



Summary

# of LLINS	Country	Location	When	By whom
2,000	Peru	Maranon River region, Iquitos	Feb 2009	Amazon Promise

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.)

Amazon Promise is a United States registered non-profit based in Iquitos, Peru which provides free medical care and health education training for local village health care workers and traditional midwives to remote populations living in the Upper Amazon Basin of Northeastern Peru.

The nets will be distributed to villages of the Aguaruna tribe along the upper Maranon River and its' tributaries in Peru. These villages and their respective populations include: Napuruka 200, Sachapapa 145, Atahualpa 275, Palestina 155, and Belen 170 all on the Apaga River - Ajachim 175 and Chapis 175 on the Cangaza River, and Borja 400 and Jerusalem 600 on the upper Maranon River. The capital of this area is called Manseriche.

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

The villages of the Aguaruna tribe are rural and remote. These villages are those visited by Amazon Promise. Overall, a 2000 census estimated the overall size of the Aguaruna tribe to be approximately 38,000.

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

The Peruvian Amazon basin is listed as a high risk malaria area in Peru. In South America, the nine countries sharing the Amazon rainforest are areas of significant malaria transmission (World Malaria Report 2005, www.rbm.who.int/wmr2005/html/2-3.htm). Of the more than 64,000 cases of malaria reported in Peru in 2007 over half occurred in the Amazon Basin where the incidence is felt to be increasing due to deforestation and climate change (www.globalhealthreporting.org/article.asp?DR_ID=48584).

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.

Depending on the exact location, a 1994-1997 CDC estimate places the risk of malaria to be from 10-500 cases per 1000 population (Guarda, Emerg Inf Dis 1999; <http://www.cdc.gov/ncidod/eid/vol5no2/arambG.htm#fig4>).

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.

A blanket coverage of the affected area will be attempted, providing nets to all villagers in the area visited by Amazon Promise.

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

Owing to its remote location there is no existing level of ITN use by the Aguaruna tribesmen living around the Marañon River. There are presently no existing bednet distribution programs in this area.

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 request for ITNs came from the Aguaruna villagers during a medical mission to the area made by Amazon Promise in September 2007. Subsequently, the board members of Amazon Promise decided to pursue funding for ITNs for the Aguaruna population we serve.

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.

The Peruvian Ministry of Health works in consort with medical relief missions provided by Amazon Promise. Unfortunately, at present ITNs are not available for distribution to this location. The liaison for the Peruvian Ministry of Health is Dr. Milagros Quiroz Morey who is currently stationed at the local medical post in the town of Saramiriza, and has worked with Amazon Promise in the area.

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

The Aguaruna villages listed in #1 above were visited by Amazon Promise in September 2007 at the request of Aguaruna leaders including the mayor of Manseriche Mr. Claudio Wampuch.

During this two week visit representatives of the villages requested help with malaria prevention through the use of ITN. The target group size was determined by totaling the population of the villages served with the intent of providing "blanket coverage."

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.

Amazon Promise plans to continue to visit this region on an annual basis. Once procured the ITNs will be distributed by Amazon Promise during one of these visits, tentatively scheduled for Fall 2008. Educational interactions with the populace are an important part of our activities in the villages and will include a module pertaining to the use of ITNs, as well as general health training for local village health care workers. These village health care workers will be trained in the proper use of ITN's.

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?

Post-distribution "hang-up percentage" will be assessed on an ongoing basis by the village health care workers. In addition, spot checks will be made by Amazon Promise personnel during our annual visits. The first such visit will occur approximately six months after ITN distribution and should afford a real world assessment of the on-going use of the nets.

Amazon Promise would be happy to provide the Against Malaria Foundation with a report following that, and other, follow up visits to the Aguaruna villages. Each subsequent visit will contain an educational interaction with the villagers and the local Village Health Care Worker in order to insure continued compliance with ITN useage.

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.

The Peruvian Ministry of Health representative for Loreto province is Doctor Carmen Montalban Inga. Contact information: +51-65-251756.

