Covid19 Community Response in Rural Zambia
Mwenda Chiefdom
14 August – 4December 2020

By Major Angela Choobe Hachitapika - Coordinator.

ACRONYMS/GLOSSARY

AIDS	Acquired Immuno Deficiency Syndrome
Chibwantu	Non Alcoholic Local maize drink
CHD&RD	Community Health Development and Research Department
Covid19	Corona Virus Disease 2019
CPT	Care and Prevention Team local area
EHT	Environmental Health Technician
HIV	Human Immuno-deficiency Virus
HRH	Her Royal Highness
IEC	Information Education Communication
MoE	Ministry of Education
MoH	Ministry of Health
MRDT	Mwenda Rural Development Trust
OCV	Orphans and Vulnerable Children
SAWSO	Salvation Army World Service Office
Sibbuku	Village Headperson
WHO	World Health Organization
ZANIS	Zambia National Information Services

Covid19 Mwenda Chiefdom Task Force
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Mr Daniel Kalichi MRDT Overseer
Major Angela Hachitapika - Faith Leader
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EMERGENCY RAPID RESPONSE PROJECT #RR103 END OF PROJECT REPORT

The Salvation Army Zambia
Total Project Cost: US$28,988.98
Local Contribution in Kind: US$10 988.89
Total Grant Requested: $18,000.09

1.0 EXECUTIVE SUMMARY

A new health threat decimating thousands of populations in the world has been thwarted through a locally driven initiative by the traditional leader, the church and community. Such a partnership and response has never happened before, and it demonstrates a new possibility for response using local strengths.

This is a process report for the Mwenda Rural Chiefdom Covid19 Response of Mapangazya area in Chikankata District of Zambia. The project was launched on 14 August 2020 by Her Royal Highness Chieftainess Mwenda Mrs. Elie Kalichi, to promote Covid19 awareness in the chiefdom. This project was funded by the Salvation Army World Service Office (SAWSO) through the Mwenda Rural Development Trust (MRDT). The Salvation Army in Zambia through Chikankata Mission Hospital supported the chiefdom with a land cruiser to use for eight weeks during the implementation of the project while the Salvation Army radio studio donated one hour weekly for airing health education talk on Covid19. The Chiefdom acknowledges the input of Mr. Elvis Simavwa, Dr Ian Campbell, Colonel Ian Swan and Mr. Bram Bailey in sourcing for the funds; and salutes Colonel Ian Swan, Territorial Commander of The Salvation Army Zambia, for channelling funds to the chiefdom.

The goal of the project was **'**Covid19 Free Chiefdom'. This goal was to be realised through three objectives which included; 1)raising awareness on Covid19 for behaviour change in 300 villages of Mwenda Chiefdom by 30th June 2020; 2)enhancing and reinforcing hand washing, supplementing provision of protective materials in public places and households in 23 zones of Mwenda Chiefdom in collaboration with Chikankata local government by 15th June, 2020; and 3) mobilizing a Covid19 village community-based response system in Mwenda Chiefdom by 30th June, 2020. The project was implemented with a total funding of USD18,000.

The activities carried out and achievements are; one (1) meeting to launch the project, two (2) advocacy meetings for community leaders and one (1) traditional healers, four (4)

orientation and capacity building for the implementation teams, sixty two (2) conversations with heads of households reached out to 355 villages impacting at least 53,250 people through their heads of households, one (1) training in making masks and one (1) in Tip tap making, supplementation of 229 hand washing facilities and 14,350 masks, 3200 I.E.C materials were development and distributed, two (2) stakeholder networking and collaboration meetings, nine (9) weekly review meetings and one (1) end of project progress review.

Some challenges were faced during the implementation of the project. Planned conversations were sometimes cancelled due to factors such as funerals and political meetings; difficulties to convince some people that Covid19 is real and in their midst resulting from politicising of the pandemic; complaints by drivers who received K50 lunch allowance comparable with the government running rate of K100; increase in the cost of hand washing facilities; and despite the overwhelming commitment by the implementation team, there were concerns that the work was demanding and none of them was salaried. There was also lack of workspace at the palace; lack of office equipment such as a computer, the MRDT account does not have a cheque book and there is no online banking and lack of phone network in some parts of the chiefdom. However, these challenges were not insurmountable.

Emanating from the project effort, the community has made observable changes that reduce risk of transmission. Members of the community are sharing correct information on Covid19; people are frequently washing hands and masking up in public places. Shaking of hands is reduced. Participants in the discussions made vivid suggestions on what the chiefdom can do to contribute to the reduction in the spread of Covid19 and submitted to Her Royal Highness for ratification. Community participation in prevention is sustaining beyond the project period, and networks that formed for HIV response, including Care and Prevention teams, are adapting for Covid19 response.

2.0 BACKGROUND

The Mwenda Rural Chiefdom of the Bansanje Royal Establishment is situated in Mapangazya area of Chikankata district and has been in existence since 1856. It has a population of about 65,000 people, 450 villages, 13000 households, 8 health centres, 1 health post and a level two hospital (Chikankata Mission Hospital), 32 schools (secondary, primary and community schools). For administrative convenience, the Chiefdom is divided into 23 zones embracing 9 political wards. The chiefdom is managed through the Chief, high council, Mwenda Rural Development Trust (MRDT), Sibbuku (village headmen) and household heads. Mapangazya lies on the verge of the great Zambezi valley making it hilly and hard to reach due to poor road infrastructure. The people of Mapangazya are subsistence farmers but there are a few commercial farmers in the area who attract large numbers of seasonal workers, while some farms have large populations living onsite making them vulnerable to Covid19 spread. Mapangazya is prone to drought and the area experienced a bad drought during the 2018/2019 farming season. Water is not readily available in a number of communities and where there is water; women and children have to fetch it from communal boreholes which are sometimes far.

