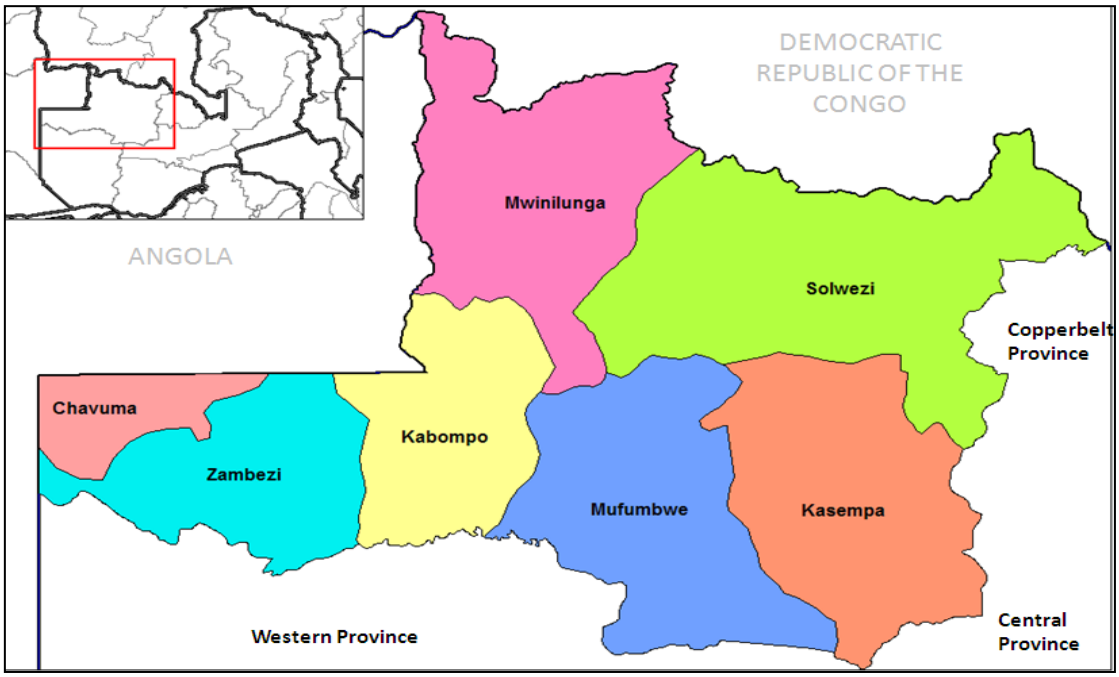
REPUBLIC OF ZAMBIA

MINISTRY OF HEALTH

PROVINCIAL HEALTH OFFICE, NORTHWESTERN PROVINCE



REPORT ON LONG LASTING INSECTICIDE NETS MASS DISTRIBUTION CAMPAIGN 2017

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NORTH WESTERN PROVINCE

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1.0 INTRODUCTION

North-Western Province is one of the ten Provinces of Zambia. The Province has a total of eleven Districts that is: Solwezi (provincial capital), Chavuma, Zambezi, Kabompo, Mwinilunga, Mufumbwe, Kasempa, Ikelengi, Manyinga, kalumbila and Mushindamo. North-Western Province has been one of the least populated Provinces in the country, with a total projected population of 900,000 (CSO, 2000) representing 6.0 percent of Zambia's population.

The province is currently implementing two malaria vector control intervention. These interventions are; Indoor Residual Spraying and Insecticide Treated Nets (ITNs). The Indoor Residual Spraying (IRS) has been implemented since 2007 in Solwezi district with the rest of the districts gradually coming on board by the end of 2010. The ITNs distribution has been done since 2000. The province implements mass distribution strategy (for all age groups) and venerable group distribution strategy (for ANC, EPI and schools). Currently global fund is supporting the province in the implementation of these interventions.

Despite the implementation of malaria control interventions, the disease continues to be a major burden in the province. The province in level IV with an incidence rate of over 800 per 1000 malaria cases. Malaria remains a major cause of morbidity and mortality especially among children of under-five age and pregnant women in province.

The entire population in the province is at risk of Malaria, including the most vulnerable groups ie. pregnant women and children.

The country through the National Malaria Elimination Plan (NMSP) 2017 – 2021 aims to reduce not only transmission, but also eliminate Malaria through multiple strategies, including

- the distribution of Long-lasting Insecticide Treated Mosquito Nets (LLINs),
- increased Indoor Residual Spaying (IRS),
- improved case management using Rapid Diagnostic Tests (RDTs), and
- treatment with Artemisinin-Based Combination Therapy (ACT).

