

Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
301,000	Zambia	17 districts reaching 3 Provinces (Northern, Southern and Eastern)	Aug-Sept 2009	World Vision

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.)

The following 17 districts will receive nets:

No.	District	Latitude/ Longitude	World Vision ADP Name	Partner	Total # LLINs needed/district	Estimated Population
1	Choma	16°48'S/26°59'E	Hamaundu, Moyo	WVZ	5,201	20,490
2	Kalomo	17°00'S/26°30'E	Kalomo, Siachitema, Twachiyanda	Africare WVZ CARE TSA	20,015	84,752
3	Monze	16°17'S/27°29'E	Choongo	Africare TSA WVZ	3,703	65,431
4	Kazungula	17°46'S/25°16'E		CARE CRS	8,388	27,306
5	Sinazongwe	17°15'S/27°28'E	Sinazongwe	WVZ	5,134	16,091
6	Livingstone	17°49'S/26°49'E		CARE TSA	6,297	61,973
7	Mazabuka (including Chikankata)	15°52'S/27°44'E	Magoye	TSA Africare WVZ TSA	9,773	40,644
8	Lundazi	12°20'S/33°07'E		WVZ	28,878	94,733
9	Chipata	13°38'S/32°28'E	Makungwa	Africare WVZ CARE	49,183	147,016

				TSA		
10	Petauke	14°14'S/31°20'E	Nyamphande	Africare	38,532	94,352
				WVZ		
				CARE		
				TSA		
11	Katete	14°03'S/32°05'E	Katete	CARE	30,399	75,700
				WVZ		
12	Nyimba	14°33'S/30°5'E	Nyimba	TSA	12,702	21,128
				WVZ		
13	Kasama	10°16'S/31°09'E	Mwamba	WVZ	11,575	51,279
14	Luwingu	10°16'S/29°54'E	Buyantanshi	WVZ	11,575	16,152
15	Mpika	11°51'S/31°25'E	Mpika	WVZ	28,241	58,478
16	Mbala	08°46'S/31°24'E	Mbala	WVZ	24,102	149,634
17	Nakonde	09°19'S/32°46'E	Nakonde	WVZ	7,482	15,027
Total					301,180	1,040,184

Target villages/districts for the first distribution:

<u>HUB</u>	<u>DISTRICT</u>	<u>VILLAGE LEVEL</u>	<u>NUMBER OF HOUSEHOLDS IN VILLAGE</u>	<u>POPULATION AT 6/HH</u>	<u>VILLAGE ALLOCATION OF NETS</u>	
1	Chipata	Petauke	Kapoche	1,496	8,228	1,232
			Chingombe	2,570	14,135	2,116
			Mwangaila	3,038	16,709	2,501
			Matambazi	3,117	17,144	2,566
			Kaumbwe	3,340	18,370	2,750
			Manjazi	2,882	15,851	2,373
			Manyane	2,443	13,437	2,011
			Msumbazi	2,798	15,389	2,303
			Ongolwe	2,372	13,046	1,953
			Kovyane	1,921	10,566	1,581
		Mbala	2,052	11,286	1,689	
		Chalimanyana	3,265	17,958	2,688	
		Nyika	4,998	27,489	4,115	
		Nsimbo	1,158	6,369	953	
		Nyakawise	1,655	9,103	1,362	
		Mateyo Mzeka	1,544	8,492	1,271	
		Singozi	1,618	8,899	1,332	
		Mawanda	1,631	8,971	1,343	
		Lusangazi	431	2,371	355	
		Chisangu	2,258	12,419	1,859	
			46,587	256,229	38,352	
2	Chipata	Nyimba	Chinsumbwe	271	1,491	261
			Katipa	348	1,914	335
			Vizimunda	2,307	12,689	2,220
			Ngozi	2,205	12,128	2,122
			Lwezi	1,429	7,860	1,375
			Nyimba	1,231	6,771	1,185

		Kaliwe	1,123	6,177	1,081
		Chweza	1,152	6,336	1,109
		Mombe	857	4,714	825
		Chamilala	754	4,147	726
		Chinambi	1,099	6,045	1,058
		Luangwa	423	2,327	407
			13,199	72,595	12,702
3	Lusaka	Mazabuka			
		Malala	1,150	6,325	587
		Mabwe Atuba	1,854	10,197	946
		Kasengo	1,187	6,529	605
		Chivuna	3,356	18,458	1,712
		Konkola	499	2,745	255
		Mazabuka	2,799	15,395	1,428
		Nakambala	3,957	21,764	2,018
		Lubombo	1,926	10,593	982
		Nega-Nega	2,433	13,382	1,241
			19,161	105,386	9,773
4	Livingstone	Monze			
		Choongo West	919	5,055	692
		Choongo East	1,557	8,564	1,172
		Mwanza West	1,894	10,417	1,426
		Chona	548	3,014	413
			4,918	27,049	3,703
5	Livingstone	Choma			
		Singani	1,194	6,567	872
		Nakeempa	948	5,214	692
		Kalundanya	2,254	12,397	1,646
		Simacheche	1,022	5,621	746
		Mbabala	1,713	9,422	1,251
			7,131	39,221	5,207
6	Livingstone	Sinazongwe			
		Mabinga	185	1,018	70
		Namazambwe	574	3,157	217
		Mweenda	697	3,834	264
		Muuka	848	4,664	321
		Tekelo	467	2,569	177
		Mweemba	2,304	12,672	871
		Maamba	1,821	10,016	689
		Mweezya	862	4,741	326
		Nkandabwe	1,035	5,693	391
		Sinazongwe	1,125	6,188	425
		Malima	939	5,165	355
		Nang'ombe	2,719	14,955	1,028
			13,576	74,668	5,134
7	Mpika	Luwingu			
		Isangano	595	3,273	408
		Lwata	688	3,784	472