Zambia recorded the first case of Covid19 on 18 March2020; currently (19January 2020) the disease has claimed 546 lives from 37,605 (WHO) confirmed cumulative cases. At the time of the project launch, Chikankata District had 71 confirmed cases of Covid19 with no fatality. Preventive measures in the country included; hand hygiene, social distancing, use of facial mask in public places and staying at home. Schools, bars and other social amenities were closed from March to Mid August 2020. The lack of adequate testing and information means majority of the people are ignorant of their Covid19 status therefore posing a high risk of transmitting the virus.

Mwenda Chiefdom has a number of risk factors that would increase the chances of Covid19 spreading at a fast rate. Firstly, many local farmers travel to sell agriculture produce and livestock to places such as Lusaka, Kafue, Mazabuka and Siavonga. Secondly, truck drivers and marketeers also travel to Chikankata to buy farm produce all year round. Particularly in July/ August trucks come for maize in the area. Other local risk factors include events where large groups of people gather such as: funerals, Churches, water pumps, grinding meal, ceremonies, markets, football, court hearings and cooperative meetings. As a former nurse,

Her Royal Highness Chieftainess Mwenda had a vision to urgently reach the entire chiefdom with a preventive message of Covid19.

3.0 PROJECT DESIGN

The vision of the project is to replace fear with confidence and faith in the communities as they participate in contextualization of measures for prevention including testing (when it becomes available), isolation, referral and contact tracing processes. The project was therefore implemented with the goal and specific objectives;

3.1 Goal

The goal of the intervention was **'a Covid19 Free Chiefdom'**.

3.2 Specific Objectives

Objectives were;

1. To raise awareness on Covid19 for behaviour change in 300 villages of Mwenda Chiefdom by 30th June 2020.
2. To enhance and enforce hand washing and supplement provision of protective materials in public places and households in 23 zones of Mwenda Chiefdom in collaboration with Chikankata local government by 15th June, 2020.
3. To mobilize a Covid19 village community-based response system team in every village of the Mwenda Chiefdom by 30th June, 2020.

From the above listed objectives an implementation plan was created with specific activities, timelines and outcomes. The implementation plan can be found in the annex section.

3.3 Key Activities

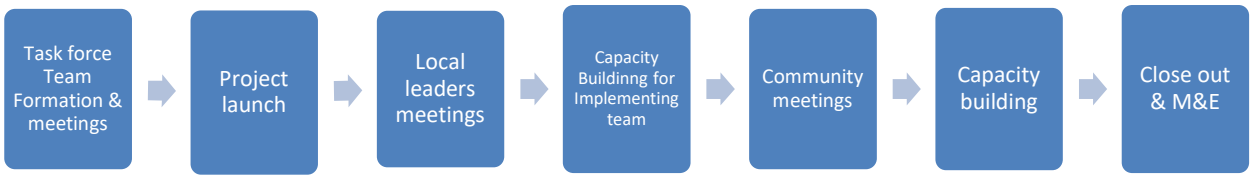
The above objectives were achieved through the following activities;

- Launching of the project
- Advocacy conversations with community leaders

- Orientation and capacity building for the implementation teams
- Conversations with heads of households
- Training in facemasks and Tip tap making
- Distribution of hand washing facilities and face masks
- Development and distribution of Information Education and Communication materials
- Stakeholder networking and collaboration meetings
- Weekly review meetings
- End of project progress review meeting

3.4 Approach to implementation

The project adopted a participatory approach of community conversations held with local leaders and community members supported by the Mwenda Rural Development Trust, Chikankata Mission Hospital and indeed the Mwenda Chiefdom Establishment. The idea was to provide an opportunity to the community to talk with each other, reflect on the impact of Covid19 on their lives and come up with plausible recommendation that would provide a formidable community behaviour and practice necessary to combat the spread of the corona virus in the chiefdom. See the annex for a diagram of this approach, called community counselling. A summary of the project process is shown in the figure below;



4.0 FIRST STEPS

4.1 Task Force

The first stage of the process was the formation of a 10-member task force composed of Her Royal Highness, representatives from the church, health, education, media, village headman, MRDT, High Council and the chiefdom Chaplain.

4.2 Project Launch

This activity was not on the project design initially but included at implementation stage because of its significance. The project was successfully launched by Her Royal Highness through a two-hour session in line with the health guidelines provided by the Ministry of Health for public safety to Covid19. The meeting was attended by Salvation Army Territorial Headquarters Zambia, Chikankata District Health Office, Chikankata District Education Office, Chikankata District Council, heads of primary and secondary schools, senior leaders at Chikankata Mission Hospital, principal from Chikankata College of Nursing and Midwifery and Chikankata College of Biomedical Sciences, the Mwenda Rural Development Trust leadership, local NGOs, senior and other stakeholders. The idea was to publicise the intention of the chiefdom through this project so as to prepare the grounds for successful implementation and support for the project at different levels of the chiefdom.

The Launch; the African drum sounds as HRH Ellie Kalichi calls her people to action against Covid19.

