World Swim for Malaria

Net Distribution Report: Zambia
26th June- 1st August, 2007

Southern, Northern, Lusaka, Northwestern, Western, Copperbelt, Eastern Provinces

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1. BACKGROUND INFORMATION.

On 20th June 2007, AIDSRelief, on behalf of Catholic Relief Services, Zambia (CRS/Zambia), received 5000 Long Lasting Insecticide Treated Nets (LLITNs) worth $25,000 from Society for Family Health, Zambia (SFH) for distribution to its Local Partner Treatment Facilities. This was a donation. Prior to the distribution exercise, a memorandum of understanding was signed between CRS and SFH, which clearly spelt out the terms of reference between the two parties (***See annex 7.2***).

2. DISTRIBUTION PLAN.

AIDSRelief held a planning meeting and assigned the program manager Dr S Chilaika to be in charge of this LLITNs distribution exercise. Mr. Shimwa Kambole, the Project Officer, AIDSRelief was to implement the distribution exercise. Further, as this exercise needed accountability, it was decided that the Commodity and Logistic Unit play a pivotal role in this LLITNs distribution exercise. At this meeting the following were clarified:

- Criteria for selection of beneficiaries.
- Allocation of LLITNs by site
- Distribution and training schedule
- Training Modules

2.1. Criteria for selection of beneficiaries.

The criteria for the selection of beneficiaries were as follows:

- Pediatrics (Undrefive Children) (Priority 1)
- Women enrolled in PMTCT (Priority 2)
- Clients on ART. (Priority 3)

2.3. Allocation of LLITNs by site

The LLITNs were allocated by site as follows and the distribution was done according to the allocation.

Table 2.3. Allocation of LLITNs by site and category.

	AIDSRelief Site	**Type of Client**	**No**
1	Chikuni	Peads	21
		PMTCT	9
		ART Clients	235
2	Chilonga	Peads	9
		PMTCT	9
		ART Clients	200
3	CHRESO	Peads	10
		PMTCT	99
		ART Clients	200
4	COH	Peads	32
		PMTCT	29
		ART Clients	75
5	Katondwe	Peads	28
		PMTCT	34
		ART Clients	150
6	Macha	Peads	48
		PMTCT	44
		ART Clients	200
7	Mukinge	Peads	30
		PMTCT	50
		ART Clients	188
8	Mtendere	Peads	71
		PMTCT	261

		ART Clients	481
9	Mwandi	Peads	24
		PMTCT	22
		ART Clients	200
10	Sichili	Peads	16
		PMTCT	15
		ART Clients	142
11	St Theresa	Peads	24
		PMTCT	22
		ART Clients	280
12	St Francis	Peads	150
		PMTCT	15
		ART Clients	1000
13	Wusakile	Peads	126
		PMTCT	114
		ART Clients	1200
	Total		5,000

3. DISTRIBUTION AND TRAINING SCHEDULE

The Distribution and training schedule of the LLITNs was done according to the plan and the table below gives a summary of the deliveries and trainings, which were done accordingly.

Table 3.1. Delivery and Training Schedule For LLITNs Distribution by site.

	LPTF	**# to be trained**	**Delivery Schedule**	**Training Schedule**	**Quantities**
Southern Region	**Sichili**	**Focal point**	**27/06/07**	**01/08/2007**	**173**
		Pharmacy			
		Comm.mob			
		Adherence			

