

Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
2,000	Malawi	Nambuma, Dowa District	Oct-Nov2011	NICCO

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.)

Nambuma area, G.V.H. Chimbaru, G.V.H. Katonthal, G.V.H. Katontha2, G.V.H. Ndzidzi2, and G.V.H. Nthondo, T/A Kayembe, Dowa District (longitude: 033e58, latitude: 013s40). 41 villages exist in G.V.H. Chimbaru, G.V.H. Katonthal, G.V.H. Katontha2, G.V.H. Ndzidzi2, and G.V.H. Nthondo and we will distribute 1,920 nets there. See data in Appendix 1.

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

This is a rural area and the population of the 41 villages is 3,618 in total. About 1,920 nets are required to cover the all sleeping spaces in the G.V.H. Chimbalu, G.V.H. Katonthal, G.V.H. Katontha2, G.V.H. Ndzidzi2, and G.V.H. Nthondo.

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

Dowa District is not one of the highest risk malaria areas within Malawi from the data of Malaria new cases & inpatient deaths by district as per attached. However, Nambuma area is high risk malaria area within Dowa District since this area is hot and humid with wetland, which is a preferable environment for malarial mosquitoes.

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.

We received the data of reported cases of the nearest health centre to Nambuma, the name of which is Kayambe Health Centre. From Jul-09 to Jun-10, 6,039 cases of Malaria for the age group under 5 and 5,377 for 5 years and older were reported. (Please note that this number does not show the

cases of malaria in Nambuma only but includes the cases from other areas.) Regarding month by month information, please refer to attached DOWA_malaria.jpg (Source: Dowa District Hospital).

We are afraid but no data of cases of malaria deaths is available in this health centre as the serious patients are to be sent to the other hospital with the inpatient facility. As Nambuma is located next to Lilongwe District, many people in Nambuma tend to go to the hospital in Lilongwe District. Consequently, there might be more potential cases of malaria in Nambuma.

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 distribution is "blanket coverage".

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

Dowa District Hospital says that the existing level of ITN use in this area is about 40% though the Malawi government has implemented the distribution of ITNs over the country.

We assume this 40% existing net owner is applicable to Nambuma area, though we do not have information by each area, We DO NOT take this number into account when we calculate the numbers of nets required because of the following reasons;

- These nets are purchased personally and not given from the government or any other agencies, therefore it will be unfair if we do not distribute to those who purchased it by themselves.
- It is reported that those nets are NOT Insecticidal Treatment Net.

Thus, we will distribute LLINs to the all household per sleeping rooms in G.V.H. Chimalu, G.V.H Katonthal, G.V.H. Katontha2, G.V.H. Ndzhidzi2, and G.V.H. Nthondo.

According to the information given by HSA, those existing nets were purchased personally and not the aid from government or any other agencies. Also it is reported that those are NOT ITNs. We cannot collect those existing nets as those are purchased by themselves. Instead, we will explain to those net holders that all existing ITNs should be replaced by the LLINs we distribute, and we will check if they do so at the monitoring.

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.

Nambuma is chosen by Malawi government as Rural Gross Centre and we plan to start a comprehensive development project in the area this year to establish a model for sustainable

development. As a component of this project, Juri Murakami, Project Manager of NICCO, made a decision to distribute nets to the area in consultation with the local Health Officer. The contact of Ms. Murakami is murakami AT kyoto-nicco.org.

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.

Yes, we are in contact with Dowa District Health Officer, Dr. O. Malenma and Malaria coordinator at Dowa District Hospital and we informed them of our plan of the distribution. Please refer to the next question No. 9 regarding the contact details of Dowa District Health Officer.

We consulted with Mr. John Chiphwanya, who is a Deputy Program Manager of National Malaria Control Programme. He approves and appreciates our plan of distributiong nets in G.V.H. Chimalu and Katontha.

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 Health Officer, Dowa District: Dr. O. Malenma (Tel: 0995-790-362). Email address of DOA: owen.malema AT gmail.com

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

The 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?