The launch was characterised by a lot of excitement by all in attendance because it was the first time the Chiefdom mounted such localised and funded intervention. There was also excitement because Mwenda Chiefdom became the first chiefdom to respond to the Covid19 pandemic. Everyone was expectant of how the intervention was to be rolled out and the results thereof. The Ministry of Health through the District Health Office commended Chieftainess Mwenda for the meaningful response in supplementing government effort in delivering the timely response to the community. The Salvation Army Territorial Headquarters declared further support for the project by provision of a land cruiser to be exclusively for the project by the chiefdom for the entire eight weeks of the project.

At this meeting, the project showcased the tools of work to be used, such as hand washing facilities, tip tap and face masks. A one-week implementation schedule was also shared at this meeting to enhance community mobilisation for the various conversations.

4.3 Orientation and Capacity Building for Implementation Teams

The orientation and capacity building was done with different project response teams which included the Covid19 Task force, Mwenda Rural Development Trust and the Chief's Council, zonal leaders, Care and Prevention Teams, orphans and vulnerable children committees and the local football associations leadership. During the orientation meetings, the overview of the project design and facts about Covid19 were shared. Resolutions of the roles that each team would play were discussed and initial action points were agreed upon.

5.0 COMMUNITY COUNSELLING CONVERSATIONS

5.1 Conversations with Community Leaders

Village headmen (Sibbukus) and Church/religious leaders were identified as the two most influential leaders in the community. These first few meetings were critical as they would set the tone of the project and pave way for the community meetings. Both meetings targeted local leaders in order to engage them to discuss implementation and key messages

to be used in the communities. In addition, the leaders acted as spokespersons and advocates for the project as they encouraged people to attend meetings and endorsed the project.

Furthermore, the local leaders became champions and started to spread the message of Covid19 prevention in their communities even before the team held meetings. The next phase of the process involved having community meetings with household heads throughout the chiefdom.

Two (2) meetings were held, one for church leaders and another one for village headmen. Due to overwhelming attendance, the meeting for headmen was further divided into two separate conversations. Each meeting was attended by fifty people, at that point being the maximum number for group meetings as per government Covid19 guidelines. 21 out of 23 zones in the chiefdom were represented at this meeting with 62 Sibbukus (village headmen) and 20 Church elders representing all the seven main denominations in the area. The two furthest zone village headmen for Simwaambwa and Chikani were unable to make it for the main meetings due travel logistics and were met later during community sensitization meetings in their respective zones.

Chieftainess Mwenda (Mrs Ellie Kalichi) opens conversation on Covid19 with Sibbukus (village headmen)

5.2 Conversations with Heads of Households

The response from the community was good. All meetings were conducted in compliance with the Covid19 guidelines: Everyone wore a face mask and washed hands with soap and

or chlorine; social distancing was observed; temperatures were checked using an infrared thermometer, and contact details recorded. All except two meetings were held out in the open. The two places lacked adequate shade outside.


Participants put on masks and temperature check using infrared thermometer.

Community conversation at Nadezwe

The project had planned for 50 meetings to meet with 300 hundred villages representing about 13,000 households in all the 23 zones of the Mwenda Chiefdom to raise awareness on Covid19. The team managed to hold 62 community conversations representing 355 villages, in all the 23 zones. The attendance was almost equally balanced between men and women which was good.

Each meeting took about 2 hours depending on the needs of each individual area; the venues for the conversations were arranged by the village Sibbuku and their helpers.

In order to easily engage the participants in a conversation without the facilitator going astray, a discussion guide was developed and included a how to make and use 'tip-tap' for washing hands .

Demonstration on making and use of tip tap for household use

One of the questions in the discussion tool is *'Do you believe that Covid19 exists at global, region, country and Chiefdom level?* In any given group at the start of the conversation 25% did not believe that Covid19 is real but that it is a huge political gimmick, 50% believed that Covid19 is real in 'the white man's land' because they had seen and heard about huge numbers of people that died in Europe, China, UK & America on TV and social media.
However by the end of two hours' conversation and sharing of the facts on Covid19, and in some meetings a testimony from one of the hospital staff who had recovered from Covid19, at least 90% of them would believe in the reality of Covid19 in Chikankata district. Most of the community members expressed fear of the unknown and acknowledged that they felt the impact of Covid19 on daily life. Simwambwa inland had the least information on Covid19 but that was the only group we found with everyone wearing a mask, out of fear of the law they said. Other findings from the conversations are explored next.

5.2a Risk factors identified by Heads of Households

- Events like cooperative meetings, mobile clinic, weddings, and kitchen parties attract large crowds
- Sports especially football attract large crowds

- Trade: markets, stores, taxis and minibuses are potential places of the virus spreading
- Travel for business
- At the water pumps due to the fact that many people touch the same hand-pump
- Drinking places and the practice sharing of one cigarette, cup and bottle.
- In schools where pupils have to sit in classrooms

Funerals and Risky behaviour at funerals:

- Handshakes and hugs
- Women sleep in large numbers inside the funeral house which are usually small and not very well ventilated
- Funerals may take up to five or more days (except for Chikani, Chikanzaya, and Simwaambwa zones who bury immediately due to lack of mortuary and food)
- Relatives from all over the country travel to funerals
- Mourners use the same cups for the chibwantu (locally brewed maize soft drink) and just rinsed in plain water without soap.
- Many people sit closely together especially on the day of burial and social distancing becomes a big challenge.

