

# Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
20000	Haiti	Various	Oct 2010	Partners In Health/ Zanmi Lasante

## 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.)

Location		# of LLINs	Totals
Central Plateau 1 (CP1)	Cange	1436	
	Thomonde	1428	
	Hinche	1428	
	Cerca La Source	1428	
			5720
Central Plateau 2 (CP2)	Belladere	1428	
	Lascahobas	1428	
	Boucan Carre	1428	
			4284
Artibonite (ART)	St. Marc	1428	
	Petite Riviere	1428	
	Verrettes	1428	
			4284
PAP	Dadadou	1428	
	Parc Jean Marie Vincent	1428	
	Carradeux	1428	
	Building 2004	1428	
			5712
			20000

The bednets donated by AMF will be distributed throughout 4 spontaneous settlements in Port au Prince, 7 sites in the Central Plateau, and 3 sites in the Artibonite region of Haiti. The numbers of nets to be distributed to each site will be based on assessments carried out by Partners In Health (PIH)/Zanmi Lasante's (ZL) network of Community Health Workers. In the summary section we have estimated an equal distribution of nets across our sites, but would like our Community Health Workers to have the ability to recommend a change in number based on their preliminary assessments.

Central Plateau Total Catchment Area = 500,000 people - 19° 09'N 72° 01'W

Artibonite Region Total Catchment Area = 500,000 - Approximate 19° 10'N 72° 41'W

Port au Prince Spontaneous Settlements Total Catchment Area = ~100,000 - 18 40'N 72° 20'W

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

The Central Plateau and Artibonite regions of Haiti are largely rural areas. We do operate a large hospital in St. Marc an urban city in the Artibonite region. Our total catchment area is approximately 1.2 million people. As a result of the earthquake on January 12, 2010 there was a large population movement out of Port au Prince. Over 200,000 people have since relocated to the Central Plateau and Artibonite regions where PIH works.

In addition, PIH/ZL is operating 4 clinics at 4 spontaneous settlements within the city of Port au Prince. These settlements have an approximate population of 100,000 people combined.

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

Yes. Malaria is a serious threat to the health of the populations living in the Central Plateau and Artibonite regions. Malaria remains one of the most common diseases we treat daily at our health centers. Malaria is one of the leading causes of death in Haiti. Port au Prince also has a very high prevalence of malaria.

**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.**

For our sites in the Central Plateau and Artibonite Regions:

Month	Suspected cases
January 09	3000
Feb 09	2961
March 09	3534

April 09	3755
May 09	2856
June 09	1344
July 09	960
August 09	1762
September 09	1987
October 09	1843
November 09	2459
December 09	3455

Sources: Regional monthly and annual reports  
 ZL Sites monthly reports  
 ZL Sites Lab registers

For Port-au-Prince sites:

February to June 2010 : 9561  
 Sources: Sites registers and lab reports

**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 will not be a "blanket coverage" in the sense that everyone in one particular village will receive nets. Our network of thousands of community health workers are well placed to help identify the most vulnerable families in the villages where we work. We will focus on providing nets to people injured in the January 12<sup>th</sup> earthquake, pregnant women, HIV/TB patients, malnourished children, and the elderly.

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

Zanmi Lasante has distributed bed nets in the past, but most community members still lack access to this simple and effective tool to prevent malaria. Some families have received nets from a distribution carried out by UNICEF.

**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.**

The villages and cities where Zanmi Lasante works are the most vulnerable areas throughout Haiti.

**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.**

We will be in touch with the Haiti National Malaria Control Programme regarding this distribution. All of the activities PIH/ZL carries out in Haiti are in collaboration with the Government of Haiti.

Contact: Hans Legagneur  
 Email: [msppdso2005 AT yahoo.fr](mailto:msppdso2005 AT yahoo.fr)  
 Phone: 3727-4273 or 3568-0226

**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.**

Central Plateau: Dr. Raphael Raoul, Phone: 509-3726-0072  
Artibonite : Dr. Dieula, Phone : 509-3634-5859

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

These nets will be distributed free-to-recipients.

**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?**

A team of community health workers will be asked to perform community assessments to ascertain which families do not have access to nets, and of those families, which are most vulnerable to disease. We will prioritize providing nets to people injured in the January 12<sup>th</sup> earthquake, pregnant women, HIV/TB patients, malnourished children, and the elderly. We work with many patients that are HIV and TB positive.

**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.**

Once the community health workers select the families, teams of health workers will be dispatched to distribute the nets. The distribution will be completed over a series of days at each site, and we anticipate the entire distribution of 20,000 nets will take 4 weeks.

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

Community Health Workers will follow up with families through education trainings at clinics during patient visits and with regular home visits. Community Health Nurses will play an integral role in coordinating community health worker education activities.

**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.**

We confirm we will conduct an immediate post-distribution follow-up assessment.

**15. Please confirm you will send a Post-Distribution Summary when the distribution is complete.\*\***

We confirm we will send a Post-Distribution Summary when the distribution is complete.

**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.\*\***

We confirm we will send at least 60 photos per sub-location.

**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.\*\***

We confirm we will provide at least 20 minutes of video footage from each sub-location.

**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.**

We confirm we will carry out longer-term Post-Distribution Surveys.

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

Jonathan Lascher, Haiti Procurement Manager, PIH  
Email: [jlascher AT pih.org](mailto:jlascher@pih.org) ; Phone: 917-697-1706

\*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—  
**YOU!**

**THANK**