



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region <u>SITINYAMA</u> District <u>KISHAPU</u>	Red Cross representative: <u>C. Nwusu Bwalya</u>
Name of the Hospital <u>KISHAPU H. CENTRE</u>	

Question	Response
1. Number of nets received?	Number <u>19</u>
2. Number of nets hung?	Number <u>19</u>
3. Number of nets not hung?	Number <u>—</u>
4. Reason why nets not hung	Reason <u>—</u>

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number <u>20</u>
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes No... <input checked="" type="checkbox"/>

CERTIFICATION

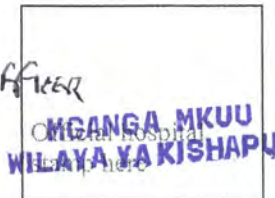
The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): A. J. MSOLOKA.

Your position (please print): AG. D.M.O. (DISTRICT MED. OFFICER)

Your signature: [Signature]



Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

The distribution was carried out on 10th Nov. 2010.
Distribution was done by TRCS Team

(Please complete the table below)

Region: SHINYANGA.....

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
KISHAPU	19	19	-

2. Process

(Please cover here: How the nets were distributed?)

Redcross volunteers and two hospital staff participated in hang up of ~~HUNG~~ LLINs nets. The nets were hung in maternity ward and female ward.

3. What was done well

Hang up of bed Nets was done and the patients demonstrated to lie under the nets.

4. Challenges – lessons learnt

The bed nets need to be tucked in tirelessly due to their small size. This problem was explained by the nurses and patients.

5. Conclusion

The support of LLINs is very important to the hospital.

Kishapu hospital will need more support in case the programme starts again
(Comment from the hospital staff)



**AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT**

NET RECEIPT CONFIRMATION FORM

Region <u>SHINYANGA</u> District <u>MASWA</u>	Red Cross representative:
Name of the Hospital <u>MASWA DISTRICT HOSPITAL</u>	

Question	Response
1. Number of nets received?	Number <u>100 PCS.</u>
2. Number of nets hung?	Number <u>100 PCS.</u>
3. Number of nets not hung?	Number <u>—</u>
4. Reason why nets not hung	Reason <u>—</u>

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number <u>25</u>
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes No <input checked="" type="checkbox"/>

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): REBECCA K MPIOGWA

Your position (please print): NURSENG OFFICER INCHARGE

Your signature: Rebecca K Mpiogwa

Official hospital stamp here

**DISTRICT MEDICAL OFFICE
MASWA**

Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

The distribution was done 11th Nov, 2010. The Redcross Team did the job.

(Please complete the table below)

Region: SHINYANGA

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
MASWA	100	100	-

2. Process

(Please cover here: How the nets were distributed?)

The work of hanging up the nets was a bit tough. Volunteers had to fix the nets to the ceiling board, because the previous nets were rectangular. But with the support of hospital staff the work was done.

3. What was done well

Every Team member was actively involved.

4. Challenges – lessons learnt

The LUNs are small compared to the beds.

5. Conclusion

There is a need to arrange for a follow up.

Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

The distribution of LLNs was sent to Regional Hosp under supervision of Redcross Regional Deputy Chairperson
(Please complete the table below)

Region: SHINYANGA.....

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
Regional Hosp	174	174	Only few was left will be hang soon when the previous ones will be taken for Laundry services

2. Process

(Please cover here: How the nets were distributed?)

The bed nets were hung in male and female medical wards, surgical male & female. The task was done by the hospital staff.

3. What was done well

All targeted wards were covered (hang process) with LLNs

4. Challenges – lessons learnt

The hospital need more LCPs

5. Conclusion

The programme needs sustainability



**AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT**

NET RECEIPT CONFIRMATION FORM

Region <u>SHINYANGA</u> District <u>BARIADI</u>	Red Cross representative:
Name of the Hospital <u>BARIADI DISTRICT HOSP</u>	<u>C. NGULUBAYI</u>

Question	Response
1. Number of nets received?	Number <u>66</u>
2. Number of nets hung?	Number <u>66</u>
3. Number of nets not hung?	Number <u>0</u>
4. Reason why nets not hung	Reason <u>—</u>

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes No.....

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): GEORGE MAZU GE.

Your position (please print): PATRON.

Your signature: *George Mazu Ge*



**DAKTARI WA WILAYA
BARIADI.**

Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

The distribution of LLINs took place on 10 Nov 2010 and was done by Redcross volunteers.