Large gatherings at funerals and Trucks from outside Chikankata collecting maize pose risk for Covid19 transmission

5.2b Impact of Covid19 on the communities identified by Heads of Households

The following are the impacts of Covid19 experienced and observed by members of the community who participated during the conversations.

- People live in fear of contagion and death
- Increased juvenile delinquency due to closure of schools

- Loss of jobs and reduced income
- Increased teenage pregnancy and marriages (child to child)
- Cost of living gone up because things are more expensive
- Businesses not performing well because people are not buying as much due to restriction of movements and closure of schools
- Increased conflict in families including in marriages
- The men accused women of sending girl children to prostitute and married women going out with other men because the husband's income has gone down
- The household economic status started dwindling.

5.2c Recommendations given by the Sibbuku and Community Meetings

To avert the impact, the following recommendations were advanced:

- Chiefdom must partner with stakeholders to train Community members to teach about Covid19 as they did with HIV/AIDS.
- The Chiefdom should request relevant stakeholders to come and test community members for Covid19 in the villages the way they are doing for malaria
- The phone number(s) to be availed to the community to call when there is a suspected case in the village (this was done immediately).
- Reduce the number of funeral days to three, third day should only be for few close relatives to finish off burial rites.
- Reduce number of people sleeping at funeral houses.
- Completely ban handshaking at funerals, related events and any other place where people gather and replace it with no-risk way of greeting.
- Preachers to reduce the amount of time they spend preaching during funerals possibly to 10 minutes.
- The funeral announcements on radio to include a reminder for everyone to come in a mask or risk being turned away
- Sibbuku to sensitize the community when they give speeches in funerals, and other community gatherings.
- Churches must reduce the amount of time they take for church/funeral services.
- Small churches must meet outside so that they observe proper social distancing

- Public transporters must insist on face masks for all passengers and also avoid not over loading passengers in minibuses and taxis.

5.3 Conversation with Football Associations

During community conversation meetings with heads of households, it was brought to the attention of the team that football was one of the highest risk sports in the Chiefdom following funerals and that teenagers did not listen much to what parents said. We learnt that the Mwenda Chiefdom has 140 teams for men, 30 teams for the under sixteen boys and 12 teams for women giving a total of 182 teams that play over the weekends attracting big gatherings. The teams are managed by 10 football associations. The project team met with the Football Association Executives group to sensitize and to hear from them what Covid19 preventive measures they would put in place to protect the players and the fans. Twenty (20) young men attended the meeting representing eight (8) out of ten Associations. This is the only group in which everyone believed that Covid19 is real.

5.3a Risk factors identified specific to football games:

- Close contact and touching each other during play
- Exchange of jersey/uniform shirt if one player has to be replaced during the game
- Hugs by fans when a player scores- fans rush into the playing field

5.3b Impact of Covid19 on football games:

- Reduced income
- Stagnation for individual players and clubs who could not get promoted to higher leagues; football playing had been stopped for more than three months.
- Difficulties in keeping the young boys occupied; some took to alcohol during the closure of schools.

5.3c Mitigation measures specific to football games:

- Make a five-minute talk about prevention of Covid19 at the start of each game.
- Hand washing facilities to be placed at strategic entry points for fans.
- Players to wash their face and hands with soap immediately after the game.
- Teams to buy enough football jerseys for the players to stop exchange of such clothings player are swapped.

- Team managers to put a rope around the football ground to help restrain fans from rushing into the playing field.

6.0 CAPACITY BUILDING THROUGH MATERIALS

A key aspect of the project was to distribute various items to communities that are helpful in the prevention of Covid19. The details are as follows:

6.1 Training in mask making

A training of trainers was conducted to empower families in making their own masks. A local skilled tailor was contracted to facilitate at this training. The training was attended by representatives of women groups from the different denominations found in the chiefdom.


Tailor shows ladies how to cut material to make mask; sewing own mask.


Young girls were not left out

Women with the masks they have made

6.2 Distribution of Handwashing Facilities

Domestic Hand washing facilities

Forty litre buckets fitted with a tap, a dish, metal stand and masks were distributed in the villages to assist

A headman receiving 2 domestic hand washing facilities on behalf of the community

A total of 201 sets; 40 litre bucket, stand, dish and a start up packet of chlorine were distributed. Although we are calling them 'domestic' these are for use in the villages when there is a funeral and other public gatherings, communities made their own decisions as where to keep them for some it is the clinics while some it is at the sibbuku's home.

The hand washing facilities are being used during gatherings in the villages such as community meetings, funerals, weddings and other activities that bring people together. In the case of funerals, hand washing facilities are mobilised from close villages to be at one occasion.

Public Hand washing facilities

Two hundred and Twenty litre (220lr) drums were distributed to local market places found within the chiefdom. Key markets include Chipanga, Chikankata turn off, Upper Kaleya, Dundu, Malabo, Nadezwe, Simwaambwa, Chikani Clinic and Street farm community market.

