

**January 2008**  
**To: ROB MATHER**  
**Against Malaria Foundation**

**Dear ROB,**  
**Re: distribution of 8400LLINs.**

On behalf of the B.O.D , staff, and community of kakoro forward a report for distribution of 8400 LLINs received and distributed to the parishes of kitoikawono, kanginima, kadokolene, katisya and kassajja parish.

The distribution was good, without violence and theft observed. The community was so grateful to receive the nets covering all family members in a household. The communities of kakoro are peasant farmers that could not afford money to buy nets that covers the family.

In the data collected and forwarded on your desk there was 149870 reported cases of malaria in kanginima hospital and Kakoro Health Center and 61death case. We expect malaria cases to reduce by 80% in Kakoro. This is to be caused due to massive LLINs distributed to the community. The number of nets we received covered all married couples, children below 15 years, widows and widowers. The community now uses the nets to prevent mosquito bite that spread Malaria, which was causing death and admission.

We launched the Fight Against Malaria on JAN/16/2008 at Kalecheru primary school the school in Kassajja parish; the chief guest was Resident District Commissioner who was appointed by the president of Uganda, DDHS, District chairperson and other political leaders with in the district. The launch was good called community to full use mosquito nets to reduce malaria out of Kakoro. The RDC was Happy the coagulated the Donors, Natiki and Peace Corps Volunteer Wesley carter for the efforts to reach the nets to the community as one of the presidential programmes to fight malaria, HIV/AIDS and TB prevalence.

See the attached photos and video footage.

Am grateful for your efforts to approve our proposal to reach the nets to our community to prevent malaria.

I will grateful for your appreciation

**Yours,**  
**Kateu y namoni**  
**Director Natiki HFO**

# **SUCCESS REPORT FOR DISTRIBUTION OF MOSQUITO NET (LLINS) IN KAKORO SUBCOUNTY, BUTEBO PALLISA DISTRICT AGAINST MALARIA FOUNDATION UK.**

## **Introduction.**

Natiki health focus organization is pleased to reach LLINs to community to prevent malaria which was ranked as No1 killer affecting the community of kakoro causing retardation in economic growth and development.

In the survey which was carried out identifying the most common disease affecting the community, malaria was highly ranked by 5870 of reported cases at kakoro health center and 144000 at kanginima hospital. The death case was 61 and unknown to village communities who neglect the health center for treatment.

The most common people who are being affected are the peasants who are low-income earner and cannot afford to buy mosquito nets and to pay money for treatment for him and family.

The causes of malaria spread are:-

- High manifestation of mosquitoes breeding around the homes.
- Inadequate health education about prevention and control mosquitoes from homes.
- Lack of knowledge about malaria causes and spread.
- Lack money to buy mosquito nets for the family to prevent from mosquito bite.
- Poor housing methods that leads mosquito into a habitable house.

The Board of directors, staff, volunteer and management committee in visionary was very grate full to receive 8400 LLINs donated by against malaria foundation and be distributed to community beneficiaries of kassajja, kitoikawononi, kadokolene, kanginima and kaitisya parish.

## **DISTRIBUTION AREAS AND METHODS USED.**

The nets where stored at NHI from the time picked from Red Cross is on JAN/8/2008 the director Kateu YN haired a police guard to guard the store of the nets.

## **Mobilization.**

Our staff Namukugo Mike and Wesley Carter mobilized the communities. The community turned- up in big number where we began the distribution in Kitoikawononi parish on Jan/11/2008. The community turned up in large number and Received the nets.

## **Training.**

The one of the Board Of Directors Mr. Teru Timothy who is a qualified health worker and work with district trained the community. He trained the community on how to use

mosquito net and search the breeding areas of mosquitoes that cause the spread of malaria. The training was good and the community benefited. It was open and practical to demonstrate the prevention of mosquito bite thus spread malaria.

### **Distribution methods.**

After the training, the distribution commenced the community to receive the nets at primary schools. The methods which were used to distribute the nets was, all bails for the particular parish were stored in one class and allocated 2staffs and CMD on a window through were a village community received the nets. Village members were outside the window. The names were read for each family to receive the nets. So the method was good and resulted into no violence and grabbing of the nets.

### **Distribution targets.**

During the sensitization of the CMDs to collect the data, agreed to write the names of the father, mother and children's the have in the family for easy identification. All the family that was registered received the nets according to the number of family members. We mostly targeted children below 15years, widowers and widows. This caused a bigger coverage of nets distributed in married couples that produces children.

### **Achievements.**

- Good mobilization that caused community turnover to receive nets.
- Good distribution method left no complaints by the community members.
- Good training on the use of mosquito nets which was practical.
- Easy transportation of nets from store to distribution site by the community volunteers without costs.
- No violence and theft observed by the community. The communities were happy and left the distribution site with a lot of smiles and appreciation from the donors through Natiki.

### **Expectations.**

- We expect malaria spread to reduce by 80% of the total reported cases.
- Reduction in death rate
- Reduction in premature birth.
- Reduction in income expenditure on treatment of malaria.
- Reduction in number of admissions of cases of malaria in Kanginima Hospital

### **Constraints.**

We experienced CMDs did not register all their village members and they were asking for nets where there was no balance. So left the site with annoyance.