(Please complete the table below)
Region: SHINYANGA.....

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
BARUADI	66	66	-

2. Process

(Please cover here: How the nets were distributed?)

The staff ie nurses collaborated with Redcross people. The collaboration, cooperation and coordination was done in a a conducive environment starting with the maternity ward.

3. What was done well

The Team worked well. Taking photos was yet another incentive.

4. Challenges – lessons learnt

The nets were said to be small.

5. Conclusion

The Hospital Leadership appreciated the role of Redcross in Malaria prevention.



**AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT**

NET RECEIPT CONFIRMATION FORM

Region <u>SHINYANGA</u> District <u>BUKOMBE</u>	Red Cross representative:
Name of the Hospital <u>BUKOMBE DIST. HOSPITAL</u>	<u>MJANAHERI KAMBILI</u>

Question	Response
1. Number of nets received?	Number <u>50</u>
2. Number of nets hung?	Number <u>50</u>
3. Number of nets not hung?	Number <u>0</u>
4. Reason why nets not hung	Reason <u>✓</u>

Post Distribution Requirements	Response
Number of Photographs taken <i>(At least 60 digital photos required)</i>	Number
Video taken <i>(At least 10mins of digital video required from one hospital in each region)</i>	Yes No.....

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): DR BOYOH S.K.

Your position (please print): MO/O.

Your signature: _____



**MEDICAL OFFICER/0
BUKOMBE DISTRICT HOSPITAL
P.O. BOX 10
BUKOMBE**

Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

(Please complete the table below)

Region:

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
Bukomeje A/Hospiti	50	50	/

2. Process

(Please cover here: How the nets were distributed?)

started by receiving a total of 50 mosq. Nets after receiving we went in different ward where was hunged all 50 Nets.

3. What was done well

All process of receiving & hunging.

Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

(Please complete the table below)

Region:

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
BUKOMBE D/HOSPITAL	50	50	/

2. Process

(Please cover here: How the nets were distributed?)

started by receiving a total of 50 mosq. Nets after receiving we went in different ward where was hunged all 50 Nets.

3. What was done well

All process of receiving & hunging.

4. Challenges - lessons learnt

- Mosq. Nets received Not enough to our hospital

5. Conclusion

More thanks to the AMF and TANZANIA RED CROSS SOCIETY for the kindness of supplying us with Mosquitor Nets, Let Them Continue with the kindness behavior you show for us.



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region .. <u>SHINYANGA</u> District..... <u>MEATU</u>	Red Cross representative:
Name of the Hospital <u>MEATU DISTRICT HOSPITAL</u>	<u>C. NGULUBATI</u>

Question	Response
1. Number of nets received?	Number <u>100</u>
2. Number of nets hung?	Number <u>100</u>
3. Number of nets not hung?	Number <u>-</u>
4. Reason why nets not hung	Reason <u>-</u>

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number <u>15</u>
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes No... <u>✓</u>

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): THERESA JACOB.....

Your position (please print): MATRON.....

Your signature: [Signature].....



Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

The distribution was done on 10th Nov. 2010. TRCS staff did the distribution in collaboration with hospital staff.

(Please complete the table below)
Region: SHINYANGA

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
MEATU	100	100	—

2. Process

(Please cover here: How the nets were distributed?)

The team of volunteers from Redcross and hospital staff participated actively in the hang up process.

The Team Leader from Redcross gave a session on the importance of proper use of LLINs, why someone should protect him/herself from getting Malaria.

3. What was done well

Nurses, support staff from the hospital participated actively during the whole process. They did not hesitate to hang up the LLINs immediately although it was not in their plan on that ~~very~~ very day.

4. Challenges – lessons learnt

Complaint of bed nets being small.

5. Conclusion

The programme should be regular.



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region <u>SHINYANGA</u> District <u>KAHAMA</u>	Red Cross representative:
Name of the Hospital <u>KAHAMA DISTRICT HOSPITAL</u>	<u>EVELYINE KOPWE</u>

Question	Response
1. Number of nets received?	Number <u>92</u>
2. Number of nets hung?	Number <u>92</u>
3. Number of nets not hung?	Number <u>0</u>
4. Reason why nets not hung	Reason <u>-</u>

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes <input checked="" type="checkbox"/> No.....