	Mwandi	**Focal point**	**28/06/07**	**31/07/2007**	**246**
		Pharmacy			
		Comm.mob			
		Adherence			
	Macha	**Focal point**	**29/06/07**	**28/07/2007**	**292**
		Pharmacy			
		Comm.mob			
		Adherence			
	Chikuni	**Focal point**	**30/06/07**	**27/07/2007**	**265**
		Pharmacy			
		Comm.mob			
		Adherence			
	Mtendere	**Focal point**	**2/7/2007**	**26/07/2007**	**813**
		Pharmacy			
		Comm.mob			
		Adherence			
	Chreso	**Focal point**	**25/06/06**	**25/06/2007**	**409**
		Pharmacy			
		Comm.mob			
		Adherence			
	Circle of Hope	**Focal point**	**25/06/06**	**25/06/2007**	**136**
		Pharmacy			
		Comm.mob			
		Adherence			
	Mukinge	**Focal point**	**11/7/2006**	**13/07/2007**	**286**
		Pharmacy			
		Comm.mob			
		Adherence			
	Wusakile	**Focal point**	**13/07/07**	**10/07/2007**	**540**
		Pharmacy			
		Comm.mob			
		Adherence			
	St Theresa	**Focal point**	**13/07/07**	**09/07/2007**	**286**
		Pharmacy			
		Comm.mob			
		Adherence			
	Chilonga	**Focal point**	**15/07/07**	**20/07/2007**	**137**
		Pharmacy			
		Comm.mob			
		Adherence			
	St Francis	**Focal point**	**18/07/07**	**27/07/2007**	**1,165**
		Pharmacy			
		Comm.mob			

		Adherence			
	Katondwe	**Focal point**	**19/07/07**	**26/07/2007**	**212**
		Pharmacy			
		Comm.mob			
		Adherence			
			TOTAL		**5000**

3.2. Site Distribution.

Appointments were done with all the 13 sites and were confirmed with the heads of these sites. A private transporting company was hired to ferry LLITNs to the nearest dioceses to the AIDSRelief sites. And these were identified as follows: Ndola for Wusakile and St Theresa, Solwezi for the Mukinge site, St Martin for Macha and Chikuni, Livingstone for Sichili and Mwandi, Chipata for St Francis. Mpika for Chilonga Mission Hospital and individualized deliveries were made to Katondwe, Mtendere, CHRESO and Circle of Hope.

3.3. Training Modules.

The training modules included the following topics:

- Source of these LLITNS
- Importance of the LLITNS
- Documentation
- Receiving the LLITNS
- Selection criteria
- Registration of beneficiaries
- Sensitization
- Distribution
- Photography
- Reporting-

4. BRIEF REPORTS BY SITE.

i. Circle of Hope

Delivery and training of the LLITNs was done on the 25th June 2007 at Circle of Hope centre, the trainees included the Programme manager, the clinical officer, Pharmacist and the adherence counselor.

LLITNs Training session at COH

Being the first to receive the LLITNS, COH was given a week in which to report back with photo attachments however, there were some transportation problems as the urban areas were not easy to get to without a vehicle.

Circle of Hope Programme Manager receiving the LLITNs from CRS

A counselor handing the LLITNs to a Pediatric patient at COH

ii. CHRESO

The second Delivery and training of the LLITNs was done on the 26th June 2007 at Chreso centre, the trainees included The Programme manager, the clinical officer, Pharmacist and the adherence counselors and community mobilization staff.

Chreso team during the training session.

Being the second to receive the LLITNS, CHRESO was also given a week in which to report back with photo attachments however, during our visit we found the entire centre busy preparing for the U.S ‘s first lady’s visit. Mrs. Bush was scheduled to visit the centre the following day and this made us rush through the training for security purpose, as we were not expected to be there for a long time and at that time.

iii. St Theresa

On the 8th of July 2007 our team headed to the Copperbelt and on the 10th July 2007we visited St Theresa mission Hospital. This was the third training of the LLITNs; the trainees included The Clinical officer, Pharmacist and the community adherence staff.

Arriving at St Theresa for LLITNs training sessions.

A *training session at St Theresa Hospital with the Medical staff*

St Theresa was given 7 days in which to report back with photo attachments. The challenges they faced at the time of the training was lack of funding at the hospital. They pointed out that it was difficult to carry out this operation due to lack of funds for fuel and lunch for outreach programs.

iv. Wusakile

The LLITNs for Wusakile Mopani Mines Hospital were dropped at Ndola Diocese. Arrangements by Hospital Management were made to pick up the LLITNs from there and that was done. Commodities and Logistics team of AIDSRelief conducted the trainings on 10th July 2007.

