

Original proposal received below.

Request: 8,000 LLINs

Approved: 8,000 LLINs

Against Malaria Foundation

LLIN Distribution Proposal Form

AMF use only. Date received by AMF:

Date of decision:



A. Summary

# of LLINs	Country	Location	When	By Whom
8,000	Malawi	Phalombe	From Apr 2010	Concern Universal
<small>e.g. 20,000</small>	<small>e.g. Namibia</small>	<small>e.g. Caprivi...</small>	<small>e.g. Apr-May2010</small>	<small>e.g. Red Cross</small>

B. Further Information

INSTRUCTIONS PLEASE ADD INFORMATION IN THE BLUE BOXES. THE SPACE SHOWN IS A GUIDE ONLY. BOXES WILL EXPAND AS YOU TYPE TO FILL 3, 4 OR MORE PAGES AS APPROPRIATE. PLEASE ENSURE YOU PROVIDE ANSWERS TO THE SPECIFIC QUESTIONS ASKED. PLEASE EMAIL RESPONSES TO ROB MATHER AT RMATHER@AGAINSTMALARIA.COM THANK YOU.

Date proposal sent to AMF: **16 March 2010**

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 distributed to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

All villages in Phalombe District will be eligible to receive nets. Actual recipients will be selected based on targeting criteria agreed with the District Health Office. Location of Phalombe is -15.79 latitude (in decimal degrees) and +35.65 longitude (in decimal degrees).

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

This is a rural area. Total population of the District is estimated at 313,227 (163,756 females) as per the 2008 census.

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

Yes, Phalombe is a high risk malaria area in Malawi because it has relatively high malaria cases and malaria compared with regional & national averages.

4. Baseline malaria case information. How many **reported cases of malaria** and **malaria deaths** were there in the 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/national level information. Please cite sources. Baseline malaria case information forms the basis of comparison post-distribution.

According to data from the District Health Office, malaria cases for July 2007 to June 2008 were 61,203 for under-fives and 60,908 for over-fives. The figures increased to 75,535 and 71,071 in 2008/09. In general, malaria cases increased from 35% to 39% from 2007/08 to 2008/09. Malaria deaths in 2008/09 were 139 under-fives (only in-patients) and 110 over-fives.

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.

Distribution of nets is to a select vulnerable group particularly focusing on people living with HIV & AIDS, orphans, under-five children who may not get second round of nets from the Government programme & pregnant women who live far away from health centres and may not travel to health centres to collect nets. The latter two will be carefully coordinated with the District Health Office to avoid duplication.

6. What is the [existing level of ITN use](#) in this area? Are there [existing bednet distribution programmes](#) in this area?

Coverage of ITNs as per a baseline survey CU conducted in March 2009 was at 27.7% of the households (i.e. proportion of households who have at least one ITN). Usage of ITNs for under-fives the night before the survey was carried out was at 27.5% (i.e. 27.5% of under-five children slept under a net the night before the survey). The Government through the District Health Office distributes ITNs to under-five children & pregnant women. The proposed distribution will be coordinated with the District Health Office to avoid duplication.

7. [Why was the area/villages chosen](#) for bednet distribution and who made this decision? Please provide the name, position, organisation contact information of the person/s making the decision.

CU, in partnership with the District Health Office and the Holy Family Hospital, started implementing a project called Phalombe Malaria Communities Project in October 2008 with funding from the President's Malaria Initiative (PMI/USAID). The district was selected because of its high malaria prevalence & limited service delivery (relatively remote & one of the least developed areas in Malawi). The project almost exclusively focuses on education for malaria control and management. The proposed net distribution will be an excellent complementary activity so that people who participate in the education programme will be able to practice the knowledge gained re consistent use & treatment of nets. The officers mentioned in (8) & (9) below are fully aware & supportive of the net distribution.

8. Have you [consulted with the country's National Malaria Control 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.

Yes, they are very supportive of it. The person contacted is Mr John Zoya (National ITN Officer). His mobile phone number is +265 8888 73131.

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.