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): ATHANAS LUCAS

Your position (please print): DMIPP

Your signature: [Signature]
For: **DISTRICT MEDICAL OFFICER**
KAHAMA

Official hospital
stamp here

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Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

(Please complete the table below)

Region: SHINYANGA

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
<u>KAHAMA DISTRICT HOSPITAL</u>	<u>92</u>	<u>92</u>	<u>—</u>

2. Process

(Please cover here: How the nets were distributed?)

The nets were distributed to Paediatric ward.

3. What was done well - The nets were hung & immediately

4. Challenges – lesson learnt - The Nets are too small.

5. Conclusion

Kahama district hospital appreciate the work done in to support them with bed nets, they said they will be useful especial to paediatric wards.



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region <u>SINGIDA</u> District <u>IRAMBA</u>	Red Cross representative:
Name of the Hospital <u>KIOMBOR DISTRICT HOSPITAL</u>	

Question	Response
1. Number of nets received?	Number <u>200</u>
2. Number of nets hung?	Number <u>200</u>
3. Number of nets not hung?	Number <u>—</u>
4. Reason why nets not hung	Reason <u>—</u>

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes No.....

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): ANNASARAH PITHUPO

Your position (please print): HOSPITAL MATRON

Your signature: Asphipo



TAARIFA FUPI YA ZOEZI LA UTUNDIKAJI VYANDARUA HOSPITALINI
Tafadhali jaza fomu hii kwa kifupi:

1. UTANGULIZI: (Unaweza kujumuisha jina la hospitali, idadi ya vitanda katika hospitali yako, idadi ya vyandarua vilivyopokelewa, idadi ya vyandarua vilivyotundikwa, tarehe ya kutundika, n,k)

Kiomboi Hospital ya Wilaya tumepokea vyandaru 9 (200)
Mambili kutoka Red Cross tarehe 8/12/2010 na kuitundika
Mote mambili tarehe hii 8/12/2010.

2. MCHAKATO: (Jinsi vyandarua vilivyotundikwa, mgawanyo wa vyandarua kulingana na wodi mbalimbali, n.k)

Vigawanyo kama ifuatavyo. wodi ya katoto (25) neti.
Wazazi (40). ward ya wazazi (40). ward ya wanau me neti
(40). ward ya wanawake (40). TB/REP. Net (15).

3. KILICHOFANYIKA VIZURI: (Kwa mtazamo wako, ni kipi kilichofanyika vizuri)

Hwa Mtazamo wangu kilichofanyika vizuri
ni yale mawazo mazuri ya shirika la Red Cross
kujitokea kugawa chandania hospitalini ili kupunguza
au kujikinga na umu ambao wanadeta Malana inayosababisha
vifo vingi.

4. CHANGAMOTO NA MAMBO ULIYOWEZA KUJIFUNZA KUTOKANA NA ZOEZI HILI: (Challenges and Lessons learnt). Pia ni kipi hakikufanyika vizuri.

① Kweli Chandania ni nzuri ila ni ndogo sana
kwa vitanda vingine ulikuswa kidogo hazienei

② Chandania material yake ni ngumu sio laini pia
matundi yake ni makubwa ambayo yanaweza

5. MAPENDEKEZO: (Kwa ajili ya kuboresha hapo baadaye) kuingiza nusu.

① Material yake yawe laini na matobo
yake yawe madogo zaidi

6. HITIMISHO: (Conclusion)

Hospital ya Wilaya ya Kiomboi inashukuru
sana. Kutujadhi Chandania hizi.



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region <u>SINUYA</u> District <u>IRAMBA</u>	Red Cross representative:
Name of the Hospital <u>I AMBI</u>	<u>REG. COORDINATOR & DRIVER</u>

Question	Response
1. Number of nets received?	Number <u>150</u>
2. Number of nets hung?	Number <u>150</u>
3. Number of nets not hung?	Number <u>/</u>
4. Reason why nets not hung	Reason <u>/</u>

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes No.....

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): ELIZABETH YONA

Your position (please print): HOSPITAL MATRON

Your signature: [Signature]

Official hospital stamp here
I AMBI HOSPITAL
PRIVATE BAG
P. O. SINGIDA
TANZANIA

TAARIFA FUPI YA ZOEZI LA UTUNDIKAJI VYANDARUA HOSPITALINI
Tafadhali jaza fomu hii kwa kifupi:

1. UTANGULIZI: (Unaweza kujumuisha jina la hospitali, idadi ya vitanda katika hospitali yako, idadi ya vyandarua vilivyopokelewa, idadi ya vyandarua vilivyotundikwa, tarehe ya kutundika, n.k)

Jina la hospikuli - Iambi LUTHERAN HOSPITAL
IDADI YA VTANDA - 190
IDADI YA MANDARUA VILIVYOPokelewa - 150
IDADI YA MANDARUA VILIVYOTUNDIKWA - 150
TAREHE YA KUTUNDIKA - 13/12/2010.

