



**Summary**

# of LLINS	Country	Location	When	By whom
40,000	Uganda	West Nile	July 2009	Malaria Consortium

**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.)**

The LLIN distributions will take place in 2 districts, Moyo and Yumbe, in the West Nile (north west) region of Uganda. The distributions will take place across whole sub-counties in line with the Ministry of Health (MoH) policy. This policy is to avoid patchy coverage of LLINs and to facilitate the monitoring of the distributions and planning for replacement LLINs.

All sub-counties listed below have received no 'campaign' (community-based) LLINs in recent years and therefore have low net coverage. The area is covered by net distribution to pregnant women through ante-natal care (ANC), although this is not sufficient to ensure sufficient community-wide coverage in highly endemic malaria areas. The nets acquired from the Against Malaria Foundation will be targeted towards children under five across these sub-counties.

Allocation of nets will be one net per child under five. Because children under five in Uganda account for approximately 20% of the population, this will ensure community-wide coverage. In the sub-counties listed below, there are however too many children under five compared to the nets available (this proposal presumes the availability of 40,000 nets). Specific sub-counties from both Moyo and Yumbe will therefore be chosen from this list for the LLIN distribution. The sub-counties will be selected based on the location and geographical coverage of the local Civil Society Organisations (CSOs) selected to lead the distributions. This selection will take place in November-December 2008. In the West Nile, the Malaria Consortium is working to build the capacity of a network of CSOs to implement community-based malaria control programmes and the distributions of LLINs is a critical part of this activity. The specific sub-counties selected for the distribution will be confirmed with Against Malaria Foundation as soon as this information is available.

While 40,000 children under five will directly receive nets, it is assumed that all household members will benefit from the nets and therefore the total estimated population who will benefit from the nets is 240,000 (assuming 6 people per household).

The sub-counties both lie at latitudes 3deg and longitudes 29deg.

The sub-county locations for the LLIN distributions will be selected from:

DISTRICT	SUBCOUNTY	SC POPULATION	CHILDREN <5 POPN	NO. OF VILLAGES
MOYO	GIMARA Total	32,813	6,563	13
MOYO	ITULA Total	55,796	11,159	58
MOYO	LEFORI Total	24,861	4,972	12
MOYO	METU Total	36,868	7,374	53
MOYO	MOYO Total	43,577	8,715	31
<b>SUB TOTAL</b>		<b>193,916</b>	<b>38,783</b>	<b>167</b>
YUMBE	APO Total	33,822	6,764	31
YUMBE	DRAJANI Total	43,757	8,751	63
YUMBE	KURU Total	53,499	10,700	43
YUMBE	ODRAVU Total	51,177	10,235	57
YUMBE	ROMOGI Total	51,502	10,300	39
YUMBE	YUMBE T.C			
YUMBE	Total	20,721	4,144	13
<b>SUB TOTAL</b>		<b>254,478</b>	<b>50,896</b>	<b>246</b>
<b>TOTAL</b>		<b>448,394</b>	<b>89,679</b>	<b>413</b>

\*\* Data is adjusted from the Uganda 2002 census, assuming a population growth rate of 3.3%

#### UPDATE

The NMCP has been in the process of changing their strategy in Uganda (in line with what is happening on a global level) to universal coverage since the beginning of this year. The application we submitted to you was obviously prior to this and outlines a distribution targeted towards children under five only, given the distribution is already in an area where there is distribution through ante-natal care targeted at pregnant women (under the MC AFFORD project). This approach allows us to cover a larger area and this is what is reflected in the table below.

Under the new universal coverage guidelines however, all partners distributing through the campaign approach are obliged to distribute one net for every two people. This obviously changes the size of the area which we can cover.

What is therefore proposed is a 'universal coverage' distribution in 2 SCs - Romogi in Yumbe and Moyo in Moyo.