Two (2) public hand washing facilities (drums) being handed over to one of the biggest market in the chiefdom

6.3 Distribution of Face Masks

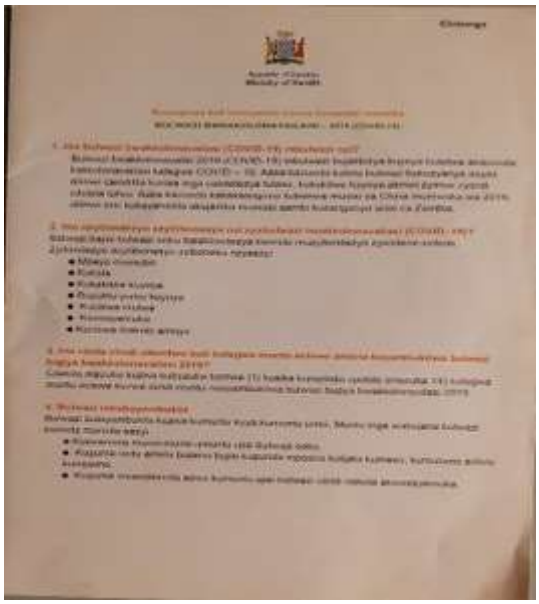
Everyone who attended the meetings received a mask and headmen received masks for the households that were not present at meetings. Some masks were also given to some vulnerable school children at Chikanzaya Community School, Kakole, lower grades at Chikankata Day school, Malima in Chikani and Lwala Community School. In addition, masks were distributed during chicken/goat rearing training and the youth empowerment meeting. In total 14,350 masks were distributed.

Children at Chikanzya Community School pose with their newly received masks

6.4 Information Education Communication (IEC) Materials

At least 3,200 pamphlets and posters were distributed during the meetings, in the markets, shops, and schools, and two billboards were mounted for a more lasting reminder. Initially the project photocopied materials, but later received some from MoH through HRH. The pamphlets were in Chitonga, the local language. The project also printed T-shirts and made billboards with key Covid19 prevention messages. The figures below give the detail.

Community members carefully read the pamphlet on Covid19



7.0 SUSTAINABILITY PLAN

Although this was a rapid response project, continuity of Covid19 prevention in the chiefdom is cardinal. Key stakeholders were engaged more closely through one day trainings that were held for the MRDT members, Zone leaders and CPT/OVC teams. (See Schedule in Annex). MRDT is the social developmental arm of the Chiefdom under which this project was implemented, while the Zone leaders are chosen by the community, some of them are Sibbuku.

7.1 CPT/OVC community health volunteers

Covid19 response in Mwenda Rural Chiefdom is being integrated in the already existing community-based health volunteer network, which includes the Care and Prevention Team and the Orphans and Vulnerable Children's team (CPT/OVC). The CPT concentrates on adults while the OVC teams focus on health and social needs of children in the communities. CPT and OVC boards coordinate all the CPT and OVC volunteers in the communities. The Care and Prevention/OVC teams were initially developed with Chikankata Hospital to support people living with HIV/AIDS as well as manage OVC issues at community level. This group has now become the community health wing that responds to ***"any new disease outbreak or any health threat in the community"*** according to Billony Mweemba, a volunteer who has served as a CPT care giver for more than 25 years. The CPT/OVC team

members were given a one-day training with a pre and post-test on Covid19. The following are the main points arising from their meeting.

7.1a Impact of Covid19 on HIV/AIDS

The CPT/OVC teams saw the impact of Covid19 on HIV/AIDS as follows:

- Stock outs or shortages leading to change of drug combination. This in turn, they said, can lead to poor adherence in some people.
- Due to reduced income, there is also reduced food in the homes. Some clients are not adhering as result of inadequate food intake.
- Due to medication being given to be taken for a long time, the health status of the client is not as closely monitored as before Covid19
- Hospital staff are not as attentive to clients as before
- Some children are out of school due to lack of school fees as a result of Covid19

7.1b Role of CPT/OVC volunteers in Covid19 Prevention at Community level

a) Link community and health facilities
b) Continue information sharing on Covid19 prevention
c) Promote Covid19 preventive behaviour change in the community
d) Assist with identification, contact tracing and community management of a person suspected of Covid19 infection
e) Encourage community testing and vaccinations for Covid19 when it becomes available
f) Psychosocial support to mitigate mental health issues arising from effects of Covid19 in the community including among the youths and young people.
g) Mobilize resources
h) Monitor and report
i) The environmental Health Technicians at the Hospital will help keep these teams updated with any new information on Covid19.

A simple monitoring tool was developed for them to use (see Annex). This team also reports to Chikankata Hospital through the Community Health & Development and Rural Development department.

7.2 Stakeholders Networking and Collaboration

A stakeholder's advocacy meeting was held at the Chikankata District Local Council Chambers. It was an opportunity to provide and receive feedback on the project activities, and to advocate for continued support of the chiefdom in reinforcing Covid19 preventive measures in public places like markets, schools and on public transport. The meeting was attended by the Council Chairperson, District Public Health Officer, District Covid19 Safety Officer and other senior district officers from Ministry of Health and the council. The Chiefdom was represented by members of the task force. The stakeholders promised to continue supporting and promoting the use of masks in public places especially in shops and on public transport, hand washing and social distancing where possible.

8.0 END OF PROJECT PROGRESS REVIEW MEETING

On 4th December 2020, a closeout meeting was held for all stake holders. In attendance were HRH Chieftainess Mwenda Mrs. Ellie Kalichi, Sibbuku representatives, MRDT, CPT/OVC team representatives, District Health Office, Constituency Office, Church leaders, District Council, Office of District Commissioner, Heads of institutions in The Salvation Army Chikankata Mission and THQ.

The Territorial Commander Colonel Ian Swan commended the team for their hard work and underlined the fact that the project had helped further the humanitarian work of the Army of looking out and caring for others.

