

# Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
4,700	Uganda	Tekwana and Kakoro Parishes, Kakoro Sub-country, Pallisa District	June 2008	Natiki Health Focus Org.

## 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.)

Uganda's Kakoro Sub County has 38 villages across 7 parishes. These villages in the Tekwana and Kakoro Parishes will receive nets.

Parish	Village	# of Children 0-5yrs	# of Children 6-15yrs	# of Women	# of Widows	Total # of Nets Needed
Tekwana	Bumusana	42	238	17	7	304
Tekwana	Petta	143	140	15	13	311
Tekwana	Tekwana	96	168	113	21	399
Tekwana	Bukomolo	54	99	72	9	234
Tekwana	Sogono	220	225	27	15	487
Kakoro	Kabekun	108	154	115	12	389
Kakoro	Maizimasa	102	173	108	36	420
Kakoro	Sogono	120	202	97	13	432
Kakoro	Okuruka	101	107	84	9	301
Kakoro	Kakoro	171	197	103	8	479
Kakoro	Bukatikoko	196	209	122	37	564
Kakoro	Kadoto	93	109	159	20	381
<b>TOTAL:</b>	<b>12 Villages</b>	<b>1,447</b>	<b>2,021</b>	<b>1,032 (# incl some widow)</b>	<b>200 (# incl some women)</b>	<b>4,700</b>

The following locations have received nets in two related distributions.

Parish	Village	# of Children 0-5yrs	# of Children 6-15yrs	# of Women	# of Widows	Total # of Nets Needed
Kitoikawononi	Kadalachi	43	102	74	8	224
Kitoikawononi	Ladoto	85	159	80	N/A	324
Kitoikawononi	Bugumba	130	295	172	11	608
Kitoikawononi	Nalidi B	59	174	83	N/A	316
Kitoikawononi	Tingori	74	162	83	19	338
Kitoikawononi	Nalidi A	45	139	77	6	267
Tekwana	Oguramai	43	40	17	N/A	100
<b>TOTAL:</b>	<b>7 Villages</b>	<b>479</b>	<b>1,071</b>	<b>586 (# incl. some widow)</b>	<b>44 (# incl. some women)</b>	<b><u>2,177</u></b>

Parish	Village	# of Children 0-5yrs	# of Children 6-15yrs	# of Women	# of Widows	Total # of Nets Needed
Kaitisya	Kaitisya	59	131	53	21	264
Kaitisya	Bunyolo	95	111	74	N/A	280
Kaitisya	Buchema	66	112	71	N/A	249
Kaitisya	Bukatikoko	90	153	77	13	333
Kaitisya	Buloki	78	178	7	5	347
Kadokolene	Bukomolo	64	150	66	N/A	280
Kadokolene	Kadokolene	70	57	53	N/A	180
Kadokolene	Bugolya	106	194	106	N/A	406
Kadokolene	Kateryo	141	166	73	14	394
Kadokolene	Dodoi	90	162	95	N/A	347
Kadokolene	Kasupete	129	179	108	N/A	416
Kasajja	Kasone	1	141	67	21	230
Kasajja	Kalecheru	129	220	137	17	503
Kasajja	Kasajja	96	251	175	8	530
Kanginima	Wenene	11	179	22	28	240
Kanginima	Katorongo	55	111	85	N/A	251
Kanginima	Lukone	61	184	101	N/A	346
Kanginima	Kanginima	101	130	120	N/A	351
Kanginima	Bupadoi	61	151	19	N/A	231
<b>TOTAL:</b>	<b>19 Villages</b>	<b>1,503</b>	<b>2,960</b>	<b>1,509 (# incl. some widow)</b>	<b>127 (# incl. some women)</b>	<b><u>6,178</u></b>

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

Rural. Population: 19,489 as of fiscal year ending July 2006.

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

Yes, this is a very high-risk area. Kakoro Health Center III, which covers the people of Kakoro Sub County, saw 5,870 cases of malaria in fiscal year 2006 ending in July. Kakoro Health Center III does only outpatient care and the critical cases were referred to Kanginima hospital in nearby Kanginima Trading Center. Kanginima Hospital, which is also in the current distribution catchment area, serves cases from nearby sub counties as well as Kakoro. In the hospital/during outreaches, KH staff treated 144,000 cases of malaria out of 331,649 of their total cases (43.42%) in 2006.

**4. How many **reported cases of malaria** and **malaria deaths** were there in this area in 2005? If you do not have statistics please make a qualitative comment.**

Cases: 5,870 confirmed cases of people in Kakoro Sub County in fiscal year 2006. It is unknown how many of the 144,000 cases at Kanginima Hospital were from people residing in Kakoro Sub County. It is also unknown how many people received treatment from their CMD's or from neighboring sub county health facilities. Deaths: 61 people died at the Kanginima Hospital of malaria in 2006. It is unconfirmed how many of those people were from Kakoro Sub County and how many people died at home and whose death was not officially reported to authorities.

**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.**

The distribution will target all married women, widows/widowers and children up to 15 years old in the community who did not receive nets during the last distribution. Since most women over 18 are married and polygamy is common in the area, the distribution of nets to women will also cover most men. Children under 5 years old and pregnant women are the most vulnerable to die from malaria and preference will be given to these people if supplies are limited.

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

4,000 nets were distributed in January 2007 but it is unknown how many people currently have nets that they bought on their own or received from other sources. In January 2007, the government distributed 4000 nets in Kakoro Sub County. They targeted pregnant women and children under 5. However, not all children in a household were given nets. Since the amount of nets did not cover the entire population, the distribution became political.

