

Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
600	Uganda	Namulonge	Aug 2009	Project Restore

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.)

Namulonge, Uganda, Africa – longitude/latitude information - 0° 31' 47" North, 32° 36' 9" East

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

Rural; previously we thought the population was only ~500, since our initial distribution we discovered it is somewhere between 3000 and 5000 when the sub-villages are included. We are working on getting more reliable numbers.

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

Yes; according to the local midwife/health worker, there is a high rate of malaria in this village and the sub-villages. We have no reason to believe the rates in Namulonge are any better than any other part of Uganda, where, according to WHO and a report published in New Vision (11/23/08) malaria is the leading cause of deaths in Uganda.

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.

Will have to find out if any records have been kept by the village midwife/health worker when we go there in August.

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.

We thought our initial distribution would represent "blanket coverage", but we were wrong in our estimated population of the village and sub-villages; We are targeting families with children 5 years of age and under, pregnant women and the elderly, in that order.

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

Based on our initial distribution in 11/08 and with the existing level at that time, our best estimate is 500 nets. There are no other existing bed net distribution programmes in this village to our knowledge.

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.

This is the continuation of an initiative that was started by Project Restore in November of 2008. We also have clean water and education initiatives in this village and its sub-villages.

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.

There is no national malaria program in the U.S. with which to consult.

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.

Ms. Immaculate Nansubuga, Registered Midwife, she runs the health clinic in the village of Namulonge. Her phone # is - 011-256-782-513688

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

The LLIN's will definitely be distributed free of charge to the people of Namulonge.

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 previous list of recipients will be made available to those doing the distribution to ensure the same people don't receive nets at this distribution that did at the initial distribution. We are depending on Ms Immaculate Nansubuga, the midwife/health worker of the village to compile a list of names to determine who our target group will consist of.

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 nets will be transported to the village by truck from Kampala by 2-3 members of our team. The distribution is planned for Sunday, August 9th, 2009. the nets will be distributed by our team of 7 people along with volunteers from the village. David Mayanja, headmaster of the Namulonge

Secondary School will be one of the leaders of the village assisting with the distribution, as well as Immaculate Nansubuga, the midwife/health worker, who runs the village health clinic.

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

We have two handouts that will be read and explained to the group of net recipients. The first is "Fundamentals of Malaria Education" with key messages on how malaria is contracted through mosquito bites, what the signs and symptoms of malaria are, who is at greatest risk, what to do if your child or someone you know exhibits these symptoms and how to protect yourself from mosquito's with the use of a bed-net. The second handout that will be read and explained is "Proper Care, Treatment and Use of Insect-Treated Bed-Nets"; this tool is borrowed from unesco.org.

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 will ensure that all nets have been hung before we leave the village. The team will report hangup % to AMF.

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

We promise to photograph and document distribution of and hanging of the LLIN's for Namulonge and send all photo's and documentation to Against Malaria Foundation along with the Post-Distribution Summary.

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 AMF at least 40 digital photos of the distribution to be added to the website to enable AMF to report completed distribution to donors.

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 will provide video footage of the distribution as we did previously.

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.**

Our intention is to set up a system with the village midwife/health worker while we are in the village to ensure a post-distribution review as you are requesting. We are planning on having a permanent team member (JC Foster) living

in the village in the near future who will be able to assist in this endeavor.

19. Please provide your name, role and organisation and [full contact information](#).

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*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.