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

The nets will be distributed free to the villagers of the Aguaruna tribes listed in #1 above.

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.*

Amazon Promise will be happy to provide at least 40 digital photos per village taken during and after distribution of the ITNs for use on the Against Malaria Foundation website.

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.*

Amazon Promise will provide video footage from each sub-location. One of our frequent participants, Mr. Claudio Colangio of Rome, Italy, has committed to providing this footage. He has made video montages of several Amazon Promise expeditions, including that occurring in September 2007 to the Aguaruna tribes along the Maranon River and its' tributaries.

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

A post-distribution summary will be sent to the Against Malaria Foundation following the distribution of the ITNs. Included in this summary will be the number of nets distributed to each village and the approximate breakdown of ages to which the nets were provided.

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

Patricia M. Webster, President, Amazon Promise.
www.amazonpromise.org.

Email: patty AT amazonpromise.org

Address: Malecon.TARAPACA 322

Iquitos, Peru

Telephone: +51-65-231683

OR

Javier Villanes Arias, Vice President, Amazon Promise Peru

Javier AT amazonpromise.org

Address and phone same as above.

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

Re Q1: You list the population count as approx 2,300 and indicate in question Q5 that this would be a blanket coverage, but list 2,000 nets in the top line. Can you clarify number of nets you are aiming to distribute? Note, typical numbers are that 2 people sleep under each net. The same in Peru?

Small children sleep with their mothers, and adolescent male children sleep alone, girls sleep together. The men sleep alone or with one of their wives as they often have more than one. Each family seems to be different. (We do not anticipate a significant surplus of nets with this proposal.) I understand you need to have exact population data, which I have tried to provide, but I know that there will be many more people in these villages than what their authorities have reported. This is my experience everywhere I have gone in the last 15 yrs. If the amounts have to be exact, we can lower the amount to fit closer to the 2 per net figure, and request 1350 ITN's. But my concern is that I won't have enough for everyone, ie. people not accounted for in each village. This will pose a huge problem for us while out there. They will not understand why there aren't enough nets for each family, and by saying that I don't mean that they will expect one net per person, but because I know there are more people out there than is stated by the govt. authorities, I cannot take the risk of not having enough for each village. It has taken a long time to gain their trust as it is and have them invite us into their villages. I have to be completely prepared before going in and have everything I will need.

Re Q1: Can you provide: a long/latitude for the group of villages or separately if they are distant from each other? Could you also provide a map showing the relative locations of the villages and if a published version is not available, could you put a simple sketch together and scan and send?

I have only been able to acquire coordinates for two villas. Map attached. Please see area circled in black. Note Napuruka is not listed on the map and would be found before Atahualpa following the river heading southwest (leaving Napuruka going downriver towards Atahualpa it's approx. 4 hrs in a canoe).

Sachapapa: Latitud 03° 50' 40" S / Longitud 77° 17' 20" W.
 Napuruka: Latitud 03° 55' 09" S / Longitud 77° 14' 48" W.



Re Q1: Can you indicate how many nets will go to each village

Although this is an estimate based on a consistent percentage of small children in each village we would anticipate the following distribution of nets to each village: Napuruka 120, Sachapapa 80, Atahualpa 160, Palestina 70, and Belen 100 all on the Apaga River - Ajachim 100 and Chapis 100 on the Cangaza River, and Borja 250 and Jerusalem 350.

Re Q4. There should be data that is much more recent than this. Can you look?

I am waiting for more updated information from Dr. Quiroz who is at the local medical post in Saramiriza. The local medical post would have some of the information, but as stated this is an extremely remote area and most people cannot make the distance to get to the post. I would say that most people with malaria don't get seen. One example is that we came across a man in

Napuruka that had been bitten by a snake several months prior and by the time we saw him, his foot had rotted off and his leg from the knee down was also starting to rot. There's the distance problem and also mistrust of anyone outside their culture ie. Doctors at the medical posts.

Re Q7. Can you list the person/s making the decision. Thanks.