Meeting the focal point person for LLITNs at Wusakile mine Hospital, Kitwe

A Client receiving the LLITN at Wusakile Hospital, Kitwe.

v. Mukinge

The LLITNs were delivered to Mukinge Mission Hospital and at the same time training was conducted on 13th July 2007.

LLITNs arriving at Mukinge Mission Hospital

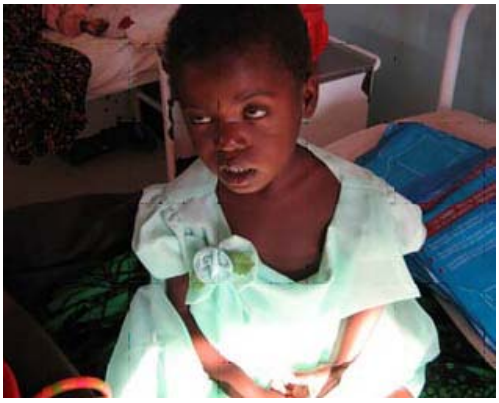
Training session to care providers at Mukinge.

A LLITNs being distributed to one of the clients at Mukinge.

A beneficiary walks home with the LLITNs, Mukinge

The under five were identified as the first priority beneficiaries, Mukinge.

CRS a true partner with SFH in distribution of LLITNs. Recording the Distribution, Mukinge.



A principal beneficiary, Mukinge.

Ready for Distribution to Clients, Mukinge

Anxiously waiting for the LLITNs in the village, Mukinge.

Accountability was of importance in the distribution chain, Mukinge.

vi. St Francis.

The LLITNs to St Francis were delivered on 21st July 2007. The training was conducted on 27th July. The same topics were covered. Among the staff who attended the training were Mr. Ian Parkison the Hospital Administrator, Roselyn Phiri the malaria focal point person, Mr. Godfrey Mwale Malaria focal person, Mr. Joseph Shawa the stores officer, Catherine Mutale the Hospital supervisor.

vii. Mtendere Mission Hospital.

George Mwiinga, our community mobilization and adherence officer and Fackson did the training at Mtendere Mission Hospital on 26th July 2007 from our commodity and logistic unit.

George Mwiinga and Fackson of CRS give a demonstration to staff at Mtendere Mission Hospital

George and Fackson demonstrate how to hang the LLITNs.

viii. Chikuni Mission Hospital.

The LLITNs were dropped at Chikuni by the hired transporter. The training took place on 27th July 2007. George and Fackson of CRS conducted it.

ix. Macha Mission Hospital

The LLITNs were dropped at St Martine hospice. Macha Mission Hospital Management collected them from Choma. George and Fackson of CRS conducted the training at Macha on 28th July 2007.

x. Mwandi Mission Hospital

The LLITNs for Mwandi were dropped in Livingstone Diocese by the hired transporter. Mwandi Mission Hospital management collected them from the Livingstone diocese. George and Fackson conducted the Training on 31st July 2007.

xi. Sichili Mission Hospital

The Sichili LLITNs were dropped by the hired transporter at Livingstone diocese. The Sichili Hospital management collected them from Livingstone. George and Fackson did the training from CRS on 1st August 2007.

xii. Chilonga

The LLITNs were dropped at Mpika diocese as per scheduled plan. The training was conducted by Chansa Kampamba and Louis Mwape of CRS/Zambia on 20th July 2007.

xiii. Katondwe

The LLITNs were collected from CRS offices by the Katondwe Mission Hospital Management. The training was conducted by Chansa Kampamba and Eric Lungu of CRS/ Zambia on 26th July 2007.

5. CHALLENGES

We faced a number of challenges while conducting this exercise, namely:

- CRS/Zambia, AIDSRelief in particular was undertaking such an exercise for the first time.

