



Summary

# of LLINS	Country	Location	When	By whom
9260	Zambia	Chikumbi District	August 2010	Baraka Community Partnerships

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.)

Chikumbi District which is located about 30 miles north of Lusaka.

The villages are:

Nkaba, Chiewa, Katuba, Kasalu, Chimbetue, Ngobola, Kakuku, Mwachilwana, Manenekela, Molando, Lumina and Mwambi.

See hand drawn maps attached.

Latitude is -12.8833 S and Longitude is 30.8667 E

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

Rural. Approximately 10,200 people live in Chikumbi which is broken down amongst the following villages:

Nkaba: 500; Chiewa: 400; Mwakakwele: 800; Katuba: 1,200; Kasalu: 800; Chimbetue: 800; Ngobola:1,200; Kakuku: 900; Mwachilwana: 1,000; Manenekela: 600; Molando: 800; Lumina: 450; Mwambi: 750

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

Yes as Malaria illnesses and deaths are common. Anecdotal evidence suggests that every person in the village is affected at least once a year by malaria. Deaths are common due to lack of medical provision and drugs.

4. Baseline malaria case information. How many **reported cases of malaria and malaria deaths** were there in this **specific** area in the most recent period available? We are looking for data from health clinics in the area. Month by month information is strongly preferred. We are NOT looking for regional level/national level information. Please cite your source. Baseline malaria case information forms the basis of comparison post-distribution.

There are no specific statistics as yet for Chikumbi. However the Chikumbi Medical clinic have informed us that in the period between Sept 2008 and Oct 2009 2011 cases of Malaria

were reported (out of a population of 7,000 in the area they serve). This does not account for the hundreds and even thousands who do not report their illnesses due to having no money for the drugs to treat Malaria. Monthly records are not available as yet but we hope to work with the clinic in future to improve information and statistic gathering. Most people go to a hospital outside Chikumbi (if at all) for Malaria care however as it is out of their area they have to lie about where they live - so there are no reliable statistics for Chikumbi. We hope to change that with our increasing influence and the advent of committees for Malaria.

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.

We aim to blanket cover the entire district. There are approximately 7,000 sleeping spaces in the village.

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

There are no organisations currently supplying Mosquito nets for this area. The last distribution was by the Zambia Malaria Foundation in 2006 however these nets were poor quality and are no longer functioning. Occasionally the Medical clinic hands out nets to pregnant women.

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.

This is a district that Baraka Community Partnerships (BCP) started supporting in 2008. I, Andy Mckee, The Programme Manager for BCP have made the decision to provide the LLINs along side Kelvin Phiri who is the head of the Chikumbi Community Centre in Kasalu Village. He has the support of the village headmen in this campaign and committees have been set up in each village. We have also funded Malaria Testing training for 2 Kasalu villagers in an attempt to catch the disease early and provide better statistics.

8. Have you consulted with the country's National Malaria Programme 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.

No, but will attempt to make contact on my next visit. This is proving very difficult.

9. 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.

I do not have this information. This is a very rural area and communication with the village is not easy. However we have started forming a relationship with the local Medical clinic which is 8 months old. The Nurse at the clinic however is proving less than competent so relationships are not entirely fruitful at the moment.

10. Please confirm the nets will be distributed [free-to-recipients](#), a requirement for us to fund nets.

I confirm that the nets will be distributed free. I will do so myself in August/September 2010.

11. Please describe all [pre-distribution activity](#), including how the size of the target group and number of nets required will be ascertained and how the local community and leaders will be involved in this phase of the work?

The number of nets has been ascertained by the population of Chikumbi and the amount of sleeping spaces there. The figures are not 100% accurate but census' are being conducted in all the 13 villages.

12. Please describe how the bednets will be distributed and by whom. Please give detail. Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.

Kelvin Phiri our village project coordinator will distribute the bed nets, with my assistance. We will summon the villagers for a meeting to explain how to fix the nets and will inspect the fittings afterwards. We will also liaise and co-ordinate with the Chikumbi Medical clinic. The Kasalu village drama group will assist in the demonstrations of putting up the nets, and the education will be provided by the Malaria testers.

13. Please describe the malaria education component of the distribution. Please give a detailed answer.

Malaria education is on going in the district - particularly for the children at school. Sports camps are also held which are used to educate the children on Malaria as well as AIDS, alcohol and drug abuse. We will attempt to negotiate with the local Medical clinic to formulate a long term strategy, however it is more likely that the newly qualified Malaria testers will provide most of the education.

14. Please confirm: a) you will conduct [immediate post-distribution follow-up](#) to assess the level of usage (hang-up %) of the nets; b) this take place within four weeks of the distribution; c) you will provide us with the findings.

I can confirm this will be done.

15. Please confirm you will send a [Post-Distribution Summary](#) when the distribution is complete.**

I can confirm this will also be done.

16. Please confirm you will send us, post-distribution, at least [60 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.