Mr. Claudio Wampuch, mayor of the Manseriche region made the request for ITNs. However, his request was echoed by village leaders and the general public of each village listed above visited by Amazon Promise in Fall 2007. It was surprising to me that this was the main request of the people (besides antivenom) and their voices were quite desperate when talking about them. They feel that having the ITN's will not only protect them from malaria, but from bat bites that are frequent in the evening while they sleep, and also from dengue fever which is at high levels right now, and leishmaniasis. It will also help to deter deadly snake bites which are also frequent.

Re Q8. Can you indicate directly whether you have spoken to the NMCP, their response and indicate the name and full contact information of the person to whom you have spoken?

This info goes along with what is already written in Q8. I am in contact with Dr. Quiroz in Saramiriza where the only medical post exists. Her email is miliheart@hotmail.com Because they are in an extremely remote area, they have not been able to receive proper medical aid for patients including urgently needed medicines for leishmaniasis. I have also written the local ministry of health director in Iquitos Peru to advise them of our intentions to provide ITN's in the Aguarunas villages. They have not responded. This is a common occurrence. We have a legal agreement with the local moh to provide medical care and training, and are in constant contact with them. I have also contacted the moh office responsible for handling ITN's (this is not the NMCP). He could not provide me with a list of areas where they have distributed donations of ITN's, but did inform me that they did not plan on procuring any other donations of ITN's until 2009 or 2010. I do know that the nets they did receive were distributed in areas closer to Iquitos.

Re Q9. We suggest there should be some form of data gathering that allows you estimate the number of nets required ie understanding the average people/bed or getting detailed information on the number of sleeping spaces, collected in a list by each village head...and such a list than being the one against which nets would be given out and signed for. This would be considered best practice. Please let us know if this will be possible.

There is no precise way to estimate the number of sleeping spaces. That is not to say that this could not be considered of necessity, however given cultural and distance constraints it would not be the preferred approach and would undoubtedly leave many individuals uncovered. Some people sleep on leaves or a palm thatch woven mat on the ground, some in a hammock or on an elevated slab of wood. Some huts are located outside the village in the forest. Please understand that these villages are extremely hard to reach let alone try and contact. I feel we have enough information on them already to be able to do a thorough and responsible job though. We will provide thorough and complete reporting of where they were distributed and to whom with photos and video, plus updates. One of the cultural issues here is that once you bring up an idea, for example, telling them you are attempting to procure bednets for them, it's as if it's a done deal and they will then be expecting them the next day. These people have been taken advantage of for many decades and I cannot approach them saying that I'm trying to do something. I can only approach them once I have the product and can give it to them.

Re Q10. You mention Fall 2008 here are Spring 2009 in the top line of the form. Can you clarify the intended distribution period, ideally specifying a month if you know. Can you provide a little more detail on the intended distribution process ie will villagers gather in one location and/or will house to house distribution take place? Will there be a dramatized skit/roleplay showing people dressed as mosquitoes trying to 'get at' people sleeping under a net, mozzies touching the net and then dying?

While Amazon Promise hopes to make its next visit to the region in the Fall of 2008 we realize that might prove insufficient time to procure the nets. Consequently, the document has been modified to create a distribution of ITNs in the Spring of 2009. Although the exact date has not been established, we are targeting March or April 2009. Our ability to get out to this area is dependent on an oil company and their bus and helicopter schedules. That is the only way to get out there in a timely manner. As mentioned it is very remote. The distribution of nets to each village will take place during the day that Amazon Promise visits the village. This usually occurs in a central, socially important location of the village such the meeting hut (maloka) or a schoolhouse. Village leaders and health promoter will be present to facilitate the distribution process. There will also be handouts with both written and illustrated information. An educational display outlining the role of nets in malaria prevention and a demonstration of the use of the nets will take place at each

distribution site. We usually have native speaking translators gather groups of individuals during clinic to provide educational instruction and anticipate doing the same with the ITNs. We are open to your suggestion of role play/theatrical education and we enthusiastically embrace suggestions from Against Malaria based on successful previous distributions.