DISTRICT	COUNTY	SUBCOUNTY	PARISH	VILLAGES	HOUSEHOLDS	APPROX NUMBER OF NETS
MOYO	WEST MOYO	MOYO	ALURU	OPIRO		
MOYO	WEST MOYO	MOYO	ALURU	PAREGO		
MOYO	WEST MOYO	MOYO	ALURU	RAMOGI		
MOYO	WEST MOYO	MOYO	ALURU	PAMOTI		
MOYO	WEST MOYO	MOYO	ALURU	PAMOJU "A"		
MOYO	WEST MOYO	MOYO	ALURU	PAMOJU "B"		
MOYO	WEST MOYO	MOYO	ALURU	MOYIPI		
MOYO	WEST MOYO	MOYO	ALURU	EDA CENTRAL RESERVE		
MOYO	WEST MOYO	MOYO	ALURU	EBIKWA		
MOYO	WEST MOYO	MOYO	ALURU	PAMOTI EAST		
MOYO	WEST MOYO	MOYO	ALURU	PAMOTI WEST/ HOTEL		
MOYO	WEST MOYO	MOYO	ALURU	Aluru Total	2,086	7,007
MOYO	WEST MOYO	MOYO	LAMA	LAMA I		
MOYO	WEST MOYO	MOYO	LAMA	LAMA II		
MOYO	WEST MOYO	MOYO	LAMA	LAMA III		
MOYO	WEST MOYO	MOYO	LAMA	LAMA IV		
MOYO	WEST MOYO	MOYO	LAMA	Lama Total	555	1,864
MOYO	WEST MOYO	MOYO	VUURA	AFOJI		
MOYO	WEST MOYO	MOYO	VUURA	FODIA "B"		
MOYO	WEST MOYO	MOYO	VUURA	ITTIA "A"		
MOYO	WEST MOYO	MOYO	VUURA	MINZE		
MOYO	WEST MOYO	MOYO	VUURA	ITTIA "B"		
MOYO	WEST MOYO	MOYO	VUURA	PACHUAWI		
MOYO	WEST MOYO	MOYO	VUURA	KENDI		
MOYO	WEST MOYO	MOYO	VUURA	MADULU		
MOYO	WEST MOYO	MOYO	VUURA	TOLOORO "A"		
MOYO	WEST MOYO	MOYO	VUURA	TOLOORO 'B'/ADUA		
MOYO	WEST MOYO	MOYO	VUURA	BILINYO		
MOYO	WEST MOYO	MOYO	VUURA	MADUGA		
MOYO	WEST MOYO	MOYO	VUURA	ONYIRE		
MOYO	WEST MOYO	MOYO	VUURA	FODIA "A"		
MOYO	WEST MOYO	MOYO	VUURA	ERIA "A"		
MOYO	WEST MOYO	MOYO	VUURA	ERIA "B"		
MOYO	WEST MOYO	MOYO	VUURA	Vuura Total	3,846	12,918
		<b>MOYO Total</b>			<b>6,487</b>	<b>21,789</b>
YUMBE	ARINGA	ROMOGI	BARINGA	ALIPI		
YUMBE	ARINGA	ROMOGI	BARINGA	LOMIRIJI		
YUMBE	ARINGA	ROMOGI	BARINGA	LEINGA EAST		
YUMBE	ARINGA	ROMOGI	BARINGA	LEINGA CENTRAL/ WEST		
YUMBE	ARINGA	ROMOGI	BARINGA	AMATANGA		
YUMBE	ARINGA	ROMOGI	BARINGA	SwINGA		
YUMBE	ARINGA	ROMOGI	BARINGA	OBERO		
YUMBE	ARINGA	ROMOGI	BARINGA	KUI		
YUMBE	ARINGA	ROMOGI	BARINGA	BIDIBIDI		
YUMBE	ARINGA	ROMOGI	BARINGA	ONOKO		
YUMBE	ARINGA	ROMOGI	BARINGA	LIKICHONGA		
YUMBE	ARINGA	ROMOGI	BARINGA	LUZIRA		
YUMBE	ARINGA	ROMOGI	BARINGA	BARAKALA		
YUMBE	ARINGA	ROMOGI	BARINGA	Baringa Total	2,134	8,584
YUMBE	ARINGA	ROMOGI	KOCHI	NGAKWA		
YUMBE	ARINGA	ROMOGI	KOCHI	AKANDE		
YUMBE	ARINGA	ROMOGI	KOCHI	LOOLO		
YUMBE	ARINGA	ROMOGI	KOCHI	KEGBURU		
YUMBE	ARINGA	ROMOGI	KOCHI	NABARA		
YUMBE	ARINGA	ROMOGI	KOCHI	GBOROGBOROCU		
YUMBE	ARINGA	ROMOGI	KOCHI	MASAKA		
YUMBE	ARINGA	ROMOGI	KOCHI	Kochi Total	1,706	6,862
YUMBE	ARINGA	ROMOGI	LIMIDIA	AIINGA		
YUMBE	ARINGA	ROMOGI	LIMIDIA	GARDENIA		
YUMBE	ARINGA	ROMOGI	LIMIDIA	OKOI		
YUMBE	ARINGA	ROMOGI	LIMIDIA	JOBOROGO		
YUMBE	ARINGA	ROMOGI	LIMIDIA	GOBIRI		
YUMBE	ARINGA	ROMOGI	LIMIDIA	OCOGAINDI		
YUMBE	ARINGA	ROMOGI	LIMIDIA	Limidia Total	750	3,017
		<b>ROMOGI Total</b>			<b>4,590</b>	<b>18,463</b>
<b>TOTAL</b>					<b>11,077</b>	<b>40,252</b>

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

All these sub-counties are predominantly rural. The population figures are provided above.

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

Malaria in this part of Uganda is highly endemic. Transmission is year round with seasonal peaks.

**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.**

37% of children were reported to have had fever in the 2 weeks preceding the DHS 2006 survey in the West Nile. Full annual case data for recent years is not available for these districts.

**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 key target groups for campaign distribution, set by the National Malaria Control Programme in Uganda, are currently children under five and pregnant women. It is expected that because of the demographic of the population in Uganda, if all pregnant women and children under five have access to a net, then this is likely to ensure coverage of at least two nets per household - considered in Uganda as achieving 'universal coverage'. Through such targeting of these vulnerable groups, the National Malaria Control Programme hopes to achieve universal coverage, sub-county by sub-county.

