



## Summary

# of LLINS	Country	Location	When	By whom
2,020	Tanzania	Nyamuswa, Bunda district, Mara Region	Aug 2007	AMREF and ZDIF and Malaika Project

## 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 region can be seen on this map:  
<http://www.maplandia.com/tanzania/mara/musoma/nyamuswa/>

Olympus Boarding School (Bunda, 2°3'0"S;33°52'0"E): 300 nets  
Ikizu High School (5km from Nyamuswa): 910 nets  
Kibara Secondary School: 150 nets  
Vocational Training School (15km from Nyamuswa): 40 nets

Ikizu Health Center (Nyamuswa, 1°54'0"S;34°1'0"E): 30 nets  
Manyamanyama Health Center (5km from Bunda): 50 nets  
Bunda Hospital: 200 nets  
Kibara Hospital (7km from Bunda, 2°9'0"S;33°27'0"E): 100 nets  
Butiama Hospital (1°46'0"S;33°58'0"E): 100 nets  
Nyamuswa Drama Group Peer Educators, Nyamuswa: 15 nets  
Bunda: 110 AIDS patients  
Nyamuswa: 12 AIDS patients.

A list of these patients is available. The AIDS patients are known patients of Shdepha, a Tanzanian organisation to help AIDS victims.

The Nyamuswa Drama Group are a group of young people who would benefit from also having LLINs; they are volunteers who will be helping carryout this project and who live in Nyamuswa. They are not paid for their educational plays.

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

Olympus Boarding School: semi-urban  
Ikizu High School: rural  
Vocational Training School: rural  
Ikizu Health Center: rural  
Manyamanyama Health Center: rural

Bunda Hospital: urban  
Kibara Hospital and Secondary School: rural  
Butiama Hospital: rural  
Nyamuswa Drama Group: rural  
Bunda AIDS patients: urban and rural  
Nyamuswa AIDS patients: rural

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

Yes. Tanzania in itself is a malaria endemic country, and malaria is more prevalent in rural than in urban settings. Although there are some urban settings in this proposal, the towns are relatively small and malaria is still prevalent.

The rural settings in this proposal are rife with malaria, and insecticide treated bednets in these places would also greatly benefit the at risk population.

**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 number of cases reported are based on laboratory testing at Ikizu Health Center, Nyamuswa, in 2005:

Total cases: < 5 years old = 2932; > 5 = 2776; Total = 5708  
Out patient Department: < 5 = 1900; > 5 = 2314; Total = 4214  
Admissions of <5s; complicated cases = 212; uncomplicated = 820; Total = 1032. Admissions of >5s; complicated = 119; uncomplicated = 343; Total = 462.

Deaths reported due to malaria: < 5 = 22; >5 = 6; Total = 28  
33% of patients reporting to the clinic is due to malaria, and over 50% of these are in children <5. There were an average of 541 cases and 2.4 deaths from malaria per month.

Malaria rates and deaths are under-reported due to many people not seeking treatment and people with the most serious malarial infections and highest risk of dying are referred to the District Hospital in Bunda.

**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.**

4 schools, 2 health centres and 3 hospitals, 122 AIDS patients and 15 Nyamuswa Drama Group participants were selected.

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

ITNs in Nyamuswa: The WHO, Tanzanian government, and Malaika Project (part of ZDIF) research projects have confirmed that a very low percentage of the Nyamuswa community sleep under a bednet, estimated at less than 10%, and even fewer sleep under an ITN. To date, we have distributed 650 nets (300 of which are LLINs, distributed summer 2006) and re-treated over 1000 ITNs with insecticide (summer 2006).

**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.**

**WHY DISTRIBUTE LLNS HERE:**

The schools, health centres and hospitals were chosen because: a) They will stay in the place they were put up, and thus benefit a large number of people. b) Schools: malaria in school children is a frequent cause of absenteeism c) Patients in rural health centres and Hospitals are more susceptible to malaria due to an already weakened immune system and these centres are not adequately equipped with ITNs d) The AIDS patients chosen are poor and do not have nets. They also are more vulnerable to malaria due to their significantly weakened immune system.

