

# World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
5,000	Zambia	Luapula, Western & Eastern	Feb-Mar07	PSI/SMA

## Further Information

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

Mansa Diocese HBC (Luapula Province)  
Mongu Diocese HBC (Western Province)  
Chipata Diocese (Eastern Province)

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

These districts are rural and have the following populations;  
Mansa: 216,780; Mongu: 185,016; Chipata: 416,623

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

These areas can be designated as high risk because they have the high incidence rates in their provinces. The following are the incidence rates;  
Mansa: 516 per 1000 (this is the highest in Luapula Province)  
Mongu: 513 (this is the second highest in Western Province)  
Chipata: 475 (also ranks as one of the top districts with high incidence rates)

### 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.

Mansa: Reported cases of malaria in 2005: 111,965 Deaths: 216  
Mongu: Reported cases of malaria in 2005: 94,866 Deaths: 92  
Chipata: Reported cases in 2005: 197,908 Deaths: 618

### 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 target group will be selected within the home based care HIV/AIDS programme. The selection criteria will be based on net ownership.

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

These areas are provincial capitals and have benefited from prior net distribution. However, the exact number of nets in these areas has not been determined and malaria continues to be a prevalent disease.

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

These areas were chosen because they are centrally located and distribution would not be a challenge. In addition, the incidence rate of malaria in these districts is high (see question 3).

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

The National Malaria Programme provides advice on which areas to focus on in terms of malaria interventions. The programmes under CRS run in the above districts, therefore distribution and monitoring would be facilitated by CRS. Once the allocation has been made and CRS are asked to help distribute these nets, SFH will notify NMP on the quantities that are going to these areas.

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

Clients of an already existing HIV/AIDS home based care programme will be the beneficiaries of these nets. The Caregivers will use the register to document existing net ownership in the homes of the clients and determine the need should any be lacking nets or own less than the recommended three nets per household.

**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?**

The nets will be distributed to clients during home visits while the caregivers will receive them from Site Coordinators.

The information and education on the importance of net use was given the last time nets were distributed, two years ago. Refreshers will be done during Site Coordinator's Quarterly meetings, caregivers' monthly meetings and the monthly day for the sick where clients are also present. Caregivers will also reinforce the information and education during home visits.

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

Caregivers will indicate in their reports which clients still have and are using the nets and which are not using them. This follow up will be done quarterly.