



Summary

# of LLINS	Country	Location	When	By whom
629 total	Tanzania	Ahakishaka and Nyakagoyagoye Villages, Karagwe District, Kagera Region	Sept09	World Institute for Leadership and Management in Africa (WILMA)

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.)

The villages are in the most northern and western part of Tanzania. The Rwandan border is only 5 KM to the west, and the Ugandan border is only 30 KM to the north. Ahakishaka is a village of approximately 562 households (WILMA LLIN Hanging survey 07/09) occupying several ridges and valleys along Lake Kijunju (1° 41' 58S / 30° 58' 56E). Nyakagoyagoye is a village of 996 households (WILMA LLIN hanging survey 07/09) that borders Ahakishaka to the east and has similar topography but does not border the lake.

Number of nets: 254 for Ahakishaka, 445 for Nyakagoyegoya

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

The villages are rural areas: Ahakishaka has 562 households and approximately 3100 residents. Nyakagoyagoye has 996 households and approximately 5400 residents. Household numbers are from WILMA hanging surveys. Resident numbers are based on an average of 5.5 people per household (consistent with past dispensary data). Ahakishaka and Nyakagoyagoye are 25 km from the nearest town with electricity (Omurushaka) and are only accessible by rough dirt roads. The majority of residents in both villages are substance farmers who grow plantains, coffee, maize, and beans. Residents also keep cattle and goats.

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

This is a high-risk malaria area as designated by the Ministry of Health of Tanzania based on prevalence data. Like most places in Karagwe, malaria is the single greatest contributor to the burden of disease and the leading cause of death.

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.

Nyabiyonza dispensary is the most commonly accessed health care facility for both Ahakishaka and Nyakagoyagoye villages. Diagnosis of malaria at this dispensary is based on clinical presentation. WILMA distributed LLINs (max of 2 per household) to every household in Ahakishaka in 2007 and Nyakagoyagoye in 2008.

	Malaria cases under 5	Malaria cases over 5
2007	525	939
2008	346	547

The dispensary is the most accessible health care facility, but many patients do attend neighbouring dispensaries or in severe cases Nyakaiga hospital (5 plus km away) or Nyakahanga Hospital (20 km away).

WILMA (in collaboration with the Mount Sinai School of Medicine) conducted a prevalence study on Malaria in the neighbouring village of Kijumbura in 07/09. The result showed a prevalence of 15%, which is very high for the middle of the dry season.

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.

This is a targeted program to cover every remaining sleeping space in both villages. We will use the results from our hanging survey and the registration data from the National Malaria Control Under 5 / IRS registration in order to pinpoint need on a household to household basis.

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

Before the NMCP's new program, country wide, bednet use in rural areas had been measured at 8%. In our experience distributing nets to these communities the last two years, this is an accurate number. This summer, NMCP has distributed LLIN to cover sleeping spaces for every child under 5 in Tanzania. Part of our team also worked with the NMCP to register and distribute LLIN in Ahakishaka and Nyakagoyagoye on July 10th-12th of 2009.

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.

We chose to return to Ahakishaka and Nyakagoyagoye because our organization has established relationships and identified resources in each village. Also, since we are well known, providing nets in these villages would create the least

amount of confusion. Given that we will be distributing after the NMCP under 5 program and before a FEB 2010 NMCP blanket coverage program, it was important to chose a village that would be confident with our work and would understand the difference between our work and the NMCP. This was a decision reached by consensus by project contributors:

Peter Benziger, Project Coordinator, WILMA
p_benziger AT yahoo.com +255 754 23 7173, +1 857 207 9907
Johansen Ernest, Project Coordinator, WILMA
johansenkabuzi AT yahoo.com +255 786 21 6566

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.

I consulted with Nick Brown the National Director of the Malaria Control Program who referred me to the Communications Director Susan Amani: 0713248877 - We discussed the proposal and Susan approved the project - She suggested working closely with The District Medical Officer Dr. Ruta who will be implementing a distribution of LLIN to all children under 5 in Karagwe on the 10-12th of July 2009. We will share all distribution with the NMCP to insure there isn't any redundant action during the FEB 2010 NMCP distribution. Susan recognizes the benefit of providing nets this year, but suggests transitioning to behaviour change in the future. We will be sure to stay in close contact in the coming year to determine if our contribution of nets will be needed in the future.

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.

District Medical Officer of Karagwe: Dr. Thomas T. Rutachunzibwa, telephone: 028 - 2223067

10. Please confirm the nets will be distributed free-to-recipients, a requirement for us to fund nets.

Confirmed.

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 NMCP trained volunteers from each hamlet of both villages to register households with children under five in order to receive a LLIN. These same volunteers then helped in the distribution of nets July 10th-12th. We trained these same volunteers to go back and conduct a hanging survey in their hamlets in order to determine need on a household basis. During the hanging survey, the volunteers taught proper net use behaviour and assisted in the hanging of improperly used, or unused nets. These hanging surveys took places over the course of one week in the end of July 2009, in both Ahakishaka and Nyakagoyagoye. The same volunteers will distribute registration cards with the date, location, and

number of nets to be received one week before the distribution.

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.

The distribution will occur on two days in each village at a central location. Households members were already educated by our program in 2007 (Ahakishaka), and 2008 (Nyakagoyagoye), and by the NMCP during the July 10th-12th distribution and during the WILMA Hanging survey. The WILMA project coordinator will work with the village executive officer and the hamlet volunteers to distribute the nets. Each household will turn in their registration card in order to receive a net. Nets will be removed from their packages and marked with a date on the tag for better tracking and decreased resale value. Each household member will receive a net card (LLIN use and care), and string for hanging the net if it is needed as well. The VEO will check off the household from our distribution list.

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

The education will be mandatory for receipt of the LLIN. The education session will be 1 hour - introduction by the Village Chairman (community priority/accountability), Biology and Burden of disease by medical officer/nurse from Nyabiyonza Dispensary (malaria prevalence/incidence, recognizing signs/symptoms, need to seek treatment), proper bednet use and effectiveness (Johansen Ernest WILMA Project Coordinator). A proper hanging demonstration will also be conducted, and hanging materials (string/tacks) will be provided for those who need them.

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.

Confirmed.

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

Confirmed.

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.**

Confirmed.

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.**

Confirmed.

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.

Confirmed.

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

Peter Benziger, WILMA Global Partner, World Institute for
Leadership and Management in Africa
PO Box 156
South China ME
04358 USA
p_benziger@yahoo.com
+1 857 207 9907
+255 754 23 71 73 (Tanzanian Number)

*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!