Pregnant women are already targeted through ANC net distribution in these sub-counties (funded by USAID under the AFFORD project). Approximately 100 nets are distributed to pregnant women in each sub-county per month. A net is given to each pregnant woman attending her first ANC visit. ANC attendance in Uganda is relatively high - 88% of pregnant women attend ANC at least twice (DHS, 2006).

Campaign distribution targeting children under five will ensure 'blanket' or 'universal' coverage of all selected sub-counties, also reaching those pregnant women who are not attending ante-natal care.

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

The level of ITN use is relatively low in the area because there have not been any campaign distributions of nets in these sub-counties in recent years. In a 2006 survey (DHS), just 14% of children under five were reported to have slept under an ITN the previous night.

Routine distribution of nets to pregnant women is available through ante-natal care at health facilities (funded by USAID - the AFFORD project, for which Malaria Consortium is an implementing partner - see above).

**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.**

Discussions took place with the National Malaria Control Programme (NMCP) and these locations were agreed. Uganda is taking a sub-county by sub-county approach to scaling up LLIN distributions.

Recent LLIN distributions under the Global Fund have allowed some sub-counties to be covered, but there are still large gaps across the country and these sub-counties have yet to be covered with any LLIN distributions. The nets will also be distributed through a local Civil Society Organisations (CSOs).

The numbers of LLINs available will also ensure complete coverage of the vulnerable groups in these two sub-counties.

Persons making the decision:

Clare Riches, Programme Coordinator, Malaria Consortium Uganda

Tel: +256 (0)773 095672

Email: c.riches AT malariaconsortium.org

Connie Balayo

ITN Focal Point, National Malaria Control Programme, Ministry of Health, Uganda

Tel. +256 (0)772 538523

**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 National Malaria Control Programme has been fully involved in the discussion and decision making process and fully support this activity.

Person with whom we have liaised:

Connie Balayo

ITN Focal Point, National Malaria Control Programme, Ministry of Health, Uganda

Tel. +256 (0)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?**

Registration of beneficiaries (children under five) by village will take place, with community medicine distributors (CMDs) doing the registration under supervision of the CSOs who will be supported by the Malaria Consortium. The list will be reviewed against the number of nets available, with the rule of maximum 2 nets per household and those decided to receive nets will be highlighted on the list. This list will then act as the register for distribution with distribution points set up at parish level (easily accessible) and the

community presenting at these points to receive nets. Those involved in registration, net distribution and health education (see below) will all receive training prior to the exercise. Sub-county, parish and community leadership will be informed about the plans and activities prior to the start of the exercise and the district health team (Ministry of Health) will be involved in that sensitisation.

**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.**

Distribution sites will be set up at parish level, which is easily accessible by communities in these sub counties. At each distribution point a community medicine distributor (CMD) from each village will be located with their village list of highlighted names. People presenting to receive nets will be verified that they are the correct person by the CMD (the CMDs know their community well and are able to verify that the face matches the name).

Additional CMDs (2 at each point) will be on hand to give health education talks about the benefits of LLINs and practical issues about their use to the net beneficiaries. There will be a bednet hanging demonstration at every distribution point. The CSOs will also support information, education and communication (IEC) activities at the distribution point and conduct drama and other activities to raise understanding about the importance of using the net.

The CMDs, with support from the CSOs, will also conduct house-to-house follow-up within 4/5 days after the distribution to check that the nets are hung properly and being effectively used and to provide additional support and education as needed.

Security will be provided at the distribution points by the local police, as proposed by the districts.

The actual distribution process normally takes about ten days.

**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?**

The CMDs will follow-up within 4/5 days after the distribution to address any concerns householders may have about the nets and prompt correct use. The CMDs go house to house to check that the net is hanging, address any challenges with hanging the net and discuss once again the importance of using the net, and in particular for the members of the household most vulnerable to malaria (children under five and pregnant women).

The CMD also answers any additional questions the household members have. Such interpersonal communication has proved

very effective in increasing usage of the net. The visits and whether the net is hanging are documented on a form. This also helps inform ongoing community-based activities by the CMDs and CSOs to encourage ongoing net use.

The CSOs will also be conducting community education activities on an ongoing basis to maintain awareness about the importance of using the nets. The CSOs, with Malaria Consortium's support, will also conduct a house-to-house (sample) follow-up exercise 3 months post distribution to check on usage. This will be documented in a report and sent to Against Malaria Foundation.

Net retention and use will also be explored as part of a wider survey in the West Nile in 2010.

**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.**

District Health Officer (DHO) - Yumbe  
Dr Yayi Alfred  
Tel: +256 (0)772 535450  
Email: yayialf AT yahoo.co.uk

DHO - Moyo  
Dr Seraphine Adibaku  
Tel: +256 (0)712 607245  
Email: seraphineadibaky AT yahoo.co.uk

**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 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.\***

We will send at least 40 digital photos per sub-county taken at the distributions for use by the Against Malaria Foundation.

**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.\***

At least 5 minutes of video footage will be provided from the distributions in each of the sub-counties where the distribution is taking place.

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

A post distribution summary will be provided when the distributions are complete.

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

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