Visiting every household and obtaining the details of family members, the number of members, the relationship with the householder, name, sex, age and the number of rooms in order to decide the number of nets to be distributed. We will check the number of sleeping space as we always distribute 1 net per sleeping space.

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.

Announcing the villages of the distribution (when and where) in advance and ask people to gather. The distribution will last for 5 or 6 days and the nets will be handed over to every household, checking the name of receiver and the serial No. of the net. NICCO staff, HSA (Health Surveillance Assistant) with the regional health centre, VHC (Village Health Committee), police officers and the member of police forum in the region will cooperate with the distribution.

Answer to additional question- please give more of an idea as to the resources that exist in Malawi (locally) that will be involved in and managing the distribution.

-10 HSA (Health Surveillance Assistant)- role to supervise the nets distribution and train VHC members
-VHC (Village Health Committee) consisted from 10 villagers, role to check if the nets are properly distributed to all villagers and teach them how to use the nets rightly
-2 policemen - role to monitor if the distribution is done fairly and appropriately
-Police forum consisted of 10 villagers - role to observe

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

Giving the lectures to HSA and VHC to raise awareness for understanding the risk and symptom of malaria, how to prevent from malaria infection, the effectiveness of using nets and the proper way of setting up and using them. Also having meetings with the member of regional police forum to make the rule for people to use the net properly. Conducting the education campaign to people watching a drama regarding the malaria performed by a drama group.

We intend to have a demonstration at distribution points, as we have always done so to make sure the right usage of nets. In addition, we set up play at the distribution points and the contents of play include the importance of using net, the symptom of Malaria, the rules of using net and so on.

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 do so.

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

We confirm we will do so.

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 do so.

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 do so.

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 PDss 6, 18 months after the distribution. For the PDss for 30 and 42 months after, we cannot confirm NICCO directly carries out surveys, but we

will make a request to the District Hospital to carry out the surveys.

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

Norimasa Orii, Secretary General of NICCO. E-mail: info AT kyoto-nicco.org, Tel: +81-75-241-0681, Fax: +81-75-241-0682

*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!

Appendix 1

GVH※	Village	No of household	Population	No of Nets need to be distributed**
Katontha1	Katontha1	26	139	62
	Kalusa	4	21	10
	Bwazi	15	77	36
	Mkotamo	46	219	110
	Simulemba	34	165	82
	Mondwe	21	88	50
	Masuiwiti	9	46	22
	Kachocho	48	48	115
Katontha2	Katontha2	28	123	67
	Ngwata	16	67	38
	Kapondasenye	5	26	12
	Mwalukira	27	126	65
	Chadzunda	8	38	19
	Msiyana	2	10	5
	Chitete	6	30	14
Chimbalu	Chimbalu	54	237	130
	Chinyama	21	91	50
	Dzizi	30	150	72
	Matapila	31	130	74
	Moyonsana	26	136	62
	Kakoma	21	140	50
	Mbota	32	133	77
	Kaundama	3	17	7
	Manuel	22	112	53
	Katipwa	30	156	72
	Tizwire	59	271	142
Ndzidzi2*	Ndzidzi2	56	263	134
	Tchipisoni			
	Mazinga			
	Msiyana			
	Chinyama			
	Chindindo			
	Binton			
	Njoka			
Ntondo *	Chipisoni			
	Ntondo	119	559	286
	Kalaka			
	Baloni			
	Msanyama			
	Kazulamphonda			
	Newa			
Total	41	799	3618	1,916

*We do not have the information about the number of household for each village in GVH Ndzidzi2 and Ntondo but each GVH in total. We also do not have the information about the population for each village and each GVH level (GVH Ndzidzi2 and Ntondo). Therefore, we multiply the total number of household in GVH Ndzidzi2 and Ntondo by 4.7, which is an average number of household member in GVH Katontha1, Katontha2, and Chimbalu.

** The numbers are computed by multiplying number of house hold by 2.4, which is an average number of nets we distributed/household on our previous project.