- The time schedule to distribute the LLITNs and conduct the training was restrictive.
- The need was greater than the supply; the distribution was a matter of prioritizing who to give the nets to.

6. CONCLUSION

CRS/Zambia performed the distribution exercise to its utmost capability. The LLITNs reached their intended target. It is hoped that the distribution of LLITNs be made a routine exercise in the provision of ART services, since malaria is recognized as one of the serious opportunistic infections in HIV infection.

7. ANNEXES

7.1. LLIN Distribution Proposal Form

Against Malaria Foundation

LLIN Distribution Proposal Form

A. Summary

# of LLINs	Country	Location	When	By Whom
5000	**Zambia**	**Lusaka**	**June- August**	**Catholic Relief Services AIDSRelief**
e.g. 3,000	e.g. Namibia	e.g. Caprivi	e.g. Apr-May06	e.g. Red Cross

B. Further Information

INSTRUCTIONS
PLEASE ADD INFORMATION IN THE BLUE BOXES. THE SPACE SHOWN IS A GUIDE ONLY. BOXES WILL EXPAND AS YOU TYPE TO FILL 3, 4 OR MORE PAGES AS APPROPRIATE. PLEASE ENSURE YOU PROVIDE ANSWERS TO THE SPECIFIC QUESTIONS ASKED. WE DO NOT EXPECT LENGTHY ANSWERS. PLEASE EMAIL RESPONSES TO ROB MATHER AT RMATHER@BTINTERNET.COM THANK YOU!

1. Please describe the specific locations & villages to receive LLITNs and the number to each?
Please provide longitude/latitude information.
Important note: If the distribution is approved, approval will be for the LLITNs to be distributed to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

Chikuni Mission Hospital (Monze, Southern Province) – Rural (194,429)
Chilonga Mission Hospital (Mpika, Northern Province) - Rural (172,639)
Chreso Ministries (Lusaka Province) – Urban (1,617,859)
Circle of Hope (Lusaka Province) – Urban (1,617,859)
Katondwe Mission Hospital (Luangwa, Lusaka Province) – Rural (25,001)
Macha Mission Hospital (Southern Province) – Rural (230,329)
Mukinge Mission Hospital (Northwestern Province) – Rural (61,850)
Mtendere Mission Hospital (Chirundu, Southern Province) – Rural (67,989)
Mwandi Hospital (Western Province) – Rural (88,680)
Sichili Mission Hospital (Western Province) – Rural (88,680)
St Theresa Mission Hospital (Masaiti, Copperbelt Province) – Rural (101,455)
St Francis Mission (Katete, Eastern Province) – Rural (219,931)
Wusakile Mine Hospital (Kitwe, Copperbelt) – Urban (450,347)

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

Please refer to question 1

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

High risk. Malaria is endemic. The causative agent is Plasmodium Falciparum species.

4. How many reported cases of malaria and malaria deaths were there in this area in 2005 or 2006? If you do not have statistics please make a qualitative comment.

Malaria is the most common cause of morbidity and mortality in Zambia. Foe specific figures refer to MoH.

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

Under children, especially those receiving Paediatric ART, Expecting mothers receiving PMTCT and Clients receiving ART.

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

These areas have benefited from prior net distribution, probably through NMCC. However, the number of LLITNs in these areas has not been determined.

7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position and organisation of the person/s making the decision.

Because an already existing programme with a clear and functional network exists. The Programme Manager, Sylvester Chilaika- AIDS Relief

8. Have you consulted with the National Malaria Programme in your country about this distribution and what was their response? Please provide the name, position and contact details of the person/s with whom you have liaised.

Increased access and usage of LLINs is one of the strategies of the National Malaria Strategic Plan. Therefore, the NMP is aware of this distribution and are supportive as it contributes to their efforts of increasing bednet coverage

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

The Health Centers will conduct sensitisation activities on the importance of sleeping under a net. Also storage space will be created for the LLITNs.

10. Please describe how the bedLLITNs will be distributed, by whom, 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? Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.