The vision guiding this strategy is of eliminating malaria infection and disease in Zambia. In order to achieve the goal of malaria elimination, North Western Province with support from global fund has just implemented Indoor Residual Spraying and LLINs mass distribution campaign. The province has made steady increase in coverage of ITNs in communities. During the 2015 to 2017, The province has received a total number of 1,060,322 nets since 2014 to date. The distribution was done in three strategies; the mass distribution for all ages, ANC distribution for pregnant mother and Continuous distribution for schools and EPI

The coverages were as shown the table below;

District	HouseHolds	Mass - 2014/15	ANC 2015	ANC, EPI, Community	Schools	Total received
Chavuma	6,495	22,920	3,800	12,300	4,405	**43,425**
Ikelengi	5,784	20,520	3,360	14,772	3,895	**42,547**
Kabompo	8,798	62,600	10,520	14,292	5,832	**93,244**
Manyinga	13,758			17,112	4,242	**21,354**
Kasempa	9,157	47,920	8,080	30,012	6,842	**92,854**
Mufumbwe	11,390	39,720	6,680	24,456	6,212	**77,068**
Mwinilunga	19,666	68,800	11,480	65,016	9,915	**155,211**
Solwezi	48,646	169,520	37,160	79,728	14,616	**301,024**
Zambezi	15,276	53,400	8,920	160,668	10,607	**233,595**
NWP	138,970	**485,400**	**90,000**	**418,356**	**66,566**	**1,060,322**

Using Central Statics Office population statistics and assuming that each house hold has four (4) nets, the provincial ITNs coverage is 102% basing on 575,400 nets distributed in 2014 and 2015.

This year, the Province conducted 2017 LLINs Mass distribution campaign from March to May, 2018. The Province received **613,691** LLINs for 2017 ITNs mass distribution campaign. These where distributed to all 11 districts. The 2017 total population that was targeted to receive nets after household registration was **1,460,381**.

2.0 MAIN OBJECTIVE AND MASS CAMPAIGN STRATEGY

The main objectives and strategies for LLINS 2017 mass campaign were:

- To register **100%** of households in each district of Eastern province
- To distribute LLINs to **100%** of all registered households in the province.
- To sensitize **100%** of beneficiaries on how to hang and use the LLINs throughout the year.

3.0 STAGES OF THE CAMPAIGN

The province conducted the campaign in three (3) stages, namely:

3.1 Planning and Preparations

3.2 Household Registration

3.3 Distribution

Figure 1: Summary of Campaign Process

3.1 PLANNING AND PREPARATORY STAGE

The whole process of the LLINs mass distribution started with planning and preparations. The province conducted the following activities during planning and preparations:

- Training of Health Workers as supervisors and trainers held at Crystal Springs in Chipata district.
- Cascade trainings of Health Workers to train CBVs conducted in districts.
- Training of Household Registration Teams (CBV & Village Leaders) conducted at health facility level
- Social Mobilization for Registration within communities

3.2 HOUSEHOLD REGISTRATION, DATA ENTRY AND DATA VALIDATION

Data Collection

Data collection was done by trained Community Based Volunteers who captured household information on form A -standard register designed by the National Malaria Elimination Centre (NMEC).

After data collection from households, registers were submitted to the Health Facilities where data was aggregated on form B. All form Bs from various Health Facilities were aggregated at the district into form C which was later submitted to Provincial Health Office for consolidation. The data captured were:

(a) Catchment population

(b) Number of Zones

(c) Number of household members disaggregated by sex

(d) Number of sleeping spaces in the household; and

(e) Nets Required

The process of data entry was completed and this was followed by the 5% data verification of the households that were registered. This was

important in order to ascertain the level of accuracy concerning the registration of households.

In this process, districts randomly sampled households in selected facilities to meet up the required re-registration numbers. However, where numbers were met from one facility the district went ahead and conducted the re-registration from that one particular facility. The data from the re-registration exercise was entered again in the excel or online platform and submitted to NMEC.

3.2.1 MOBILIZATION AND SENSITIZATION

Before the commencement of distribution campaign, social mobilization meetings with health workers and volunteers were conducted at all levels (i.e. district level, facility level and community level). The mobilization involved various stakeholders in communities. The purposes of the meetings were to not only sensitise, but also plan for the distribution process and raise awareness to the community members on the upcoming campaign.

It was during these meetings that the distribution process was explained to the beneficiaries and other key stakeholders such as Civic leaders, traditional leaders and the general population. We also conducted drama performances, radio and television programmes in some districts to sensitise the people. These sensitisations meetings and health talks focused also on the importance of sleeping under a net throughout the year in order to promote positive health behaviour if we are to eliminate Malaria.

3.3 DISTRIBUTION METHODS

The distribution of nets was implemented using two methods that is:- from the **supplier** -transported by an International transporter to the **province** and from the **province** -transported by the local transporter

engaged by **World Food Programme (WFP)** direct to health facilities in respective districts.

At the final stage of delivery to the beneficiaries, nets were moved from the health facilities to selected distribution points in the communities. Community Health Volunteers, who had collected the data, spearheaded the distribution to community members at designated distribution points in various communities.