Parish:	# of Villages	# nets rcvd in Jan07 distbtn
Kakoro	7	900
Kaitisya	5	400
Tekwana	6	600
Kajjasa	3	400
Kadokolene	6	600
Kanginima	5	700
Kitoikawononi	6	700

**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.**

Kakoro Sub County was chosen based on the high number of malaria cases and the lack of proper preventative measures to lower the malaria rates. The decision to operate in Kakoro Sub County was made by members affiliated with the Natiki Health Focus Organisation. The organization at this time operates solely in Kakoro Sub County. The final decision to go forward with this proposal was decided by the following people:

Kateu Namoni  
Director/Secretary  
Natiki Health Focus Organisation

Mogulusi Mike  
In-Charge  
Kakoro Health Center III (government run)

Naulika Samson  
Chairman of the Board of Directors/Local Council III  
(political head of S/C)  
Natiki Health Focus Organisation/Kakoro Sub County

Wesley Carter  
United States Peace Corps Volunteer Uganda (May07-May09)  
Program Officer  
Natiki Health Focus Organisation

**8. Have you consulted with the National Malaria Programme in your country 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.**

Yes, we contacted office of the Ministry of Health's Malaria Programme director, Dr. Rwakimari, as well as talking to the actual cabinet Minister of Health, Dr. Stephan Malinga. They were both supportive of the plan and will help us transport nets to Kakoro Sub County.

**9. Please describe any pre-distribution activity, in particular how the size of the target group and number of nets required will be ascertained?**

On Sunday, June 24th, 2007, the plan to distribute nets was brought forth to the Minister of Health of Uganda. The Minister, Dr. Stephan Malinga, is also the Member of Parliament (MP) for the area including Kakoro Sub County. He was meeting with local supporters including Mr. Naulika Samson, the LC3 and Chairman of the Board of NHFO. After hearing of the plan to distribute nets, the Minister assured NHFO that the government would help clear and transport the nets to our consolidation point at the sub county headquarters.

Immediately following the meeting with the MOH, NHFO conducted a meeting with all the local Community Medicine Distributors (CMD's). The CMD's are two volunteer representatives from each village whose responsibility it is

to distribute medication that the government provides at local health centers to people in their village. The CMD's were the people responsible for counting the people in their villages and distributing nets during the government's March 2007 distribution.

The meeting was to inform them of the proposed distribution and instruct them to identify the number of people and nets needed for their village. They were asked to specify the amounts of women and children (up to 15 years old) in their village. Since the meeting, the CMD's have updated their lists to exclude those who got nets last time.

It was decided during the meeting that after we receive information about how many nets we are eligible for, another meeting would be called to organize how to distribute among the parishes (collection of 3-7 villages) to avoid chaos and politics. A new list following this meeting would include the most vulnerable people from each village who would have priority to receive nets. No matter how many nets are received at any one time, there is the organization and will to effectively distribute nets when they become available. The master lists of names will be kept by NHFO to ensure that we can move quickly if more nets become available.

**10. Please describe how the bednets will be distributed, by whom, whether distribution will be a focussed effort or part of a combined programme and if there will be an information/education component to the distribution? Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.**

Staff members of Natiki Health Focus Organisation with help from the LC3, his staff and the CMD's will distribute them. Kateu Namoni, Sec/Dir NHFO, Naulika Samson, LC3/Chair of BOD of NHFO, and Wesley Carter, PCV, will conduct main oversight of the distribution process.

Distribution will occur at the parish level on specified days at specified meeting locations (usually local schools) to avoid confusion and chaos that would be seen at one central, sub county location. We expect to distribute all nets within 7 weeks of delivery (one parish per week). Trying to do more than one parish a week would be confusing and strain resources. The nets will be stored at the Kakoro Sub County building and will be transported to each parish via bicycle on the day of distribution.

Before nets are handed out, there will be a demonstration and sensitization conducted by Natiki staff and the CMD's about what the nets are, why they are needed, and how to use them. People will not get nets without instruction on proper use.

**11. What post-distribution follow-up is planned to assess the level of usage (hang-up percentage) of the nets? How long after the distribution will this assessment take place? Will you provide us with the findings? What will you be able to do subsequently to increase net hang-up if relevant?**

Three months after all the nets are distributed, the CMD's will be required to give a follow up report about the usage in their village and the problems that occurred.

Additionally, Natiki staff will visit a few households in each village to assess hang up usage. After 4 months, a comprehensive report will be sent in to AMF. Since the CMD's will be properly trained in how to use the nets, they will be able to re-train the people who were found not to be using their nets properly.

**12. 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.**

We contacted the Pallisa District Health Officer Dr. Andrew Namonyo. He was supportive of our decision to fight malaria in Kakoro Sub County. His phone number is: +256 0772441522

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

The nets will be distributed to the people of Kakoro Sub County free of charge.

**14. Please confirm you will send us, post-distribution, at least **40 digital photos per sub-location**, taken at the distribution/s, to be added to our website as we report on the distribution to donors.\***

Wesley Carter, the Peace Corps Volunteer, has a digital camera that will be used to take photos of the entire process.

**15. Please indicate if you will be able to provide **video footage** from each sub-location. This is not mandatory but is preferred and aids reporting to donors and encourages further donor giving.\***

We will rent a video camera to document the process.

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

The Post-Distribution Summary will be filled out and turned in when the distribution is complete.

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

Wesley Carter  
US Peace Corps Volunteer  
Program Director, Natiki Health Focus Organisation  
NHFO's PO Box: 1458 Mbale, Uganda  
256 0751700553 (PCV #)  
256 0752660568 (Sec/Dir Kateu Namoni's #)  
Email of PCV: wesman1 AT gmail.com  
Email of NHFO: nahefo AT yahoo.com

\*Information on providing photos, video and a Post-distribution Summary is included in the attached document.