		Mushituwambo	598	3,289	410
		Chifwele	651	3,581	446
		Masonde	726	3,993	498
		Ipusukilo	706	3,883	484
		Chulungoma	2,196	12,078	1,506
		Namunkolo	767	4,219	526
		Itandashi	1,007	5,539	691
		Kaela	641	3,526	440
		Munshinga	580	3,190	398
		Katilye	350	1,925	240
		Kanfinsa	828	4,554	568
		Mufili	1,395	7,673	957
		Ilambo	639	3,515	438
		Mwelawamanu	1,419	7,805	973
		Ibale	348	1,914	239
		Bwalinde	1,231	6,771	844
		Isansa	858	4,719	588
		Kampemba	654	3,597	449
			16,877	92,824	11,575
8	Mpika	Mbala			
		Nsunzu	1,873	10,302	1,476
		Mwambezi	1,675	9,213	1,320
		Moto Moto	3,465	19,058	2,731
		Intala	3,899	21,445	3,073
		Kawimbe	2,679	14,735	2,111
		Lwandi	2,955	16,253	2,329
		Mwiluzi	1,678	9,229	1,322
		Chela	1,970	10,835	1,552
		Malamba	1,306	7,183	1,029
		Chimbili	1,675	9,213	1,320
		Chinyika	1,321	7,266	1,041
		Chipembe	960	5,280	757
		Lapisha	1,670	9,185	1,316
		Mukololo	2,114	11,627	1,666
		Chozi	1,345	7,398	1,060
			30,585	168,218	24,102
9	Mpika	Kasama			
		Bululu	2,854	15,697	1,307
		Kasenga	1,725	9,488	790
		Lukup	2,067	11,369	947
		Mulilansolo	6,235	34,293	2,856
		Buseko	1,301	7,156	596
		Chiba	3,052	16,786	1,398
		Lualuo	2,343	12,887	1,073
		Kapongolo	5,693	31,312	2,608
			25,270	138,985	11,575
			177,304	975,172	122,123

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

These areas are mostly rural but also include some peri-urban area. The estimated total area population is 1,040,184.

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

Yes. All nine provinces of Zambia are endemic for malaria with 90-100% of the population at risk. Although the number of malaria cases reported in Zambia declined in 2007, malaria still accounts for 45% of outpatient visits, 45% of hospital admissions, 47% of overall disease burden among pregnant women, and 50% of disease burden among children under-five years of age. The 2008 Malaria Indicator Survey (MIS) did show progress in parasitemia levels in children under five:

Province	% of UF with malaria parasites	
	MIS 06	MIS 08
Southern	8.6	7.9
Eastern	22.8	9.3
Northern	35.7	12.0

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.

Approximately 4.3 million clinically diagnosed cases of malaria were reported through the HMIS in 2007, this represents over a 10% decline from 2006. This figure overestimates the number of true malaria cases at the health facility level due to lack of diagnostic confirmation; it also underestimates the cases at the community level which go unreported.

No.	District	Malaria Incidence 2006
1	Choma	445
2	Kalomo	270
3	Monze	407
4	Kazungula	345
5	Sinazongwe	464
6	Livingstone	359
7	Mazabuka	412
8	Lundazi	455
9	Chipata	437
10	Petauke	532
11	Katete	506
12	Nyimba	665
13	Kasama	436
14	Luwingu	428
15	Mpika	329
16	Mbala	337
17	Nakonde	229

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 plans to fill a gap from the previous LLIN distribution in 2007 so that universal coverage is achieved in these areas.

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

During August of 2007 the National Malaria Control Centre conducted a mass distribution of LLINs in the three proposed provinces. At the time the objective was to reach 80% coverage, with a minimum of three nets per household. There continues to be LLIN distributions through ANC to pregnant women throughout Zambia. Again, this distribution is meant to fill identified gaps that remain.