During this phase, officers from CHAZ, District Health Office (DHO) and Provincial Health Office (PHO) facilitated the movement of nets from Provincial Warehouses and health facilities to the distribution points. This process involved community members coming through at designated points in the respective zones to pick their nets.

FINAL LLINS 2017 MASS CAMPAIGN SUMMARY DATA

S/NO	Facility	No. of Zones	No. of communities in Health Centre Catchment Area	No. of HH in Health Catchment area	Catchment Population	No. of Bed spaces	No. of nets needed per Health Facility	No. of LLINs Supplied to Health Catchmement Centres	No. of LLINs issued to Health Centres
1	Chavuma	76	185	12,595	59,801	36,408	33,473	32,525	32,525
2	Ikelengi	118	4,889	9,165	56,477	16,457	30,499	26,788	26,788
3	Kabompo	96	135	14,374	78,092	47,987	43,171	43,190	42,691
4	Manyinga	53	81	16,140	82,896	39,622	45,870	33,084	33,084
5	Mwinilunga	165	856	27,703	154,747	89,251	81,050	74,655	74,655
6	Mufumbwe	94	174	19,285	114,528	60,825	60,825	53,855	53,855
7	Kasempa	103	4,710	22,521	125,590	72,321	68,712	61,505	61,505
8	Kalumbila	44	167	43,002	248,103	125,764	125,389	96,059	96,059
9	Solwezi	206	137	56,382	319,041	176,487	172,752	91,834	90,719
10	Zambezi	132	750	25,868	123,972	76,792	73,223	65,795	65,578
11	**Mushindamo**	101	101	20,231	97,134	55,085	51,984	34,401	34,401
	NWestern	**1,087**	**12,185**	**267,266**	**1,460,381**	**796,999**	**786,948**	**613,691**	**611,860**

4.0 SUCCESSES

- The province received **613,691** LLINs than the initial allocation of 489,000 LLIN. All the LLINs where delivered to all eleven districts.
- The LLINs campaign went as planned; household registration, 5% re-registration, data entry where done and consolidated information submitted to national level.
- There was collaboration among players involved; that is NMEC, Provincial Health Office, WFP, CHAZ, District health office, traditional leaders, civic leaders and communities.
- Monitoring, evaluation and Supervision of the program was done by global fund, provincial health office team, CHAZ and NMEC.
- All the targeted volunteers were oriented in LLIN distribution processes.
- No fatal accidents were experienced during the exercise.

5.0 CHALLENGES

5.1 ILLINs were received late by the provincial against the planned schedule. This lead to late distribution of ILLINs during the rainy season.

5.2 Hard to reach and impassable roads posed ITNs Transportation challenges to distribute from Health Facilities to communities.

5.3 Limited storage facilities for LLINs at Provincial level and district levels.

5.4 Some families and individuals were not present during the registration process and their names and data could not be captured at the time of registration. These were missed out completely although they showed up during the distribution day.

5.5 Late arrival of ITNs in districts like Zambezi and Chavuma posed a hindrance to timely net distribution as the west banks were flooded during the time of distribution.

5.6 Lack of Transport for supervisors during monitoring and supervision of the registration and distribution excise at facility level was a challenge.

6.0 LESSONS LEARNT

6.1 Formal effective communication should be adhered to at all levels to ensure that all stakeholders involved are at the same level.

6.2 Distributing LLINs during rainy season was a big challenge as some areas became impassable.

6.3 Community partnership and proper coordination at all levels plays a big role in the success of the programme.

6.4 All processes leading to mass LLINs distribution (trainings, house hold data collection, data entry, data verification, data validation) should be done well in advance.

6.5 The Involvement of CHWs and local leaders led to wide program implementation acceptance and helped to minimize problems at distribution sites.

6.6 Involvement of a lot of staff used to enter data helped greatly to speed up the work.

6.7 Provincial and district leadership and support helped to speed up all processes of household registration, 5% household re registration, data entry, documentation mobilisations, sensitisations and actual distribution.

7.0 RECOMMENDATIONS

5.1 ILLINs should be received on time at all levels for distribution according to planned schedule.

5.2 Distribution should be done before rain season in orders to have access to hard to reach areas which are normally cut off during rain season.

5.3 Provincial of adequate storage space at all levels.

5.4 Provision of Transport for supervisors during monitoring and supervision of the registration and distribution excise at facility level.

8.0 CONCLUSION

The LLINs 2017 mass distribution campaign was implemented in all the 11 districts. There was stakeholders and partnership involvement at all levels which lead to ownership of the program. The LLINs will supplement the IRS program in the elimination of malaria in the program.

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NAMES OF PROVINCIAL STAFF INVOLVED

S/n	Name	Position	
1	Dr. Lawrence Phiri	Provincial Health Director	
2	Dr. Vivian lubinda	Public Health Specialist	
3	Mr. Nsofwa Francis	Chief Environmental Health Officer	
4	Mr. mwalumuka k.	Stores officer	