Against Malaria Foundation

LLIN Distribution Programme – Detailed Information

Summary

# of LLINS	Country	Location	When	By whom
500	**Zambia**	**Kalene**	**May/Jun 2008**	**Kalene Mission Hospital**

Further Information

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

Kalene Mission Hospital, to families who present to hospital with malaria and to surrounding villages (especially Jimbe, Ikelenge, Salujina and to smaller villages on route to the above villages).

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

Very rural.

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

High. The number of cases each year is greater than the population of the area.

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.

Annual figures for the hospital are 867 patients with malaria seen in the outpatient clinic, 766 admissions to hospital with malaria and 18 deaths. The number of cases and deaths in the area will be significantly higher as only a minority of cases will come to hospital.

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.

Select vulnerable group in the first instance.

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

Use of ITN around Kalene and at Jimbe and Salujina is very low. Use at Ikelenge is higher. The government distribution system is not working in our area, although it has worked better at Ikelenge.

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 there are few nets and there is a hospital which is able to access patients who present with severe malaria. Education and net distribution can start with these families. Contact person Dr John Woodfield, Medical Officer, PO Box 10 Ikelenge, North West Province, Zambia.

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.

We have talked with the district and with people in Solwezi about net distribution. Some nets are meant to be available, but we have not yet seen any.

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

Malaria education programs and dramas have been performed. The number of nets needed are significant, but the best way to distribute them so that they are used is unclear.

10. Please describe how the bednets 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.

Initially they will be distributed in the hospital (by qualified hospital staff), especially to families who present with malaria. Later we will look at distribution to surrounding villages. Education on use of the nets will be provided.

11. What post-distribution follow-up is planned to assess the level of usage (hang-up percentage) of the nets? 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?

Hang-up rates is the challenge. This will be easy for nets used in the hospital. We are thinking about planning distribution to certain villages with random checks of hang up rates. This will need to be worked into the hospital malaria program and will need village agreement. It will not be possible to do this for families of patients we distribute nets to in the hospital as they will be distributed over a very large area (many areas will only be accessible by foot).

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.

Mwinilunga District Health Office, Mwinilunga, North West Province, Zambia.

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

Distribution will be free of charge.

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, digital photos will be sent

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.*

[To be confirmed]

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

Yes, we will send a post distribution summary.

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

Dr John Woodfield, PO Box 10 Ikelenge, Mwinilunga, North West Province, Zambia. Medical doctor at Kalene Mission Hospital.

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