

# Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
167,000	Zambia	17 districts reaching 3 Provinces (Northern, Southern and Eastern)	Aug 2009 – March 2010	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 TSA	49,183	147,016
10	Petauke	14°14'S/31°20'E	Nyamphande	Africare WVZ CARE TSA	38,532	94,352
11	Katete	14°03'S/32°05'E	Katete	CARE WVZ	30,399	75,700
12	Nyimba	14°33'S/30°5'E	Nyimba	TSA WVZ	12,702	21,128

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
<b>Total</b>					<b>301,180</b>	<b>1,040,184</b>

Summarized Phase 2 Village Information:

Hub/District	Number of Nets	Partner	Number of LLINs Needed by Partner	Zone Name	Number of Households per Village	Number of Nets per Village	Average Number of Nets per Household		
Kalomo	66,800	WVZ	19,253	Munkolo Zone	393	865	2.2		
				Simwami Zone	244	664	2.7		
				Zimba Zone	569	1293	2.3		
				Mayoba Zone	310	676	2.2		
				Muzya Zone	601	1384	2.3		
				Chuundwe Zone	487	1051	2.2		
				Chileshe Zone	499	1093	2.2		
				Choonga Zone	729	1566	2.1		
				Mukwela Zone	596	1188	2.0		
				Namwianga Zone	459	1051	2.3		
				Sipatunyana Zone	3269	6419	2.0		
				Naluja Zone	876	2003	2.3		
		CARE	44,204			Dimbwe Zone	1355	3190	2.4
						Masempela Zone	3433	7827	2.3
						Kanchele Zone	3990	11461	2.9
						Luyaba Zone	2072	5566	2.7
						Siamafumba Zone	2060	5311	2.6
						Simwatachela Zone	3521	7493	2.1
		WVZ & CARE	3,343			Simalundu Zone	1502	3356	2.2
				Mapatizya Zone	1888	3343	1.8		
Chipata	66,800	WVZ	29,971	Chankhanga Zone	3934	8451	2.1		
				Chibvungu Zone	1942	4077	2.1		
				Chiwoko Zone	764	1788	2.3		
				Mwangazi Zone	2214	4855	2.2		
				Mshawa Zone	1412	3108	2.2		
				Kwenje Zone	2350	5353	2.3		
				Chingazi Zone	1004	2339	2.3		
				CARE	36,829			Chipangali Zone	1100
		Kapara Zone	2444					4974	2.0
		Mkanda Zone	1699					2306	1.4
		Vizenge Zone	459					1372	3.0
		Chinunda Zone	961					2364	2.5
		Rukuzye Zone	1746					3056	1.8
		Mafuta Zone	703					1030	1.5
		Kasenga Zone	1506					2718	1.8
		Chiparamba Zone	2022					3052	1.5
		Mnukwa Zone	714					870	1.2
		Makwe Zone	1033					1235	1.2
		Mpika	33,400	WVZ	33,400	Kopa Zone	4912	10,523	2.1
Mpika Zone	10,026					22,877	2.3		

## 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
<b>Province</b>						
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  
Telephone: 260-1-282455  
Telefax: 260-01- 282427

**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.**

Dr. Mark J Maire  
Sector Specialist Infectious Disease  
World Vision US  
Phone: +1.202.572.6445  
Fax: +1.202.572.6480  
Email: mmair AT worldvision.org  
Address: 300 I "Eye" St. NE, Washington DC 20002 USA

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