Indicator	Proportion of households with at least one ITN		Proportion of children under 5 years old who slept under an ITN the previous night		Proportion of pregnant women who slept under an ITN the previous night	
	MIS 06	MIS 08	MIS 06	MIS 08	MIS 06	MIS 08
Province						
Southern	54	70	33	32	41	26
Eastern	45	75	29	57	38	46
Northern	33	89	18	64	21	65
Zambia	44	62	23	41	24	43

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.

The areas have been chosen in consultation with the National Malaria Control Program. The selection was based on the level of vulnerability of the community and the number of LLINs needed within the districts where WV and RAPIDS are actively working.

The decision to target communities within the districts listed was made by Dr. Elizabeth Chizema Kawesha, Deputy Director, Public Health & Research - National Malaria Control Centre, Zambian Ministry of Health in collaboration with Dr. Mark Maire, Sector Specialist Infectious Diseases - Health Team, Resource Development and Management - for World Vision US.

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.

Yes. The National Malaria Control Program was consulted. World Vision-RAPIDS is a partner with Zambia's NMCP and aims to complement and supplement all national malaria prevention efforts. In line with this objective, World Vision-RAPIDS

has collaborated with Dr. Elizabeth Chizema Kawesha throughout the development of this proposal.

National Malaria Control Program contact:

Dr. Elizabeth Chizema Kawesha, Deputy Director, PH & Research
- Malaria

Cecilia Katebe, ITN Specialist

Zambia National Malaria Control Centre

P.O. Box 32509, Lusaka

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

Prior to distribution World Vision/RAPIDS will work closely with Zambia's National Malaria Control Program to resolve the number of households to be reached in each community.

Additionally, World Vision/RAPIDS partners within the identified districts will collaborate with the District Health Management Teams to determine how many nets each household will receive. Data available from the Rural Health Centres and District Health Management Teams will be used wherever available to verify that the nets are distributed effectively.

In addition, RAPIDS volunteer caregivers in the identified districts will be notified of the activity and RAPIDS will work with the District Health Management Teams to arrange the dates and time period of the distribution.

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.

The nets will be distributed by WV/RAPIDS volunteer caregivers during community-based meetings. These meetings will be held over the span of one or two weeks, depending on community need. Prior to these meetings the caregivers will work with other Neighbourhood Health Committee (NHC) volunteers in the community to notify household heads of the distribution activity.

During these meetings the caregivers, who have already been educated about malaria and prevention messages, will share their knowledge with net beneficiaries. Topics to be covered will include: how to hang and care for the net, when to use the net and why, the cause of malaria, ways of preventing malaria, and what to do when one is sick with malaria. After demonstrating how to hang the net, the caregivers will distribute the nets to the households along with a brochure that reviews the information given in local language.

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?

WV/RAPIDS caregivers will work with the NHC to follow up with net beneficiaries by conducting home visits. During this activity the caregivers and NHC Committee volunteers will inquire about net usage and ask to see whether the net is hanging. If the net is not hanging, the caregivers and NHC members will seek to find out why the net is not in use and educate the household accordingly. This assessment will be ongoing and will begin within one month of the distribution. This activity will aim to promote and encourage net usage within the community, however because it will be done by community volunteers the findings will not be recorded.

If funding is available, World Vision/RAPIDS will to conduct a survey 12 months after the distribution to determine net usage by beneficiary households. In areas where net use is found to be low, World Vision/RAPIDS will seek to find out the reason and respond with appropriate Behaviour Change Communication strategies.

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.

Name	Position	Phone	Mobile Phone Number
Eunice Masi	DACA - Chipata District	-221157	0977-123920
Frederick Njamba	DACA - Katete District		0977-764860
Christa Nyirenda	DACA - Lundazi District	-480570	0955-
Martin Chishimba	DACA - Petauke District		0955-595135
Bywell Simpoysa	DACA - Kasama District	-222256	0977-456065
Rodrick Kabunda	DACA - Luwingu District		0977-893572
William Sikazwe	DACA - Mbala District	-450585	0977-650592
Daniel Nkondwa	DACA - Mpika District	0966-804063	
Nathan Kabwe	DACA - Nakonde District	-566965	0977-236441
Clement Moonga	DACA - Choma District	-220952	0977-883182
Jethro Muchindu	DACA - Kalomo District	-321150	
Catherine Chibala	DACA - Kazungula District		0977-320766/0966703112
Julius Chilongoshi	DACA - Livingstone District	45.9994162	0977-683590
Kenani Ndhlovu	DACA - Mazabuka District		0977-968666
Davie Moono	DACA - Monze	-250610	
Geofrey Kalaluka	DACA - Monze District	-250610	979257819
Lester Nambale	DACA - Sinazongwe District	26.99978882	0977-876660

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

Yes, the LLINs will be free-to-recipients.

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, we will send digital photos. We will need to define sub-locations.

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.*

Yes, we will provide video. We will need to define sub-locations.

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

Yes, we will provide a post-distribution report upon completion of the distribution.

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

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