



## Summary

# of LLINS	Country	Location	When	By whom
1,500	Uganda	Namulonge	Nov20- Dec1 2010	Project Restore

## 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.)

Namulonge, Uganda Africa longitude/latitude information.  
- 0° 31' 47" North, 32° 36' 9" East

Population reporting and tracking for the village has been pretty nonexistent. Communication with the village has been a long and difficult process. I believe a lot has to do with trying to work through e-mail and of the cultural differences.

In 2009 Project Restore was told the population of Namulonge was 300. Upon arrival in-country, and at distribution we were told by Annette Malijjo, village clinic head nurse, the population was closer to 3,000. So Project Restore's goal has been to try to raise enough nets to cover, one net for one person, at least 80% of the Namulonge population.

Since that understanding, Annette has retrieved population statistics for their district from the Governing Agency in Kampala. I just retrieved it and the quote of 3,000 was not for Namulonge's population, but Namulonge's Parish's population. The breakdown is as follows for the Parish of BUSUKUMA and its sub-villages:

Busukuma - 556

Naggamba - 416

Namulonge - 1,743

Seeta - 463

Totaling = 3,178

The requested 1,500 nets will be distributed to the above villages in the BUSUKUMA parish, giving an 80% net coverage.

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

Rural area, population 3,000

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

YES - because there is a high rate of cases of Malaria in this village, CDC lists it as such. The W.H/O/ has designated the interior of Uganda as having high rates of morbidity from Malaria. Also the clinic nurses have said Malaria is the biggest killer in their village.

**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.**

There are no actual statistics but I have spoken to the head nurse at the Namulonge Clinic and a midwife in the village and they both have said the "the people (and children) come into the clinic all day, everyday with fever and sickness".

The clinic doesn't currently have the capability to test for the malaria disease. They refer patients to Kampala, which is about 45-60 minute drive from the village. The villagers do not have vehicles and very few can afford a taxi or the bus fare to go to Kampala for testing.

If an individual has the symptoms of malaria, the clinic workers will treat for the disease without testing. In working at the clinic, I would estimate that 80% of those villagers visiting the clinic have malaria or malaria like symptoms.

Project Restore has secured a microscope for the clinic so a lab technician can identify the malaria disease through a blood culture. The microscope will be delivered to the clinic in November 2010.

**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.**

This distribution is "blanket coverage" for the village of Namulonge. Project Restore has already distributed 1,300 and our goal is 80% net coverage for the village. The additional 1,500 nets will put us above that goal.

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

Project Restore has distributed 1,300 nets since 2008. With each distribution the recipients are given a presentation and a hand-out on malaria, hanging instructions, net use, and net care. To my knowledge there are not any other net distribution programs in the Namulonge village or surrounding communities.

**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.**

One of Project Restore's Board of Directors, Dr. Fred Ssewamala, is from the village of Namulonge, Uganda. He recommended to the board to work in Namulonge and give attention to their needs. Project Restore is working on sustainable humanitarian programs in the village related to; clean water, education, feeding programs, medical and health care.

The Namulonge Clinic's head nurse, Annette Malijjo, [amalijjo@yahoo.com](mailto:amalijjo@yahoo.com), decides and compiles the net distribution list of recipients based on her and the village leader's assessment of risk levels.

**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.**

Contact individual and ministry pages on website were disabled. I e-mailed the following [info AT health.go.ug](mailto:info AT health.go.ug) [mcpug AT africaonline.co.ug](mailto:mcpug AT africaonline.co.ug) from the contact information at the bottom of the website

Ministry of Health:Plot 6 Lourdel Rd, Wandegeya Tel: 256-41-340884 Fax: 256-41-340887 P.O. Box 7272 Kampala Uganda  
Email:[info AT health.go.ug](mailto:info AT health.go.ug) Malaria Control Programme  
Email:[mcpug AT africaonline.co.ug](mailto:mcpug AT africaonline.co.ug), Direct line 256-041-231603

The Headmaster of Namulonge has met with The Deputy of the D.H.O. His name is KAGWIRE ROBERT and his contact is [kagwirerobert@yahoo.com](mailto:kagwirerobert@yahoo.com).

Kagwire Robert said that the government of Uganda, with assistance from the Global Fund, has distributed treated nets to children aged below five years and to pregnant women. He suggested that Project Restore could handle other age groups. He proposed that special consideration should be given to people living with HIV/AIDS.

This information has been given to the clinic and village leaders to appropriately design the list of recipients.

**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.**

Annette Malijjo [amalijjo AT yahoo.com](mailto:amalijjo AT yahoo.com) the head nurse at the Namulonge Clinic

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

The LLIN's will definitely be distributed free of charge to the people of Namulonge. The reason they do not have nets is they cannot afford to buy them.

**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 are anticipating receiving delivery of 1,500 LLIN's in Kampala, Uganda. The group will be arriving in Kampala On November 21<sup>st</sup>, 2010. Prior to that, the village clinic leaders would have identified those within the village that are at high risk of malaria and compiled a distribution list. Those recipients will have been notified and on notice for a date of distribution upon the arrival of the Project Restore team. The Project Restore team will assist in distributing and the hanging of the nets for the elderly, widowed and disabled.

**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.**

The nets will be brought to the village by car, truck or motorcycle . A Project Restore team of 10 or more individuals along with the village clinic workers and village leaders will facilitate the distribution day. The village clinic workers and leaders will have a list of names compiled of net recipients. The recipients will have prior notification of date the distribution will occur. The clinic workers and village leaders manage the distribution list and Project Restore volunteers assists in handing out the nets to the individuals. The Project Restore team will help with the hanging the nets for the elderly, disabled or widowed. We will be documenting the distribution by photography and we will keep a list of the names of those that received LLIN's.

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

A village leader, Isaac Kibuuka [kibuukai AT yahoo.com](mailto:kibuukai@yahoo.com), conducts the pre distribution education component. He discusses the ways malaria can be contracted, prevention methods, net hanging instructions and net cleaning and care. The Kampala Consortium also gave Project Restore a supporting document for the education component that all recipients receive when they sign for their net.

**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.**

Yes, Annette Malijjo [amalijjo AT yahoo.com](mailto:amalijjo@yahoo.com) the head nurse at the Namulonge Clinic will complete the immediate post-distribution follow-up assessments and e-mail AMF and PR the results. Annette has preformed these follow up assessments in the past and is familiar with the procedure.

**15. Please confirm you will send a [Post-Distribution Summary](#) when the distribution is complete.\*\***

Project Restore will fill out and submit a post-distribution summary of the net distribution, consisting of text and photos.

**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 promise to photograph and document the distribution and hanging of the LLIN's for Namulonge. Project Restore will send at least 60 photos to AMF of the November 2010 net distribution.

**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.\*\***

Project Restore will send at least 20 minutes of video footage to AMF of the November 2010 net distribution.

**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.**

Yes, Annette Malijjo will also coordinate the Post-Distribution Summary. The finding will also be scanned and e-mailed to AM and PR.

**19. Please provide your name, role and organisation and [full contact information](#).**

Catherine A. Keck, Co-Founder; Executive Director (618) 781-4193 [ckeck AT project-restore.org](mailto:ckeck AT project-restore.org)

Dr. Anne Jason, Project Restore's Medical Director, (618) 656-5066 [cejason AT quixnet.net](mailto:cejason AT quixnet.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—  
**YOU!**

**THANK**