Clients of an already existing AIDS Relief Programme (Prevention of Mother To Child Transmission, Paediatrics ART provision and people accessing ART) will be the beneficiaries of these LLITNs. The Health Centers will use the register to document existing net ownership in the homes of the clients and determine the need should any be lacking LLITNs or unless there more than the recommended three LLITNs per household.

11. What post-distribution follow-up is planned to assess the level of usage (hang-up percentage) of the LLITNs? How long after the distribution will this assessment take place? Will you provide us with the findings? What will you be able to do subsequently to increase net hang-up if relevant?

Hospital Administrators provide AIDS Relief with a monthly report. In addition, a detailed report will be attached after the distribution is completed. Six months after distribution and assessment is expected to take place.

12. Please give the name and contact information for the (government) head of the district health management team for the/each area. Please ensure you include contact information.

Refer to MoH.

13. Please confirm the LLITNs will be distributed free-to-recipients, a requirement for us to fund LLITNs.

These LLITNs will be given free.

14. Please confirm you will send us, post-distribution, at least 40 digital photos per sub-location, taken at the distribution/s, to be added to our website as we report on the distribution to donors.*

Yes, AIDS Relief will provide these photos.

15. Please indicate if you will be able to provide video footage from each sub-location. This is not mandatory but is preferred and aids reporting to donors and encourages further donor giving.*

It is more than likely that we will not provide video footage

16. Please confirm you will send a Post-Distribution Summary when the distribution is complete.*

Yes.

17. Please provide your name, role and organisation and full contact information.

Dr S. Chilaika Program Manager AIDSRelief program-CRS Lusaka. Phone-260 1 231976

*Information on the provision of photos, video and a Post-distribution Summary is included in the attached document.

7.2. Memorandum of Understanding

Long Lasting Insecticide Net's - LLIN's DONATION AGREEMENT

This Long Lasting Insecticide LLITNs - LLIN's Donation Agreement is made and effective as of the date of signature, by and between the **Catholic Relief Services Zambia Program (CRS),** Plot 106 & 108 Great East Road, P.O Box 38086, Northmead, Lusaka represented by the **Country Representative, Paul Macek** and **Society for Family Health (SFH)**, **represented by Richard Harrison, Deputy Director, 39 Central Street, Jesmondine, Lusaka**

In consideration of the mutual covenants and promises hereinafter set forth, the parties hereto agree as follows:

I. GENERAL CONDITIONS

A. Use: SFH hereby donates, and CRS accepts responsibility for transport distribution and monitoring of 5,000 LLIN's with value of $25,000 US, entire management and appropriate use of the LLIN's will be ensured by CRS staff and respective CRS partners.

B. Term: The terms of this Agreement shall commence on the date of signature of both parties.

C. Entire Agreement: This instrument constitutes the entire agreement between CRS and SFH, and shall not be amended, altered or changed without the consents of both parties.

D. Headings: Headings used in this agreement are provided for convenience only and shall not be used to construe meaning or intent.

II. SFH RESPONSIBILITIES

A. Delivery: SFH shall be responsible for ensuring delivery of the LLIN's to CRS designated transporter, CRS will take over the LLIN's at the point of signing the transport waybills. This document will be deemed effective at the point of signing and upon successful completion of legal transfer of title and CRS will be allowed to book the value of the LLIN's in its financial system as match to the CRS project budgets. For this purpose SFH agrees to donate LLIN's worth $25,000 US value and provide any necessary legal documents attesting to the same.

