

# ZAMBIA ANGLICAN COUNCIL



## FIRST QUARTER NETSFORLIFE® PROGRAMME REPORT, 2014



*In the picture is a group of MCAs getting ready for distribution of LLITNs in Kitwe District*

**ZAMBIA ANGLICAN COUNCIL  
6 BISHOPS RD KABULONGA  
PO BOX 320100 LUSAKA, ZAMBIA  
E-mail:gmazala@yahoo.co.uk**

## **LIST OF ABBREVIATION/ACRONYMS**

<b>DDCC</b>	<b>: DISTRICT DEVELOPMENT COORDINATING COMMITTEE</b>
<b>DHO</b>	<b>: DISTRICT HEALTH OFFICE</b>
<b>DMTF</b>	<b>: DISTRICT MALARIA TASK FORCE</b>
<b>IEC</b>	<b>: INFORMATION EDUCATION AND COMMUNICATION</b>
<b>ITN</b>	<b>: INSECTICIDE TREATED NET</b>
<b>LLITNS</b>	<b>: LONG LASTING INSECTICIDE TREATED NETS</b>
<b>MCA<sub>s</sub></b>	<b>: MALARIA CONTROL AGENTS</b>
<b>N/A</b>	<b>: NOT APPLICABLE</b>
<b>NDP</b>	<b>: NATIONAL PROGRAMMES DIRECTOR</b>
<b>NMCC</b>	<b>: NATIONAL MALARIA CONTROL CENTRE</b>
<b>SADC</b>	<b>: SOUTHERN AFRICA DEVELOPMENT COMMUNITY</b>

## **1.0 INTRODUCTION**

Malaria is still endemic in all NetsforLife Project sites in Zambia, and has continued to be a major public health concern. However, ZAC has continued to make significant progress to contribute to the reduction of the malaria morbidity and mortality in line with the Government vision of a “malaria free nation” by 2015 and ZAC has been part of this progress with support from Episcopal Relief & Development.

At community level, ZAC has continued to work with Malaria control agents and also with other stakeholders in the fight against malaria. Community engagement has contributed to this success over the years. In the recent past, there have been some new strategies to combat malaria in Zambia and ZAC has adopted these strategies that are aimed at pre elimination of malaria in selected districts namely Kazungula, Sesheke, Shangombo, Livingstone, Kalabo, Senanaga and Sikongo. These strategies include the “Testing, Treating and Tracking” of each malaria case. This is complemented by active surveillance of malaria cases by use of active and passive registers that have been introduced. This has strengthened the M&E component of the program.

ZAC being one of the major partners of Government in malaria control is in tune to start adopting government policy in new approaches to malaria control strategies and continue to contribute effectively and efficiently through its widespread volunteer base across the country.

## **2.0 DETAILED REPORT**

### *Synopsis of activities*

This report covers activities carried out in the first quarter of the year 2014 as reported covering 9 of the 10 provinces in Zambia. We are glad to report that MCAs have continued to be active despite some challenges of access to households that can be mainly attributed to the rainy and farming season that involves MCAs as well. However, the following activities were conducted in the quarter under review:

- Monitoring use and Replacement of LLITNs
- Project management meetings
- Volunteer monthly meetings
- Stakeholder involvement

## **2.1 MONITORING USE AND REPLACEMENT OF LLITNS**

Monitoring the use of LLITNs at household level has continued to be a major activity in the Netsforlife Program. In this quarter under review, only 380 of the 507 MCAs in all the 5 Dioceses managed to send reports on household visits. From the reports, a total 836

households were visited in the quarter. Home visits were conducted to monitor net utilisation, proper hanging and provide education to household members.

During the visits, a total 307 pregnant women were reached with key messages on net usage and the importance of IPT for pregnant women. Furthermore, 1621 children under 5 were recorded in the household. From the summary table, it is reported that more pregnant women and under five children sleep under LLITNs. It is however important to note that some bed spaces are temporal and a total of 294 nets were found not hanging. Reports from the MCAs indicate that most of the temporal bed spaces are for adults who sometimes do not hang the nets at night.

The Ministry of Health has continued to distribute LLITNs and most households in our project sites have also benefited. Some of our MCAs have been involved in the distribution of nets from the clinics as reported in the summary table. The summary sheet shows that a total 10,235 nets were distributed in the reporting districts.

ZAC has continued to source for LLITNs from local Stakeholders especially the Ministry of Health. In the quarter under review, Luapula diocese in Mansa managed to source for 35,000 LLITNs while Lusaka Diocese for 31,000 all yet to be distributed. ZAC requested for the leverage fund for the 31,000 sourced in Lusaka.