The District Public Health Officer in her speech thanked the Chiefdom and the Salvation Army for supplementing government efforts in raising awareness on Covid19. She alluded to the fact that government is ready to work with any stakeholder in promoting a community.

Her Royal Highness expressed her gratitude for the achievements scored within a short period of time. She acknowledged the fact that this was an intense intervention that required a dedicated workforce. She thanked all who participated during the implementation of the project and committed to continue with her vision of a Covid free chiefdom.

At this meeting, the Covid19 taskforce handed over the responsibility to the Mwenda Rural Development Trust for continuity. All key project documents were equally handed over. The members of the taskforce are however at their disposal for technical support.

Major Angela Hachitapika hands over to MRDT members project key tools during close out meeting

9.0 CHALLENGES

No insurmountable challenges were faced during the project implementation process. However, the following are worth noting:

- Community members are very sensitive to collection of personal details. Initially every one that got a mask signed for it individually and their details were collected. However this was stopped because some members of the community became suspicious that the team had an ulterior motive for collecting their personal details. So instead we began to ask headmen present to sign as witnesses for the masks collected. This is because of the 2021 upcoming general elections.
- Lack of workspace at the palace meant we had to rent an office.
- Lack of general office equipment such as a computer for general use;
- The MRDT account used during the project does not have a cheque book. Mr Kalichi therefore had to travel to the bank in Mazabuka for all transactions. In addition, the account did not have online banking.
- The cost of things – drums, buckets, stands etc was changing all the time.
- We had to formulate a number of forms to help with the transparency and accountability.
- Funerals: Funerals are given much respect and if a funeral occurs all other activities in the affected village and all the other villages nearby will be postponed. Therefore, if a meeting was scheduled and someone died, the meeting had to be postponed.

- There is still a phone network problem in some areas. One had to travel to the actual place to make appointments for the meetings in places like Chikanzaya area.
- The government lunch allowance rate is K100 while the project budget had K50. Although the drivers continued to work, they really were expecting K100.

10.0 LESSONS LEARNT

It is possible for church and health services to partner with the Chiefdom using community structures. Capacity building is required, for example for the development network such as the Mwenda Rural Development Trust. The work is very demanding, requiring at least two full time employees for a rapid response of this type.

Listening to the community is important; team would have overlooked the football associations if not for the community bringing it up.

Simwaambwa zone requires more mentoring; the CPT/OVC team became inactive because they are not under Chikankata Hospital after revision of Chikankata Hospital catchment area. They are under Kafue Gorge Hospital. Community health volunteers are highly valuable as a network, and they need encouragement.

In Simwaambwa and Chikani Zones the villages are far apart, so more time is required to travel from point A to B. Two meetings are more practical than three as we did in other zones.

There is need for the chiefdom to come up with occupational or diversional therapy for children and young people within their village. Children have too much loose time on their hands. Post Covid19, school is on alternate days.

11.0 RECOMMENDATIONS

- The project came into being because of the strong conviction from HRH to prevent Covid19 in the Mwenda Chiefdom. It therefore becomes imperative for HRH through the Chiefdom structures to formalise the Sibbuku and community recommendations into Chiefdom policies, by-laws and pronouncements to help support positive behaviour change for Covid19 prevention.
- On-going Community Counselling for Behaviour Change: Behaviour change as we have learned from HIV/AIDS can be a long process, but it is achievable through constant

reminders. Covid19 is a new condition whose information is continuously changing; it appears not to be as much of a **felt concern** to the people as in the beginning (although we know it still is). The community has the structure, information and the tools but will now require someone to walk alongside them; giving updates through short meetings, motivating and urging them to continue and not give up on the good foundation that has been laid.

- The Chiefdom is encouraged to partner up with one of the NGOs who are already on the ground in the area for example CHAZ has a Medical Male Circumcision community program going on. It may be possible for them to integrate Covid19.
- It will be helpful to go back into the community in March- April 2021 for reinforcement and lessons, possibly community to community transfers. Again this will require some financial resources.
- The Salvation Army could replicate the project in other divisions although there would be some variations depending on each community's local needs. This approach could be applied to other health/ social issues in the divisions particularly that there are no hospitals to use as a base in the other areas that the Salvation Army operates from.
- Chiefdoms could replicate the approach with facilitation support from participants in this experience
- Although the project did engage the youths through the football associations, a more deliberate youth and adolescent engagement plan should be put in place in the next phase after all it is the youth that really drive the change because they are the bigger percentage of the population and learn new behaviours faster than the older generation.
- Environmental Degradation: There appears to be a lot of deforestation going on due to charcoal burning; hills are becoming bare, we met with a number of trucks carrying charcoal especially in Simwaambwa and Chikani Zones (where access to water is not easy). This leaves the few water sources exposed and it is contributing to soil erosion. The Chiefdom should consider a tree planting and catchment protection programme.

CONCLUSION

The project was successfully executed. The established taskforce operated with overwhelming commitment. Her Royal Highness was extremely instrumental during the entire life of the project. The Salvation Army church in Zambia and other local stakeholders provided timely support to MRDT, the taskforce and the implementing team. The members of the community were very receptive to the team and are determined to improve the health of their community. Continued community engagement would enhance sustaining of positive behaviour.