2. MCHAKATO: (Jinsi vyandarua vilivyotundikwa, mgawanyo wa vyandarua kulingana na wodi mbalimbali, n.k)

Surgical ward - 45 Leprosy ward - 30
Paediatric ward - 43 Private - 2.
Obstetric ward - 20
Infections ward - 10

3. KILICHOFANYIKA VIZURI: (Kwa mtazamo wako, ni kipi kilichofanyika vizuri)

- Kugawa xeti.

4. CHANGAMOTO NA MAMBO ULIYOWEZA KUJIFUNZA KUTOKANA NA ZOEZI HILI: (Challenges and Lessons learnt). Pia ni kipi hakikufanyika vizuri.

- Neti bupi mno
- Neti ndogo mno.

5. MAPENDEKEZO: (Kwa ajili ya kuboresha hapo baadaye)

- Tunashauri neti ziendawe na wtkude us
wafanyika.

6. HITIMISHO: (Conclusion)

- Tunashauri, kurelelee kuimulume
jamii.



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region <u>SINGIDA</u> District <u>MANYONI</u>	Red Cross representative:
Name of the Hospital <u>MANYONI DISTRICT</u>	

Question	Response
1. Number of nets received?	Number <u>150</u>
2. Number of nets hung?	Number <u>150</u>
3. Number of nets not hung?	Number <u>—</u>
4. Reason why nets not hung	Reason <u>—</u>

Post Distribution Requirements	Response
Number of Photographs taken <i>(At least 60 digital photos required)</i>	Number
Video taken <i>(At least 10mins of digital video required from one hospital in each region)</i>	Yes No.....

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): MUKA B. LOTI

Your position (please print): Ag. Hospital Matron

Your signature: [Signature]

Senior Hospital Medical Officer
MANYONI

Official hospital stamp here

TAARIFA FUPI YA ZOEZI LA UTUNDIKAJI VYANDARUA HOSPITALINI
Tafadhali jaza fom u hii kwa kifupi:

1. UTANGULIZI: (Unaweza kujumuisha jina la hospitali, idadi ya vitanda katika hospitali yako, idadi ya vyandarua vilivyopokelewa, idadi ya vyandarua vilivyotundikwa, tarehe ya kutundika, n.k) 150

14/12/2010

2. MCHAKATO: (Jinsi vyandarua vilivyotundikwa, mgawanyo wa vyandarua kulingana na wodi mbalimbali, n.k) ndigo

3. KILICHOFANYIKA VIZURI: (Kwa mtazamo wako, ni kipi kilichofanyika vizuri) Kutundika vyandama

4. CHANGAMOTO NA MAMBO ULIYOWEZA KUJIFUNZA KUTOKANA NA ZOEZI HILI: (Challenges and Lessons learnt). Pia ni kipi hakikufanyika vizuri.

Size ya vyandama imekuwa
w ndigo na fupi

5. MAPENDEKEZO: (Kwa ajili ya kuboresha hapo baadaye)

Size iungezwe na kugawwa
mara kwa mara

6. HITIMISHO: (Conclusion)

Dg Hospital Matron
FOR DISTRICT MEDICAL OFFICER



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region <u>SINGIDA</u> District..... <u>SINGIDA</u>	Red Cross representative:
Name of the Hospital <u>SINGIDA REG. HOSPITAL</u>

Question	Response
1. Number of nets received?	Number <u>248</u>
2. Number of nets hung?	Number <u>248</u>
3. Number of nets not hung?	Number <u>-</u>
4. Reason why nets not hung	Reason <u>-</u>

Post Distribution Requirements	Response
Number of Photographs taken <i>(At least 60 digital photos required)</i>	Number
Video taken <i>(At least 10mins of digital video required from one hospital in each region)</i>	Yes No.....