III. CRS RESPONSIBILITIES

A. <u>Use of the donated LLIN's</u>:

1) The LLIN's donated to CRS is for the exclusive use for program purposes. The LLIN's shall be used in support of the AIDSRelief program project activities and it shall not be used for personal purpose or commercial endeavors.
2) CRS shall ensure that the implementing partners are properly trained and understand proper use of the donated LLIN's.
3) CRS agrees to utilize the donated LLIN's in a prudent and appropriate manner and shall comply with The National Malaria Control Centre minimum standard of 3 LLITNs per household in case of distribution to it's non-facility based clients and one LLIN per bed for the facility based clients.
4) CRS will distribute the donated LLINs to the following locations:

No	Site Name	District	Province	# of LLIN's
1	CHRESO	LUSAKA	LUSAKA	409
2	CIRCLE OF HOPE	LUSAKA	LUSAKA	136
3	CHILONGA MISSION HOSPITAL	MPIKA	NOTHERN	137
4	CHIKUNI MISSION HOSPITAL	MONZE	SOUTHERN	265
5	MACHA MISSION HOSPITAL	CHOMA	SOUTHERN	292
6	MUKINGE MISSION HOSPITAL	KASEMPA	N/WESTERN	286
7	MTENDERE MISSION HOSPITAL	SIAVONGA	SOUTHERN	813
8	SICHILI MISSION HOSPITAL	SESHEKE	WESTERN	173
9	MALCOM WATSON MINE HOSPTAL	MUFULIRA	COPPERBELT	
10	WUSAKILE MINE HOSPITAL	KITWE	COPPERBELT	540
11	ST THERESA MISSION HOSPITAL	MPONGWE	COPPERBELT	326
12	ST FRANCIS MISSION HOSPITAL	KATETE	EASTERN	1165
13	KATONDWE MISSION HOSPITAL	LUANGWA	LUSAKA	212
14	MWANDI MISSION HOSPITAL	SESHEKE	WESTERN	246

5) CRS agrees to send a Final report of the distribution of the donated LLIN's not later than 31^{s} July 2007. The report must be no less than 10 pages long, and must contain no fewer than 40 digital photographs. The report should be based on the template provided by SFH to CRS (see Namibia WSM report).

6) CRS assumes responsibility for all direct and indirect costs related to the distribution of LLIN's including, but not limited to paying transport, warehousing, and any other logistics related costs.

B. Loss and Damage: CRS agrees to bear the entire risk of loss and damage to the LLIN's from the point of delivery by SFH.

F. Legal Documents:

1) CRS agrees to comply with all SPHERE guidelines related to distribution of commodities including LLIN's.

I. Ownership: The donated LLIN's shall be transferred from CRS to the Partner organizations, and shall at all times be and remain the sole and exclusive property of the Partners. SFH and CRS shall have no right, title or interest therein or thereto except as expressly set forth in this agreement. CRS and its partners commit that the LLITNs shall be distributed for free.

IV. JOINT RESPONSBILITIES

A. **Donation Inspection**:

1) CRS and SFH shall, prior to hand-over of the LLIN's identified on this Agreement, conduct a joint physical inspection and inventory of the LLIN's. The absence of either party shall invalidate the inspection and thus the donation until such time as the inspection can be rescheduled.

2) Any and all qualitative information presented on the delivery note shall be considered valid and accurate unless, during the physical inspection, either party identifies and explains in writing on the delivery note their disagreement with the information as stated.

B. Resolution of disputes and disagreements: In the event of disagreement or disputes resulting from diverse interpretation of this Agreement or any of its clauses, CRS and SFH agree to attempt to resolve the dispute amicably through dialogue. In the event an amicable solution is not reached, both parties agree to refer the case to the local legal authorities as per local law.

IN WITNESS THEREOF, the parties hereto have executed this agreement

Society for Family Health (SFH):

1. By: _____

(Signature)

_____

(Richard Harrison, Deputy Director)

Title: _____

Date: _____

2. By: _____

(Signature)

_____

Esnea Mlewa, Malaria Manager

(Name Typed or Printed)

Title: _____

Catholic Relief Services (CRS) – USCCB, Zambia Program and AIDSRelief Program;

1. By: _____

(Signature)

Paul F. Macek

_____

(Name Typed or Printed)

Country Representative

Title: _____

Date: _____

2. By: _____

(Signature)

_____

(Name Typed or Printed)

Title: _____