*In the picture are bales of LLITNs sourced from the Ministry of Health in Luapula diocese well stacked in their store room. Program Manager, Florence Chola inspecting the sourced LLITNs.*

Also noteworthy from the summary sheet is the number of torn LLITNs that were found during household visits. A total of 964 LLITNs were found to be torn and were replaced in the LLITNs consignment that was distributed under the Ministry of Health and not indicated

in the Summary table to avoid duplication because this data is already captured by Health Center staff. The table below shows summary data of LLITNs distributed with households visited:

Table 2.1 showing the summary data of LLITNs distributed and households visited.

District	Number of HHs visited	Number of people in HHs			No. of LLINs distributed	LLINs found hanging	LLINs found but not hanging	Condition of nets			Total number of adults sensitized	Net usage		
		PW	U5	Others				Good	Torn, needs mending	Bad, needs replacement		PW	U5	Others
Mansa	68	18	205	185	2400	204	14	200	4	Nil	203	18	205	133
Mwense	40	25	82	133	1200	140	5	145	0	Nil	158	25	82	133
Chipili	57	36	118	188	680	152	36	188	0	Nil	224	36	118	152
Kitwe	365	108	775	1284	3500	935	160	160	935	NIL	1392	108	624	935
Chongwe	78	41	136	291	500	234	0	234	9	NIL	105	21	36	48
Kafue	88	15	24	49	205	264	0	264	0	nil	88	15	24	49
Chipata	45	31	94	145	900	89	46	126	9	NIL	176	31	94	99
Petauke	33	12	66	120	350	198	0	198	0	nil	132	12	66	120
KapiriMposhi	62	21	121	230	500	153	33	146	7	NIL	292	21	121	216
<b>TOTAL</b>	<b>836</b>	<b>307</b>	<b>1621</b>	<b>2625</b>	<b>10,235</b>	<b>2369</b>	<b>294</b>	<b>1661</b>	<b>964</b>	<b>0</b>	<b>2770</b>	<b>287</b>	<b>1370</b>	<b>1885</b>

Source: MCAs reports

NOTE: The total number of household to be covered in the quarter is not indicated. This will be done in the next quarter to give a picture of the half year coverage.

### **3.0 MEETINGS**

#### **3.1 MONTHLY PROJECT MANAGEMENT MEETINGS**

Monthly project management meetings main objective is to review strategies and plan for activities to be conducted. ZAC Program staff use these meetings as team building exercises and planning for meetings with volunteers on the best approaches to retain the MCAs and also best ways to keep them motivated and updated on technical issues.

In the quarter under review, fifteen Project management meetings were held in all the 5 dioceses from January to March 2014. The major issues that came out of the management meetings were the support in LLITNs sourcing and recognition that ZAC was receiving from Government and national malaria control centre in the net distribution at both national and district level.

The meetings were also used to develop strategies on how best to motivate the MCAs to continue to monitor households' net utilisation and community sensitisations in the absence of any incentives and ensure sustainability of the program after many years of implementation.



*A team of program managers during a management planning meeting*

ZAC is also using these management meetings to review stakeholder meeting updates, review any new strategies and involvement in national programs.

### **3.2 MONTHLY VOLUNTEER MEETINGS**

The monthly MCAs' meeting is one strategy that ZAC has adopted to strengthen capacities of the MCAs by providing information on the new strategies and approaches to malaria control. The close interaction of the MCAs and program staff also provides some form of motivation as they feel part of the process.

During the quarter under review, 15 volunteer meetings were held in all the 5 dioceses from January to March, 2014. Note that 2 program managers from Northern and Central Dioceses have relocated as the program has now been integrated with the Early Childhood Development (ECD) program and the ECD program managers will now start reporting on the NetsforLife program. It is encouraging to note that most MCAs have continued to show commitment to activities and this gives hope for sustainability.

The major issues arising from these meetings with MCAs were:

- How best can MCAs be co-opted in net distribution at district and health centre level.
- Supply of reporting forms to monitor households
- New approaches to malaria control such as “test, track and treatment” which our MCAs under NetsforLife will have to be trained if they need to remain relevant and in tune with government policy for districts marked for pre elimination strategies.
- Volunteer supplies such as report forms, T-shirts, new identity cards continue to come up during these meetings.

In addressing these issues, ZAC plans to source some funds to orient MCAs on the new strategies to approach malaria cases in communities, also formulate guidelines on how best MCAs can report activities conducted in collaboration with health centres and community district health offices.