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): USULI P. MPONDO

Your position (please print): HOSPITAL MAIRON

Your signature: [Signature]

Official hospital stamp here

FEDERAL MEDICAL OFFICER

SINGIDA

TAARIFA FUPI YA ZOEZI LA UTUNDIKAJI VYANDARUA HOSPITALINI
Tafadhali jaza fomu hii kwa kifupi:

1. UTANGULIZI: (Unaweza kujumuisha jina la hospitali, idadi ya vitanda katika hospitali yako, idadi ya vyandarua vilivyopokelewa, idadi ya vyandarua vilivyotundikwa, tarehe ya kutundika, n.k)

Hospitali ya mkoa wa Singida ina vitanda 260, tungshukuru tulipewa vyandarua 248 toka Shirika la (Red Cross) Msalaba Mwekundu. Tulitundika vyandarua 248 tarehe 18.11.2010. Tunatoa Shukruni zetu za dhati kwa chama cha Msalaba Mwekundu.

2. MCHAKATO: (Jinsi vyandarua vilivyotundikwa, mgawanyo wa vyandarua kulingana na wodi mbalimbali, n.k)

Vyandarua vyote 248 vimetundikwa na vimeendelea kutunika kwa hospitali nzima ingawaje kuna upungufu wa vyandarua 12 katika hospitali kulingana na namba ya vitanda.

3. KILICHOFANYIKA VIZURI: (Kwa mtazamo wako, ni kipi kilichofanyika vizuri)

Zoezi zima la utundikaji vyandarua lilienda vizuri, kwani tulipata kamba za kutundikia vyandarua hivyo.

4. CHANGAMOTO NA MAMBO ULIYOWEZA KUJIFUNZA KUTOKANA NA ZOEZI HILI: (Challenges and Lessons learnt). Pia ni kipi hakikufanyika vizuri.

Vyandarua vya duara vinahitaji kamba nyingi zaidi kulinganisha na vyandarua vya pembe nne. Mgonjwa akilala pembeni mwa kitanda anaweza kuumwa kubwa.

5. MAPENDEKEZO: (Kwa ajili ya kuboresha hapo baadaye)

- Tungependelea vyandarua vya pembe nne.
- Vyandarua hivi ni vidogo kulinga na ukubwa wa vitanda.

6. HITIMISHO: (Conclusion)

Tunatoa Shukruni za dhati kwa chama cha Msalaba Mwekundu, moyo huu uendeleke. Kutoa ni moyo si Utajiri.



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region <u>Kigoma</u> District <u>Rosulu</u>	Red Cross representative:
Name of the Hospital <u>Heri Hospital</u>	

Question	Response
1. Number of nets received?	Number <u>25</u>
2. Number of nets hung?	Number <u>25</u>
3. Number of nets not hung?	Number <u>0</u>
4. Reason why nets not hung	Reason <u>—</u>

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number <u>30</u>
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes No.....

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): KIJANI W. OKUMU

Your position (please print): Hospital pharmacist

Your signature: [Signature]



Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

→ received the nets on 13/11/2010, and distributed immediately by Hospital Pharmacist

(Please complete the table below)

Region: Kigoma

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
Heri Hospital	25	25	—

2. Process

(Please cover here: How the nets were distributed?)

for maternity ward - 8
 paediatric ward - 8
 male ward - 4
 female ward - 5
25



3. What was done well

Reception of nets & immediate hanging and clear instructions which were followed

4. Challenges - lessons learnt

The Nets received were too short in depth therefore we'll still request for other nets that would suit the patients requirements

5. Conclusion

This will help fight malaria hence needs to be kept up. Otherwise we will not defeat malaria. Thank you.





AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region District.....	Red Cross representative:
Name of the Hospital

Question	Response
1. Number of nets received?	Number 40
2. Number of nets hung?	Number 40
3. Number of nets not hung?	Number -
4. Reason why nets not hung	Reason -

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number 30
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes No.....

CERTIFICATION

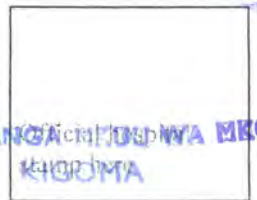
The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): ZUBEDA H. SHAYO

Your position (please print): REGISTERED NURSE

Your signature: Z-shayo



K. B. Y. MGANGA
Regional Health Officer
Kilimanjaro Region

Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

— Received the nets on 18/11/2010

(Please complete the table below)

Region:

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
Mlaweni Hosp	40	40	

2. Process

(Please cover here: How the nets were distributed?)

— 40 Nets distributed in Paediatric ward.

