IN CONCLUSION**

It always says “prevention is better than cure” and “charity begins at home”. These two proverbs shows that as a health/prevention officer, 1 bail (100) will be shared to BRCS staff and the volunteers.

The 3,000 nets were distributed in accordance with the agreement between Ministry of Health (Malaria Program) and BRCS. A thorough consultation was done before and during the distribution of the net. There was enough publicity around the distribution. The high level delegation was involved in the distribution of the nets, which the follow up will be done.

## **2. Distribution of 1500 malaria nets in Ngamiland and Okavango Districts in Collaboration with the Ministry of Health.**

Following receipt of 3000 LLIN nets from the International Federation of Red Cross and Red Crescent Societies (IFRC), in partnership with the London-based charitable Foundation, World Swim for Malaria Foundation (WSM), and a series of consultative and collaborative meetings with government were made, to discuss a distribution plan of the nets. The exercise was merely part of a strong partnership with Ministry of Health in combating malaria in Botswana. Botswana Red Cross Society agreed to share the cost of distributing the nets with the Ministry of Health and therefore gave half (1500) of the received nets to the ministry. The agreement however took note of the conditions specified in the Memorandum of Understanding between the WSM and the national society. Of much importance was the fact that the ministry was to distribute the nets in areas where the Red Cross had offices and active volunteers so that the nets could be distributed with their assistance.

Due to unforeseen challenges the distribution of the nets was delayed for a long time. Distribution of the nets was finally completed in December 2006 for the last 1500 nets. The BRCS in liaison with the relevant officers/volunteers, Ministry of Health senior officers, Environmental health officers, other organizations, community health nurses, HBC coordinators, Public Health Specialists, village health committee and village development committee, distributed the nets to vulnerable people. A press release was issued to inform the media on the intended distribution of nets.

### **Distribution in Okavango District**

In Okavango District, the distribution of malaria nets was carried out on November 4, 2006; a team from National Society (Maun division) in partnership with the District Health Team coordinated the distribution process. There was an enormous community response during the distribution process in all the villages. This was mainly a result of a successful community mobilization conducted before the actual distribution.

The program for the day was well organized, as there were presentations to pass information through poetry, traditional dance, songs and speech performed by various groups with local



messages from their presentations all centered on the effects of Malaria in the community and the role played by mosquito nets.

*Volunteers demonstrating proper use of Malaria nets to beneficiaries*



300 nets were distributed to OVCs benefiting from the Red Cross Education support scheme since a lot of students at the school suffered from malaria. In 2005 fifteen people died of malaria in the village while 11 students suffered serious bouts of malaria. The rest of 450 nets were distributed to the community to benefit people living with HIV, people with disabilities, and Home based patients

### **.Distribution in Ngamiland District**

The distribution of the remaining seven hundred and fifty (750) Long Lasting Nets was eventually completed on the 7<sup>th</sup> December 2006. The nets were distributed to different villages around the district, as stated below. The nets were distributed to people living with HIV, Home Based patients, destitute, and to orphans and other vulnerable children.

*Students receiving nets from a red cross volunteer*



*Some of the beneficiaries in Ngamiland District.*

**Number of LLIN distributed per village in the Ngamiland District.**

<b>Village</b>	<b>Number Distributed</b>	<b>Village</b>	<b>Number Distributed</b>
Kubung ward (maun)	17	Sehithwa	56
Borolong ward (maun)	10	Kareng	30
Meno ward (maun)	16	Bothatogo	20
Mabudutsa ward (maun)	25	Bodibeng	23
Kgosing ward (maun)	15	Makakung	15
Botshabelo ward (maun)	26	Semboyo	35
Moeti ward (maun)	19	Tsau	28
Boyei ward (maun)	25	Phuduhudu	18
Tjiuarongo, Roomane and other settlements	20	Makalamabedi and catchment areas	23
Chanoga and catchment areas	29	Shorobe extention area	65
Legothwane	4	Tsokung	5
Xhaxaba	14	Sexaxa	6
Mababe	4	Khwai	11
Sankoyo	8	Somelo	39
Toteng and settlement	55	Komana and settlement	22
Matsaudi and settlement	47	Katamanga, Morutsha and Ququa	20
<b>TOTAL</b>			<b>750</b>

**Conclusion**

The National Society in collaboration with Government have developed programmes to combat the malaria pandemic, but every year the country still experience high mortalities due to malaria. The pandemic is still a major concern especially in the North, and Northwest of Botswana. The PLWHA, OVC and other vulnerable groups of communities are hardest hit by the malaria pandemic as it threatens their lives due to poor immunity.

The distribution of the 3000nets went on well despite the delays in distributing the nets and failure to capture the distribution as government regulations forbid taking many pictures.

With the support from donors and the other interventions that includes, personal protection, information, education and communication to the community about the prevention of Malaria, Botswana Red Cross Society will be able to improve the quality of life of vulnerable people. The life saving long lasting insecticidal nets (LLIN) is one best way of combating malaria.

After the distribution of the nets, volunteers are going to be working with the beneficiaries in the communities to ensure that the nets are hung, used and continue to give provide health education and promotion education to the communities.

The national society would sincerely like to thank the World Swim Malaria for the donation, and further apologize for the delays encountered in distributing the nets that had been given to the Ministry of Health.