



## Summary

# of LLINS	Country	Location	When	By whom
10,000	Uganda	Kampala West, Pader, Arua, Apac, Kitgum	Nov-Dec 2007	Uganda Red Cross Society volunteers

## 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.)

District, Sub-County	# LLINS	Location
Kampala West, Nakulabye	2,000	32 <sup>0</sup> 15'E, 0 <sup>0</sup> 50'N
Pader, Acholi Bur (IDP camp)	1,500	32 <sup>0</sup> 50'E, 3 <sup>0</sup> 10'N
Arua, Katrini	3,000	31 <sup>0</sup> 15'E, 2 <sup>0</sup> 55'N
Apac, Aber (IDP camp)	1,500	32 <sup>0</sup> 32'E, 2 <sup>0</sup> 00'N
Kitgum, Pajule (IDP camp)	2,000	32 <sup>0</sup> 50'E, 3 <sup>0</sup> 10'N
	=====	
TOTAL	10,000	

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

Kampala West is an urban area. The sub-county area is a slum area with an approximate population of 80,000 people. The area where the nets will be targeted, Nakulabye, has 15,444 people.

Pader is a rural area. The sub-county area, Acholi Bur IDP camp, has an approximate population 42,000 people. The area where the nets will be targeted has 4,033 people.

Arua is a rural area. The sub-county area, Katrini, has an approximate population of 9,000 people (one sub-county will be targeted with the nets).

Apac is a rural area with an approximate population of 115,000 people. The sub-county area, Aber, has an approximate population 4,342 where the nets will target a URCS home care project.

Kitgum is a rural area. The sub-county area, Pajule IDP camp, has an approximate population of 18,532 people. There will be three sub-areas where the nets will be targeted with a total population of 5,414 people.

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

All the areas suggested are high risk malaria areas because:

- They are all areas in Uganda which have endemic malaria
- There is a high incidence of malaria cases in the areas
- They are hard to reach areas with therefore high mortality due to poor health services.

**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.**

The figures for the number of malaria cases in each of these areas are not readily available but they are among the areas mapped by the Ministry of Health as highly endemic. This means more than 35 cases of malaria per 100 of the population per year.

**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 be to selected vulnerable groups. The groups targeted will be:

- Pregnant women
- Children under five years
- People living with HIV/AIDS

These are the groups that are often the most vulnerable to malaria attacks.

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

The areas that have been nominated do not have existing bed net distribution programs. The level of ITN coverage is thus very low since most people are poor and cannot afford the nets (also as many of the people targeted will be in IDP camps). Unfortunately, accurate figures of actual ITN use and ITN coverage are not available.

**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 areas were chosen due to the high malaria burden and the lack of any ITN distribution intervention in the proposed areas. The choice was made by the Uganda Red Cross Society in consultation with the Branch staff and the District directorates of health services; the decision was also informed by information provided by the Malaria Control Program.

Dr. Bildard Baguma  
Head of Department, Health and Care  
Uganda Red Cross Society

Ms. Balayo Connie  
ITN Focal Person  
Ministry of Health - Malaria Control Program

**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, the MCP has been consulted and gave input into the decision making process. The MCP welcomed the idea and provided the information that has informed the decisions about the areas of implementation.

The person liaised with in the Malaria Control Program is:

Ms. Balayo Connie

ITN Focal person

Ministry of Health - Malaria Control Program

Telephone: +256-772-538523

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

A pre-distribution survey will be made to ascertain the location of the exact beneficiaries and the households eligible to receive the nets.

Consultation with the local leaders and the community Red Cross volunteers will be done.

Registration of the beneficiaries will be done by the Red Cross volunteers.

**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.**

The mosquito nets will be distributed by Uganda Red Cross community volunteers approximately two (2) weeks from the date of receipt.

The distribution will be combined with the ongoing URCS malaria control activities and HIV/AIDS home-based care activities.

Community meetings will be organised to sensitise the communities as about the importance, mode of use of the nets.

**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?**

A quick community survey will be undertaken both at the health centre and village level prior to distribution (as outlined in Question 9).

A survey will be undertaken 1 year after the distribution to ascertain whether the mosquito nets are being used and also to see from the health centre records whether there has been a reduction in the number of cases reporting in the period.

The URCS volunteers will be involved in community post-distribution follow-up in their villages, including visiting LLIN recipients in house-to-house visits to ensure hang-up

and sensitise communities on the need and importance of the distributed nets in controlling malaria.

The URCS volunteers will carry out a coordinated follow-up of the hang-up 1 month after distribution to estimate the hang-up percentage and the results of this will be shared with all stake-holders.

**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.**

Kampala: Dr. Mubiru - Tel: +256-772-454893

Kitgum/Pader: Dr. Vincent Oringa - Tel: +256-772-358687

Arua: Dr. Anguzu - Tel: +256-772-696200

Apac: Dr. Mathew Ewer - Tel: +256-772-406695

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

The distribution of the nets will be free and solely based on the need or level of vulnerability of the potential recipients.

**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.\***

Yes, the digital photographs (at least 40) per sub-location will be provided for your use and reporting to the donors immediately after the distribution.

**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.\***

It is not yet confirmed if video footage will be available. If resources are found to provide footage, it will also be provided per sub-location immediately after the distribution.

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

Yes, the post-distribution summary will be sent after the distribution.

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

Dr. Bildard Baguma  
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Uganda Red Cross Society  
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Tel: +256-772-517840

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