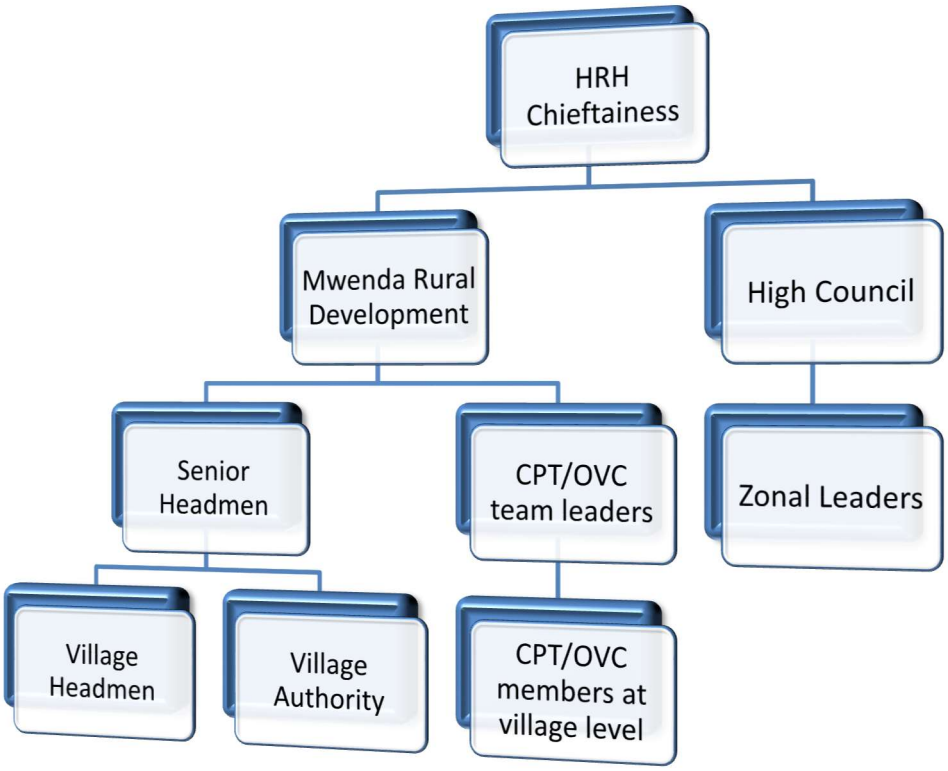
Close out meeting participants pause for a photo

Planning Meeting at Palace; HRH Mrs Kalichi Mr D Kalichi, Bubotu & Patrick

Close out meeting Colonel Ian Swan & Elvis Simavwa compare notes

ANNEX

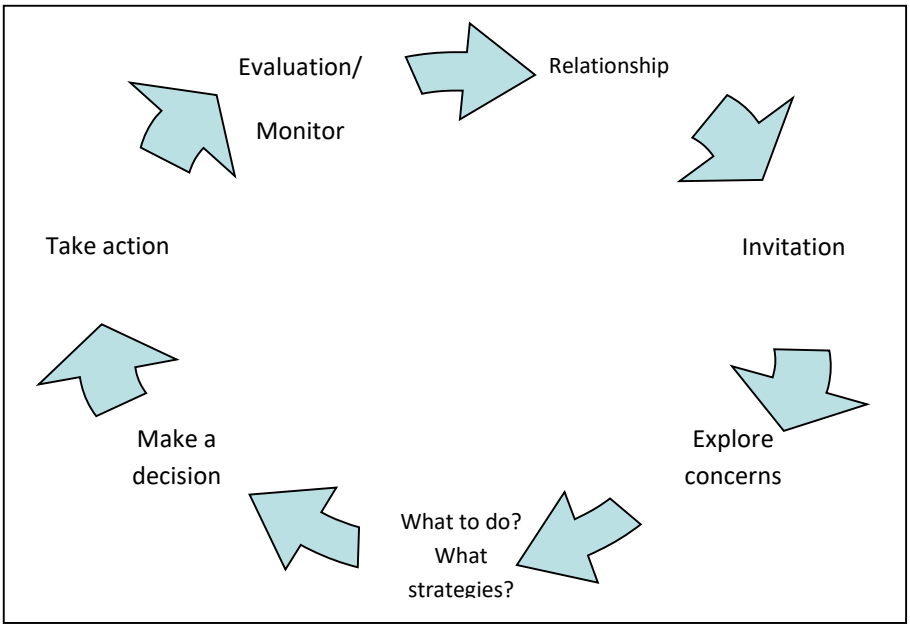
1. Mwenda Chiefdom Structure



2.Community counselling framework

A Community Counselling Cycle

- The



community counselling cycle aids facilitation as a guideline for how a conversation can develop and progress. It supports a dynamic conversation.

- The facilitators' role is to keep track of where the conversation is at within the cycle, and ask strategic questions that keep it moving forward.

- The cycle is not completed in one conversation. It may take several months or longer to work around.

3. Discussion Guide for community conversations

Facilitation guide for Covid19 Rapid Response

Preamble: HRH is very concerned about the health of the Mwenda Chiefdom and as such she has formulated in the Chiefdom a Covid19 response team to manage the Mwenda Chiefdom Community Response to Covid19 which HRH launched on 14 August 2020. We are part of the Covid19 response team, and we will be visiting all zones to listen to you, learn from you and we hope together we can come up with ways to ward off Corona virus in our communities. We have no answers but we do believe you have the answers of how we can live with covd19.