3. What was done well

Nets were received and hunged

4. Challenges - lessons learnt

We still need more nets of about 300 according to the bed capacity. The nets we receive are too short in depth.

5. Conclusion

Thanking you for your help.



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region <u>KACUMA</u> District <u>KASULU</u>	Red Cross representative:
Name of the Hospital <u>KASULU GOV. HOSPITAL</u>	

Question	Response
1. Number of nets received?	Number <u>25</u>
2. Number of nets hung?	Number <u>25</u>
3. Number of nets not hung?	Number <u>0</u>
4. Reason why nets not hung	Reason <u>✓</u>

Post Distribution Requirements	Response
Number of Photographs taken <i>(At least 60 digital photos required)</i>	Number <u>32</u>
Video taken <i>(At least 10mins of digital video required from one hospital in each region)</i>	Yes No.....

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): DR. WAGWENE. B. WAGWENE.

Your position (please print): Ag. M.O. I/c

Your signature: [Signature]

Official hospital stamp here
**District Medical Officer
Kasulu**

Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

– Received the nets on 13/11/2010 and distribution done immediately

(Please complete the table below)

Region: WIGOMA

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
<u>Masaka hospital</u>	<u>25</u>	<u>25</u>	<u>—</u>

2. Process

(Please cover here: How the nets were distributed?)

– 22 nets distributed in 'obstetric ward'
– 3 nets in the paediatric ward,

3. What was done well

- Reception of nets and immediate hanging of nets

4. Challenges - lessons learnt

~~max.~~ Challenges - We still need other nets for other 4 wards around 165 nets.

- The 25 nets which we received are too short in depth.

5. Conclusion

We thank you for your Cooperation



**AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT**

NET RECEIPT CONFIRMATION FORM

Region ... <u>KIGOMA</u> District ... <u>KIGOMA V</u>	Red Cross representative:
Name of the Hospital ... <u>MATYAZO HOSPITAL</u>	

Question	Response
1. Number of nets received?	Number ... <u>88</u>
2. Number of nets hung?	Number ... <u>88</u>
3. Number of nets not hung?	Number ... <u>/</u>
4. Reason why nets not hung	Reason ... <u>/</u>

Post Distribution Requirements	Response
Number of Photographs taken <i>(At least 60 digital photos required)</i>	Number ... <u>33</u>
Video taken <i>(At least 10mins of digital video required from one hospital in each region)</i>	Yes No.....

CERTIFICATION

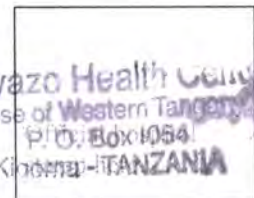
The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): ... DR. URETRAUWEIN

Your position (please print): ... MO i/c

Your signature: ... [Signature]



Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

13/11/2010 received 88 Nets
from Red Cross.

(Please complete the table below)

Region:KIGOMA.....

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
MATYAZO	88	88	/

2. Process

(Please cover here: How the nets were distributed?)

In good condition

Matyazo Health Center
Diocese of Western Tanganyika
P. O. Box 1054
Kigoma - TANZANIA

3. What was done well

Nets are already used on the ward.

4. Challenges – lessons learnt

No challenges.

5. Conclusion

We continue with providing
of nets for the patients
of hospital



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region <u>KILGOMA</u> District <u>KASULU</u>	Red Cross representative:
Name of the Hospital <u>KABANGA MISSION HOSPITAL</u>	

Question	Response
1. Number of nets received?	Number <u>165</u>
2. Number of nets hung?	Number <u>165</u>
3. Number of nets not hung?	Number <u>0</u>
4. Reason why nets not hung	Reason <input checked="" type="checkbox"/>

Post Distribution Requirements	Response
Number of Photographs taken <i>(At least 60 digital photos required)</i>	Number <u>40</u>
Video taken <i>(At least 10mins of digital video required from one hospital in each region)</i>	Yes ... <input checked="" type="checkbox"/> ... No.....

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): SISTER HENRIEITE MAVAKURE

Your position (please print): THE MATRON OF KABANGA HOSPITAL

Your signature: [Signature]



Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

THE DISTRIBUTION TOOK PLACE ON MONDAY 8TH OF NOVEMBER 2010 BY DR LUGOYI WITH KHADIJA JUMA AND THE WHOLE TEAM OF RED CROSS- TO KABANGA HOSPITAL WORKERS.