### **4.0 STAKEHOLDER INVOLVEMENT**

ZAC has continued to be involved in meetings with stakeholders at all levels which include national, district and community level.

At national level, ZAC has attended meetings at the national malaria control centre and also participated in the national situational analysis for cross border malaria that was organised by the National malaria control centre.

At district level, the program managers have continued to be part of the district development coordinating committees. It's at these platforms that ZAC is able to source nets for distribution and obtain national calendar of events.

At community level, the MCAs are part of the health centre management committees and also closely involved with net distribution with government clinics. In the quarter under review, Luapula and Northern dioceses' MCAs had been involved in community sensitisation meetings with local stakeholders on net registration, replacement and distribution to new households.

**In summary, below is a quarterly monitoring data sheet: Quarterly Monitoring Data Sheet (QMDS)**

<b>Country: Zambia</b>	<b>Reporting Period: 1<sup>ST</sup> January – March 31<sup>ST</sup> 2014</b>
<b>Name of Implementing Partner: ZAMBIA ANGLICAN COUNCIL</b>	

### Summary of Activities Undertaken During the Reporting Period

Broad Categorization of Activities	Please tick where applicable
1. Research (Baseline, Monitoring & Evaluation)	
2. Development, Printing & Distribution of IE&C materials	
3. Training & CapacityBuilding	
4. ITN Registration & Distribution	✓
5. Community Intervention Activities	✓
6. Meetings Sessions	✓
7. Other Special Event (e.g. Round table, Malaria Day etc) Measles Campaign	

### Research, Monitoring & Evaluation

Type of Research/Monitoring Activity	Date Implemented	Districts Involved
--------------------------------------	------------------	--------------------

Field Monitoring/Auditing Of Project Activities	JAN-MAR	Mansa, Mwense, Chipili, Kitwe, Chongwe, kafue, Chipata, Petauke, Kapiri-Mposhi
Baseline		N/A
Follow up-On Final Evaluation		N/A
Other (Pls. Specify)		

### Training and Capacity Building

Category of People Trained	Focus of Training	Name of Districts	Number of People Trained	
			Expected	Actual
1. Malaria Control Agents  (Refresher Training for MCAs)	N/A			
2. Malaria Control Agent (New Members)				
3. Core Program Staff (Programmes Manager attended W/shops organised by National Office )	N/A	TOTAL		

### ITN Registration & Distribution (see summary sheet)

Districts	Category	Number of people registered	No. of Nets Distributed	
			Expected	Actual
Mansa, Mwense, Chipili, Kitwe, Chongwe, kafue, Chipata, Petauke, Kapiri-Mposhi	Children Under 5 years	1621		
	Pregnant women	307		
	General Population (other than children < 5 years and pregnant women)	2625		
	TOTAL	4553		10235

### Community Activities (Other than ITN Distribution)

Districts	Activity	Target Population	Estimated Number of People Reached Directly
Mansa, Mwense, Chipili, Kitwe, Chongwe, kafue, Chipata, Petauke, Kapiri-Mposhi	Community Sensitization	Adults	2770
	TOTAL		

### Meetings & Advocacy Sessions

Category of Meeting or Advocacy session	Target Group	Total Number of People Involved
1. Monthly Project Management Meeting	8 Project Staff	8
2. Monthly Volunteers meeting	MCA's & Health Centre Staff	388

### Major Planned Activities for Next Quarter

Category of Activity	Location/District	Person(s) responsible
1. Monitoring LLITNs utilisation	Petauke, Mambwe, Mongu, Chongwe, Livingstone, Lusaka, Mansa, Mwense, Kapiri-Mposhi, Mkushi.	Programmes Managers and Malaria Control Agents in all the 5 Dioceses
2. Community sensitisation		
3. Monthly meetings with MCAs		
4. Advocacy meetings with Ministry of Health	Chibombo, Lufwanyama, Mwinilunga, Kalulushi, Chingola.	Programmes Managers
5. Project management meetings	Petauke, Mambwe, Mongu, Chongwe, Livingstone, Lusaka, Mansa, Mwense, Kapiri-Mposhi, Mkushi. Chibombo, Lufwanyama, Mwinilunga, Kalulushi, Chingola.	Programmes Managers

Prepared by: Joshua Kasimba

Date: 15/04/2014

Sign/Initials: JMK.....

Designation: DPD-Health

Checked by: G M Phiri

Date: 15/04/2014

Sign/Initials: .....

Designation: NPD