



Summary

# of LLINS	Country	Location	When	By whom
1,300	Uganda	Mbarara	Jan-Mar 2011	Holy Innocents Children's Hospital

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.)

Nyamitanga region of Mbarara, Uganda.
3° 6' 5" S 29° 15' 30" E

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

This area is 95% rural.

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

Yes, per <http://www.mara.org.za/mapsinfo.htm#Risk>

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.

Holy Innocents Children's Hospital reports:

	Malaria Cases	Deaths
Jan-10	642	11
Feb-10	699	7
Mar-10	523	6
Apr-10	343	5
May-10	367	15
Jun-10	376	7
Jul-10	313	13
Aug-10	223	10
Sep-10	168	7
Oct-10	147	5

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.

Per prior agreement, these nets will go to a vulnerable group of children who have recovered from malaria due to treatment at Holy Innocents Children's Hospital.

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

ITN usage in the Nyamitanga area is 5-10%. Other than what Holy Innocents Children's Hospital has done, we are not aware of any other distribution programs.

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 board of Holy Innocents Children's Hospital chose this distribution. Lane Freestone is our contact.

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.

We are in ongoing discussions with the local health officer for this area. I've communicated with Dr. Thomson Ngabirano, our Hospital Administrator. He tells me that in the Ugandan health system we work within a decentralized framework. We do not consult the malaria control program in order to distribute ITNs to those that are in need. Our consultations in this respect are with the district health office and the community.

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.

The District Health officer is Dr. Amooti Kaguna. He can be reached at +256 772521846.

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

We confirm this.

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?

We'll provide this subset of nets to patients admitted to our hospital for malaria.

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.

Children treated for malaria will be provided with an LLIN upon release from the hospital. Monthly numbers run between

150 and 600 depending on the season. We expect this distribution to continue for approx. three months.

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

Each recipient's family undergoes training in the installation and use of the bednet prior to receiving one.

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 this.

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

We confirm this.

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 this.

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 this.

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 this.

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

Lane Freestone, co-founder, Holy Innocents Children's Hospital Uganda, Inc. lanef AT cox.net.

*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!