

HIGH FIVE CLUB

changing lives, £5 at a time

Ante Natal / Under 5's Rural Health Post Mnkhanya Chieftdom, Zambia

Mnkhanya Chieftdom is located in Lupande Game Management Area bordering South Luangwa National Park in Zambia's Eastern Province. Its people are of predominantly Kunda tribal origin. Other smaller ethnic groups in the area include the Senga, Chewa and the Besa. It is estimated that approx. 10,500 people live in the Chieftdom in 1,750 households (average household size is 6).



In terms of education, school attendance is very low, despite there being two basic schools and six primary schools in the wider area. The high poverty levels in rural Zambia make it arduous for parents and guardians to raise money to meet their children's school needs. There are instances where by Grade 7 (12 year old children) there are fewer than seven pupils in a class. Literacy levels are hence low, especially amongst girls.

Unlike education facilities, which at least are available in the Chieftdom, there are few health facilities available to this rural community. The nearest hospital is at Komoto, over 40 km away, whilst the nearest government health clinic is at Masumba in the neighbouring Chieftdom, over 30km away. On many occasions even the most basic of medicines are not available to the community.

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Disease prevalence is mainly malaria and diarrhoea, especially amongst young children and babies. Due to the high poverty levels few villagers can afford preventative measures against malaria such as mosquito nets. In the rainy season the prevalence of malaria amongst the community, particularly in children, the elderly and those with compromised immunity, is extremely high. Many die of this treatable illness, as they are too weak to walk



the 30-40 km to seek medical assistance. Similarly many woman with complications during childbirth die each and every year as they are too far away from the area's sparse health facilities.

Potential beneficiaries – Women and children of Mnkhanya Chiefdom

Zambia has one of the highest HIV/AIDS infection rates in the world (about 25% of the population are known to be infected), leading to life-threatening AIDS related diseases such as TB in the community. As a consequence of this pandemic many AIDS orphans reside in the Chiefdom, the fortunate ones being cared for by living relatives. There is also a need to educate pregnant women about minimising HIV transmission to their unborn children.

The water situation in the area is very critical. It is not uncommon in some cases for people to walk a distance of 3 – 4 km to get to water points (boreholes and wells). Sanitation and proper waste disposal in the area is inadequate. There are few households that have pit

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latrines. Waste disposal is usually done in the bush. This contributes to the high prevalence of diarrhoea, especially amongst babies, in the Chiefdom. In fact untreated diarrhoea (due to a lack of health facilities) is one of the major causes of death amongst babies in the area.

Agriculture, subsistence and semi-commercial, is the major occupation and income earner of the majority of people, contributing well over 50% of the household economy. Small revenues from agriculture are usually obtained from the sale of cotton and sunflowers. The majority of the agriculture is, however, maize product for subsistence use. Besides agriculture, people are also involved in trading. The commonest items traded are essentials such as cooking oil, sugar and soap. The economy is very much based on a barter economy with very little cash exchanged. The average monthly household income in the area is \$15 (6 people to a household).

Food security in the area is poor mainly due to persistent droughts and the generally low rainfall regime in the valley. Food is inadequate for both energy and protein. Traditionally the people of this area were hunters and derived much of their protein from wildlife resources. Cattle farming is prohibited by the presence of tsetse flies and wildlife is now a protected resource. Fishing, therefore, is one of the few alternatives (long with illegal hunting) for people to supplement their diet of Nshima (maize porridge) and relish. Another problem contributing to food insecurity is animal crop damage (elephants, hippos, baboons). Malnutrition rates, especially amongst children are very high. About 90% of children admitted to the local hospital are malnourished, displaying symptoms of Kwashiorkor.

Chief Mnkhyanya (centre seated) with his Indunas

Chief Mnkhyanya is the traditional leader of the community, assisted by his team of Indunas (elders). The Chief is a good man and is respected widely by his people. In whatever way possible he helps and supports his community and its development. The Chief and his Indunas have identified the need for an 'Ante Natal / Under 5's Rural Health Post' to be set up in a remote part of the Chiefdom serving Chipako and Lubimbi areas. Chipako and Lubimbi currently have no



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health provision whatsoever and residents have to walk for 3-4 hours to reach the nearest health clinic at Masumba. This health facility will greatly improve health provision to the community's most vulnerable members, namely pregnant women and young children.

The clinic will be weather proof, constructed of brick under an iron sheet roof, and hence can operate all year round. It will house 2 private clinical consultation rooms, along with a sheltered patient waiting area.

The Zambian Government has been consulted by the Chief and in line with their National Rural Health Programme will, once the health post is built and equipped by the community, include this new community facility in its Rural Ante Natal/Under 5's Mobile Service Scheme, providing this remote rural community with the services of a specialist nurse and medicines on a weekly basis at the new health post.

In line with the High Five Club's ethos of **self-help**, the community have already hand-make the blocks required to build this new health facility, and have also collected by hand the sand and stones needed in its construction locally. This amounts to an in-kind contribution from the community themselves of £1,000. Additionally, the community have allocated £900 out of its own self-generated funds (over recent years) for community development in the area – to pay for the iron sheets needed for the roof and to cover all local labour charges.

The community have approached the High Five Club for a grant of £2,500 to enable them to complete the building of this rural health post, which will be used to purchase all the materials needed to construct this health facility. Additionally £350 is sought to equip the clinic. A complete bill of quantities breakdown has been provided, along with detailed costs. The community's timescale for the construction of this health post is 3-4 months, starting this month now that the rains in Zambia have finished.

The High Five Club has over the past few months been successful in securing 'one off donations' towards the cost of this project from Eastbourne College, Hadlow College and High Five Club members Giovanni and Piera Mattiangeli from Italy, and Rosemary Duckett from Wiltshire. To date we have raised £2,600 in this way. We would like to thank them on behalf of the people of Mnkhanya for their very generous support.

The remaining £250 will be raised over the next quarter through the regular £5 monthly donations of our High Five Club members.