17. Please confirm you will provide at least 15 minutes video footage from each sub-location. It does not need to be 'broadcast' quality and can be taken with a handheld digital video camera.**

Yes.

18. Please confirm: you will carry out **longer-term Post-Distribution Reviews (PDRs)**** to assess the level of usage (hang-up %), correct usage and condition of the nets; b) this will take place 6, 18, 30 and 42 months after the distribution of the nets; c) you will provide us with the findings.

I will put into place a local strategy to ensure this is done by the villagers.

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

Andy Mckee, Programme Manager, Baraka Community Partnerships

*Sub-locations are mutually agreed and are typically a portion of the total distribution ie A 20,000 net distribution, for photo and video reporting purposes, might be divided into 5 sub-locations.

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

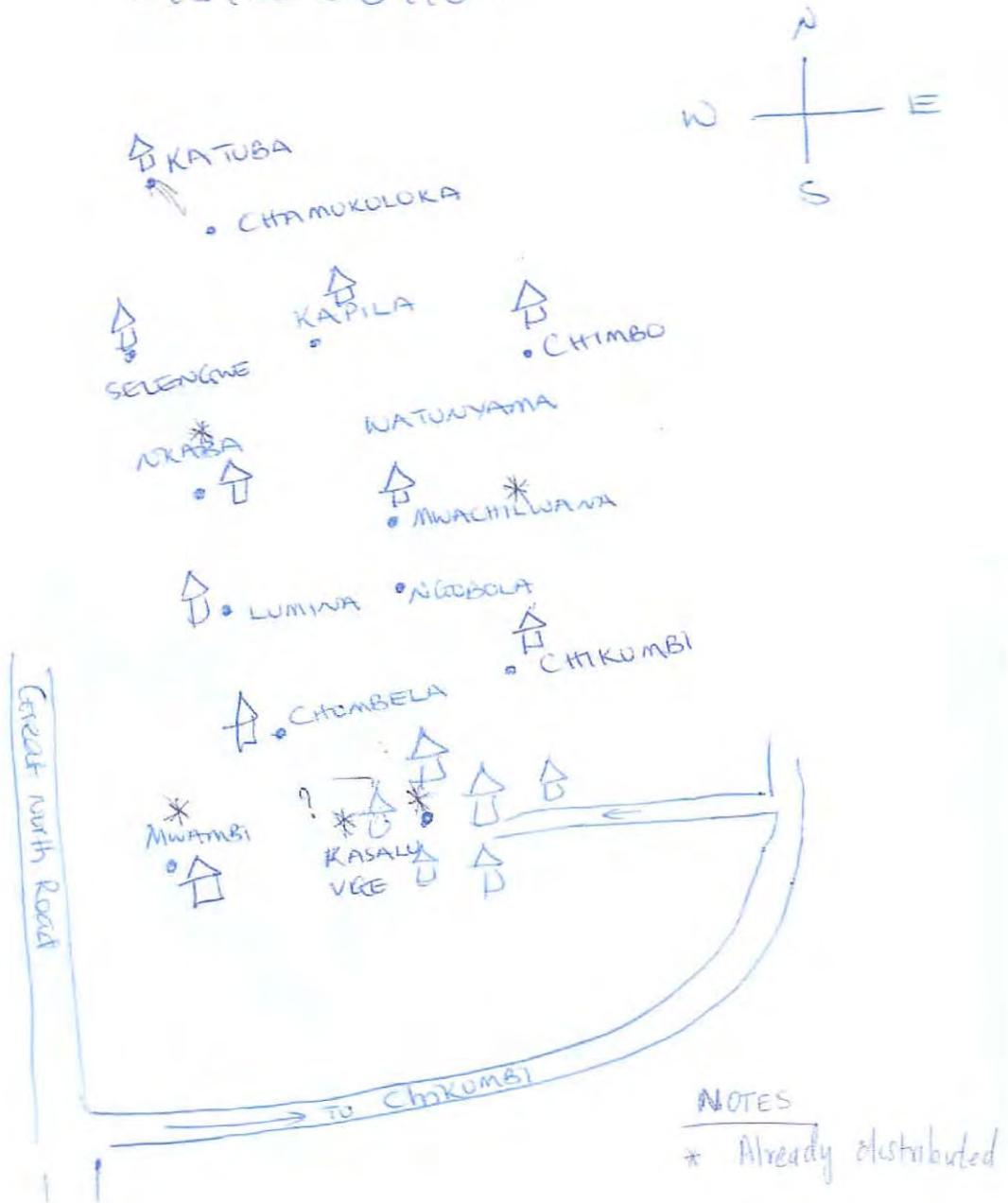
Ends—

THANK

YOU!

CSR

MAP OF CHIKUMBI VILLAGES TARGETED FOR MALARIA NET DISTRIBUTION.



ESR MAP OF CHINGWE VILLAGES
TARGETED FOR MALARIA NET