(Please complete the table below)

Region:KIGOMA.....

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
KABANGA	165	165	✓

2. Process

(Please cover here: How the nets were distributed?)

1. SIGNING THE VISITORS BOOKS (2)
2. INTRODUCTION ON THE RED CROSS GOAL WITH THE HOSP-DIRECTOR
3. TAKING ALL NETS FROM THE CAR TO THE WARDS STARTING BY MATERNITY WARD
4. HANGING NETS; EVERY WORK AND THE RED CROSS TEAM WERE ACTIVE IN DOING SO.
5. THE HOSPITAL DIRECTOR FATHER SEBASTIANO NZABHANYANGA WAS ASKED TO SAY AN ACKNOWLEDGEMENT WORD ON BEHALF OF THE HOSPITAL WORKERS AND ALL PATIENTS.

3. What was done well

THE HANGING OF NETS WAS DONE IN SHORT TIME AS EVERYONE WAS PARTICIPATING.

4. Challenges - lessons learnt

WE LEARNED HOW TO CLEAN THOSE NETS, NO ANY CHALLENGE ABOUT THEM.

5. Conclusion

ON BEHALF OF THE HOSPITAL MANAGEMENT TEAM AND ALL PATIENT, I EXPRESS OUR HEARTFELT THANKS TO THE RED CROSS FOR ACCEPTING THE NATIONAL PROGRAM OF PREVENTING MALARIA TO OUR PATIENTS IN THE HOSPITAL. MILION THANKS TO THE TEAM WHICH BROUGHT SUCH BIG DONATION.

~~SHAG~~
SR HENRIETTE MAVAKURE
THE MATRON



AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT

NET RECEIPT CONFIRMATION FORM

Region <u>KIGOMA</u> District <u>KIBONDO</u>	Red Cross representative:
Name of the Hospital <u>KIBONDO DISTRICT HOSPITAL</u>	

Question	Response
1. Number of nets received?	Number <u>180</u>
2. Number of nets hung?	Number <u>180</u>
3. Number of nets not hung?	Number <u>—</u>
4. Reason why nets not hung	Reason <u>—</u>

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number <u>44</u>
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes No.....

CERTIFICATION

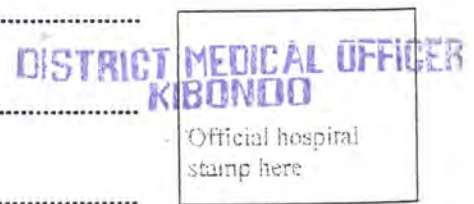
The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): JOSEPHAT BILEKULA

Your position (please print): HOSPITAL PATRON

Your signature: [Signature]



Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

THE DISTRIBUTION OF NETS 180 BY TOTAL RECEIVED AT KIBONDO DISTRICT HOSPITAL ON 11TH NOV. 2010 AT AROUND 11:00AM WORKERS OF KIBONDO DISTRICT HOSPITAL WERE PARTICIPATED AS FOLLOWS: J. BALEKULA PATRON (2) A. LUHENDE H/OFFICER AND ALL OTHERS FOR THE QUALITY OF NETS THEY'RE GOOD BUT THEY'RE TOO SHORT

(Please complete the table below)
Region: KIGOMA

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
KIBONDO DISTRICT HOSPITAL	180	180	—

2. Process

(Please cover here: How the nets were distributed?)

THE NETS DISTRIBUTED BY PARTICIPATION OF RED CROSS MEMBERS AND SOME OF THE HOSPITAL WORKERS WHO REPRESENTED THE SMO AND THE M.O. OF THE DISTRICT HOSPITAL

THE WORKERS OF KIBONDO DISTRICT HOSPITAL WERE VERY MUCH PLEASED FOR THE GOOD SUPPLY OF THE QUALITY NETS BECAUSE THEY'RE TREATED AGAINST MOSQUITOES BITE. THE ONLY OPINION FOR THE NEXT DISTRIBUTION WE WOULD LIKE TO HAVE THE NETS OF THE QUALITY MAKE UP BUT OF ENOUGH LENGTH.

3. What was done well

THE WHOLE PROCESS OF HANDOVER OF NETS BETWEEN RED CROSS MEMBERS AND HOSPITAL WORKERS

4. Challenges - lessons learnt

SOME OF MOTHERS WHO TAKE CARE OF THEIR CHILDREN WANTED TO TAKE THE NETS AT THEIR HOME BECAUSE THEY FOUND THEM VERY NICE FOR USE.