1. Have you heard of the Corona virus?

2. What have you heard about the Corona virus? Where did you hear it from?

3. Do you believe that this disease exists? Globally, regionally, country, chiefdom levels?

4. How is the Covid19 spread?

5. What are your feelings about the corona virus?

6. Facts about Covid19 (used the Ministry of Health Chitonga Covid19 Fact Sheet)

7. How has life changed for you since the start of Covid19?

8. What are some of the factors putting people at risk of Covid19 in your community?

9. What are the main events that bring people together in the community?

10. What can the community do to prevent the spread of the Corona Virus19 in the community?

11. With the Corona virus19 around us in the community, in what ways does it affect the management of funerals and what practical ways can the community adopt in order to still mourn our departed loved ones at the same time prevent ourselves from contracting and spreading the Corona virus?

12. In the event that a member of your family/community is suspected to be infected with Corona virus19, what can you do? How can you manage and support the infected person?

4. Pre/post Test for Community Health Volunteers

Pre/post Test for Community Health Volunteers

1. Covid19 is a highly infectious respiratory condition
2. Covid19 is sexually transmitted Yes No
3. The corona virus disease 2019 was first identified in China True/False
4. What is the name of the virus that causes Covid19?
5. Currently, Covid19 can be treated with medicines
6. Write 5 signs and symptoms for Covid19
7. Write five ways to prevent spread of Covid19
8. Only old people can get Covid19 True/False
9. Corona virus19 can last on the surfaces for more than one day
10. Washing hands thoroughly with soap and water is one of the ways to prevent Covid19

5. Payment Request Form

MWENDA CHIEFDOM: MWENDA RURAL DEVELOPMENT TRUST (MRDT)

PAYMENT REQUEST

PROJECT	COVID19	MRDT	GIRL CHILD
SOURCE OF FUNDING			

DESCRIPTION	AMOUNT (K)
1.	
2.	
3.	
4.	
TOTAL	

REQUESTED BY:	NAME	SIGNATURE	DATE
APPROVED BY:			
COORDINATOR	NAME	SIGNATURE	DATE
MRDT OVERSEER	NAME	SIGNATURE	DATE
AUTHORISED BY:			
DIRECTOR	NAME	SIGNATURE	DATE

6. Community monitoring tool for community health volunteers

1 .Are the children wearing masks to school?
2. Are people generally wearing face masks in large gatherings?
3. Are people using masks in public transport?
4. Are there some hand washing facilities in markets and other public places?
5. Is there water with soap or disinfectant in the hand washing facilities?
6. Are people using these hand washing facilities?
7. Have households made tip taps or do they have a bucket with taps for hand washing?
8. Is the community complying with current health guidelines?
9. Report of any suspected or confirmed person with Covid19 in the village

7.Capacity building schedule

Training for MRDT and Chief's Council 16th 0ctober 2020

TIME	TOPIC	FACILITATOR
08:30 – 09:00 HRS	ARRIVAL OF PARTICIPANTS AND REGISTRATION	
09:00 – 09:30 HRS	WELCOME REMARKS, INTRODUCTIONS EXPECTATIONS	ALL FACILITATORS
09:30 – 10:00 HHR	BASIC FACTS ABOUT CORONA VIRUS DISEASE	ANGELA
10:00 – 10:30 HRS	CHIEFDOM COVID19 RESPONSE	PATRICK
10:30 – 11;00 HRS	CURRENT MRDT MANDATE	CRAMWELL
11:00 – 11:30 HRS	T E A B R E A K	
11:30 – 12:00 HRS	ROLE OF MRDT IN COVID19 RESPONSE	CRAMWELL
12:00 – 12:30 HRS	MONITORING AND EVALUATION	PATRICK
12:30 – 13:00 HRS	LEADERSHIP AND MANAGEMENT	ANGELA
13:00 – 14:00 HRS	L U N C H B R E A K	
14:00 – 14:40 HRS	WAY FORWARD AND CLOSURE	ANGELA
14:40 – 15:00 HRS	CLOSING	ANGELA/HRH/OVERSEER

Training for CPT and OVC Boards 19th 0ctober 2020

TIME	TOPIC	FACILITATOR
08:30 – 09:00 HRS	ARRIVAL OF PARTICIPANTS AND REGISTRATION	
09:00 – 09:30 HRS	WELCOME REMARKS, INTRODUCTIONS EXPECTATIONS	ALL FACILITATORS
09:30 – 10:00 HHR	BASIC FACTS ABOUT CORONA VIRUS DISEASE +CHIEFDOM RISK FACTORS	ANGELA
10:00 – 10:30 HRS	COVID19 & MENTAL WELLBEING –TESTING	CRAMWELL
10:30 – 11;00 HRS	CURRENT ROLE OF THE CPT AND OVC COMMITTEES	PATRICK
11:00 – 11:30 HRS	T E A B R E A K	
11:30 – 12:00 HRS	IDENTIFYING COMMUNITY BASED COVID19 ACTIVITIES	ANGELA
12:00 – 12:30 HRS	INTEGRATION OF COVID19 ACTIVITIES INTO THE OVC/CPT ACTIVITIES	PATRICK
12:30 – 13:00 HRS	COMMUNITY NETWORKING AND COLLABORATION ON COVID19 RESPONSE	CRAMWELL
13:00 – 14:00 HRS	L U N C H B R E A K	
14:00 – 14:40 HRS	M &EAND REPORTING	PATRICK
14:40 – 15:00 HRS	WAY FORWARD AND CLOSURE CLOSING	ANGELA

References

https://Covid19.who.int/region/afro/country/zm

MoH https://web.facebook.com/mohzambia/