Re Q12. Please can provide an email address?

Please see question 17.

Here are the malaria stats sent to me from the doc. in Saramiriza. Below are the meanings of the abbreviations listed in the graphs. Please remember that many malaria cases go untested because of the remoteness of the area. If you have any questions please let me know.

F= Falciparum

V= Vivax (Malaria Vivax),

M= Mixta (Malaria Mixta)

(-) means negative,

IPA= Anual Index Parasite

MALARIA POR ZONAS 2007

ZONAS	I TRIMESTRE		II TRIMESTRE		III TRIMESTRE		IV TRIMESTRE		ANUAL	
	VIVAX	FALCIP.	VIVAX	FALCIP.	VIVAX	FALCIP.	VIVAX	FALCIP.	VIVAX	FALCIP.
BAJO MA	57	2	57	8	62	69	24	6	200	85
ALTO MA	7	0	0	0	0	0	3	0	10	0
CARETER	1	0	2	1	1	0	0	0	4	1
APAGA -	6	0	3	6	8	6	7	0	24	12
TOTAL	71	2	62	15	71	75	34	6	238	98

MALARIA POR ESTABLECIMIENTOS DE SALUD 2007

ZONAS	I TRIMESTRE		II TRIMESTRE		III TRIMESTRE		IV TRIMESTRE		ANUAL	
	VIVAX	FALCIP.	VIVAX	FALCIP.	VIVAX	FALCIP.	VIVAX	FALCIP.	VIVAX	FALCIP.
C.S. SAR	48	2	26	5	22	4	18	2	114	13
P. S. SAN	9		31	3	40	65	6	4	86	72
P. S. BOR	1		0	0	0	0	1	0	2	0
P. S. CHA	6		0	0	0	0	2	0	8	0
P. S. SAC	1		0	1	2	0	5	0	8	1
P. S. ATA	5		3	5	6	6	2	0	16	11
P. S. F. FL	0		1	1	1	0	0	0	2	1
PS. SINCH	0		0	0	0	0	0	0	0	0
P. S. JERU	1		1	0	0	0	0	0	2	0
TOTAL	71	2	62	15	71	75	34	6	238	98

**CONSOLIDADO TRIMESTRAL DE MALARIA AÑO 2007
BAJO MARAÑÓN**

OMUNIDA	POB.	SEMANAS																								ANUAL						
		I TRIMESTRE						II TRIMESTRE						III TRIMESTRE						IV TRIMESTRE						F	V	M	(-)	C	IPA	
		F	V	M	(-)	C	IPA	F	V	M	(-)	C	IPA	F	V	M	(-)	C	IPA	F	V	M	(-)	C	IPA	F	V	M	(-)	C	IPA	
Saramiriza	1220		32		100	29			19		154	9			11		76	5			14		213	11			76		543	54		
Betania	23				1												1											2				
Gasolina	197		3		19	2				42	1			1		129							53				4		243	3		
Atlántida	88				2					60				1		54							48				1		164			
Pto Elisa	271				7			1	5		171	2			2		207	1					75			1	7		460	3		
Betel	29		4		14	4		2		19	2			2		37							17	2			4	4		87	8	
28 de Julio	140	2	9		33	15			2		52	2		2	7		102	2		2	4		73	6		6	22		260	25		
Pto. Linda	129							2			4	3					2						5			2			11	3		
Nvo. Horizonte					1						2						1												4			
SANJUAN	395		2		15	5			10		108	9		4	6		437	9			3		40	2		4	21		600	25		
A. Ugarte	214		2		26	1		3	5		141	7		61	21		561	165			3	2	53	11		67	30		781	184		
Vencedor	63		1		10	1			4		42	3					98				1		13				6		163	4		
Limon	4		4		7	6			12		78	7			13		149	6			1		15	2		1	29		249	21		
Acapulco	113				1						42						30						1						74			
TOTAL	2886	2	57		236	63		8	57		915	45		69	62		1884	188		6	24		606	34		85	200					