5. Conclusion

WE THANKS VERY MUCH FOR YOUR ALL KINDNESS LET US HAVE THE SAME PROCESS OF SUCH DISTRIBUTION EVEN DIFFERENT GOODS FOR THE COMING YEARS A LIKE TODAY.



**AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT**

NET RECEIPT CONFIRMATION FORM

Region	Mwanza	District.....	Missungwi	Red Cross representative:
Name of the Hospital	Bukumbi Mission Hosp.			PAULINE KULELE

Question	Response
1. Number of nets received?	Number 55 ps.
2. Number of nets hung?	Number 2 ps.
3. Number of nets not hung?	Number 53 ps.
4. Reason why nets not hung	Reason Nets are too short to cover the patients beds.

Post Distribution Requirements	Response
Number of Photographs taken (At least 60 digital photos required)	Number 40
Video taken (At least 10mins of digital video required from one hospital in each region)	Yes No..... No.

CERTIFICATION

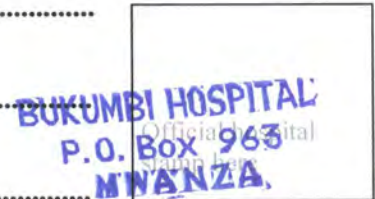
The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print): DR. DEUSDEDITH P. MALULU

Your position (please print): MEDICAL I/C

Your signature:



Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

Distribution done on 16/11/2010.

by MoE, Hospital Matron, Hospital administrator
Patron, Nurses of the respective wards and Student
Nurses.

(Please complete the table below)

Region: MWANZA

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
BUKUMBI.	55	2.	Small size

2. Process

(Please cover here: How the nets were distributed?)

Distribution started in children ward where
nets being too short to cover the beds. Then we
tried to Maternity ward, female and male
ward with the same problem.

3. What was done well

4. Challenges - lessons learnt

- Nets were small size compared to the size of the beds.
- Size of the beds were supposed to be known first before supplies

5. Conclusion

- If possible we request to be supplied with size - Round Nets - Height 81cm, width - 6x4.
 - Square - Height 81cm, width - 6x4.
 - We also have shortage of mattresses about 20 ps - and bed sheets 50 pairs for our patients -
 - Blankets - 30 ps:
- thanks in advance -



**AMF and TANZANIA RED CROSS SOCIETY
HOSPITAL NETS PROJECT**

NET RECEIPT CONFIRMATION FORM

Region <u>MWANZA</u> District <u>KWIMBA</u>	Red Cross representative: <u>PAULINE KULELE</u>
Name of the Hospital <u>SUMVE D.D. HOSPITAL</u>	

Question	Response
1. Number of nets received?	Number <u>172</u>
2. Number of nets hung?	Number <u>2</u>
3. Number of nets not hung?	Number <u>170</u>
4. Reason why nets not hung	Reason <u>Nets are too short, we have to add other materials on bottom to make it wide, and easy to tuck to the beds.</u>

Post Distribution Requirements	Response
Number of Photographs taken <i>(At least 60 digital photos required)</i>	Number <u>40</u>
Video taken <i>(At least 10mins of digital video required from one hospital in each region)</i>	Yes No... <input checked="" type="checkbox"/>

CERTIFICATION

The person signing below should hold a senior position at the hospital. In signing this form you accept responsibility for ensuring the nets stay at the hospital in a usable condition and are hung over beds.

I certify the information in this form is correct.

Your name (please print):

Your position (please print):

Your signature: Supreme



Post Distribution Report template – IFRC Tanzanian Hospitals

1. Introduction

(Please include: a short summary of when the distribution took place and by whom)

- Not done

(Please complete the table below)

Region: MWANZA

Hospital Name	Number of nets received	Number of nets hung	Reason for nets not hung
SUMVE DDH	172	(2)	Nets are too short, we have to add other linen materials to make it wide and easily to tuck to the patient's bed

2. Process

(Please cover here: How the nets were distributed?)

• Nets not yet distributed we are organizing to buy a materials which will be added on the bottom for easily to tuck.

3. What was done well

4. Challenges – lessons learnt

- We ordered square bed nets, but we received round bed nets.
- Nets received is too short.
- We are living at peripheral area where by it is some difficult to get a digital camera.

5. Conclusion

- We very much gratefully to Red Cross Mwanza Region