**WHO MADE THIS DECISION:**

- Max Madoro: Nyamuswa Ward Chairman and Project Coordinator for ZDIF and the Malaika Project (Non profit organizations based in Tanzania and the USA. ZDIF was initiated in 2001 with the mission to support human rights of impoverished people in rural Tanzania. Malaika Project was initiated in 2003 with the mission to improve the life quality of living conditions in western Tanzania) [www.malaikaproject.org](http://www.malaikaproject.org)
- Muse Musawe, ZDIF secretary and Malaria local Coordinator.
- Dr Joseph Komwihangiro: AMREF's PIA leader for Malaria and Family Health and Project Manager in Tanzania
- Nick Brown: ITN Cell Team Leader (NETCELL), National Malaria Control Programme, Tanzania, Ministry of Health
- Mr Romanus Mtung'e: Deputy Director of ITNs, Population Service International (PSI)
- Tanzania Stephanie Wilmore: Malaika Malaria ProjectDirector.

**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. Tanzania has a Social Marketing approach to the distribution of ITNs but does support interventions that improve malaria prevention in children in the community, health facilities and hospitals as well as to vulnerable people. Nick Brown, from the Ministry of Health and Romanus Mtung'e from PSI advised to follow national policies and provide free LLINs to targeted populations only. Regional Medical Officer for Mara Region, Dr. Bwana Sekirasa, has approved of this and has granted permission.

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

Max Madoro collected information about the number of LLNs needed per institution chosen and about the number of AIDS patients in need of nets. He travelled to Dar es Salaam to meet Nick Brown, Joseph Komwihangiro, Romanus Mtung'e and to Musoma to meet Bwana Sekirasa. Four volunteers (one medical student from University of Buffalo, USA - Allana Krolikowski

and three from University College London (UCL)- Davina Patel, Shreya Patel and Aadarsh Shah) will visit all the schools, health centers, hospitals and Shdepha in June 07. They will prepare the ground for the July group of volunteers (two medical students from UCL Olivia Cleevely and Harriet Rialland student from Serbia - Jelena Markovic, plus Allana, still present). Distribution of the nets will commence as soon as possible; this will depend on when and where they can be collected, and the efficacy of the first group of 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.**

How: Day visits to each institution with the nets in AMREF vehicles from where the nets are stored.

Who: Malaika Malaria Project volunteers (see question 9), MaxMadoro, Nyamuswa Drama Group volunteers, Prisca, Nyamuswa Village Health Worker when required and AMREF personnel.

Distribution: Will be a focused effort but there will be an education component to the distribution. Posters in Swahili and in English as well as an educational discussion about ITNs will be given at every place where the nets will be distributed. The UCL volunteers will already have been trained in advance and will pass on their knowledge to the other volunteers, members of staff and all recipients of nets.

Time period: From beginning of June (arrival of Allana on 4<sup>th</sup> June) until August (second group of volunteers arriving mid-July) 2007.

**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?**

Future groups of Malaika Project volunteers will randomly carry out unscheduled visits to the recipients following the distribution. It is expected and hoped for that the hang-up percentage in institutions is close to 100% at any time. This may be lower in individual households (AIDS patients and NDG's houses). The next set of volunteers should arrive in September and October 2007. This will be an opportunity for further education and assessment of the impact of the LLINs on people's lives. Volunteers will continue to work on expanding the good use of ITNs through the Malaika Malaria Project.

**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.**

Dr. Bwana Sekirasa, Regional Medical Officer for Mara:  
sekirasa AT hotmail.com

**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.\***

I confirm that we will send you at least 40 digital photos taken during each 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.\***

We will try and provide video footage. This will most certainly be with digital camera short video options.

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

Confirmed.

**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.