Mr Raphael Piringu, District Health Officer. His contact details are: mobile phone +265 9993 94944; Email rahaelpiringu@yahoo.com

10. Please confirm the nets will be distributed [free-to-recipients](#), a requirement for us to fund nets.

I confirm that nets will be distributed free to recipients.

11. Please describe any [pre-distribution activity](#), in particular how the size of the target group and number of nets required will be ascertained?

CU & the District Health Office have recently conducted an assessment using National Malaria Control Programme tools to ascertain the size of the target group and number of nets required. Health Surveillance Assistants went house to house to ascertain the need which confirmed that 16,000 households require at least one net. We are aiming to reach 50% of this target group in this round of distribution.

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 distributed by Village Health Committees to under-five children and remotely located pregnant women and by Community-Based Organisations to people living with HIV & AIDS, orphans, etc. We aim to complete distribution within three months of receiving the nets in Malawi.

13. Please describe [the malaria education component](#) of the distribution. Please give detail.

CU, with funding from USAID, has supported the District Health Office to develop a malaria communications strategy for Phalombe District. The malaria education component will be guided by the communication strategy. A summary or the full strategy can be forwarded, if necessary.

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.

I confirm that we will conduct immediate post-distribution follow up, this will take place within four weeks of the distribution & we will provide you with the findings.

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

I confirm that we will send you a post-distribution summary when the distribution is complete.

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.**

I confirm that we will send you at least 60 digital photos for Phalombe.

17. Please confirm you will provide at least 20 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.**

I confirm that we will provide at least 20 minutes video footage from Phalombe.

18. Please confirm: you will carry out [longer-term Post-Distribution Surveys \(PDss\)**](#) 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.

I confirm that we will carry out longer-term PDSs & this will as a minimum take place 6, 18 & 30 months after the distribution. Whereas we will do our best to carry out a PDS 42 months after distribution we cannot confirm it at this stage as the main project that will integrate this activity will come to an end in Sept 2012. I confirm that we will provide you with the findings.

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

Samson Hailu, Country Director, Concern Universal, P. O. Box 1535, 21 Link Road, Namiwawa, Blantyre, Malawi, Tel +265 1823262 / 1823761, Fax +265 1823846, Cell +265 8888 42302, Email Samson.hailu@concern-universal.org

*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 Report and Post-Distribution surveys is included in the attached document.

Ends—

THANK YOU!

Original proposal received below.

Request: 6,000 LLINs

Approved: 6,000 LLINs

Against Malaria Foundation

LLIN Distribution Proposal Form

AMF use only. Date received by AMF:

Date of decision:



A. Summary

# of LLINs	Country	Location	When	By Whom
6,000	Tanzania	Mwanza	Sept/Nov 2010	Kids Aid Tanzania/Lions Club of Ilemela

e.g. 20,000

e.g. Namibia

e.g. Caprivi...

e.g. Apr-May2010

e.g. Red Cross

B. Further Information

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Date proposal sent to AMF: **25 March 2010**

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 distributed to these **specific** locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

The Bugarika squatter settlement located in the City of Mwanza on the south east shore of Lake Victoria. 2° 28' (S) 32° 47' (E) 6,000 nets.

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

Urban area. The population of Bugarika is estimated at 12,000, based on the 2002 Population and Housing Census of 8,967 inflated at 3.5% per annum.

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

Dr George Yamwaka, Medical Officer in charge of the Bugarika dispensary, considers the area to be high risk due to ignorance of causes of malaria and poverty. He told us that even when the cause of malaria is understood by people, poverty severely limits their ability to buy nets.

4. Baseline malaria case information. How many **reported cases of malaria** and **malaria deaths** were there in the **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/national level information. Please cite sources. Baseline malaria case information forms the basis of comparison post-distribution.

The following information on malaria cases was supplied by Dr Yamwaka and relates to 2009.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Under 5 Yrs.	170	272	165	181	118	131	140	80	156	160	143	107	1823
5 yrs and above	61	50	65	56	68	52	71	45	54	45	58	34	659
	231	322	230	237	186	183	211	125	210	205	201	141	2482

No information was available on the number of deaths.

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.

Blanket coverage, although top priority will be given to children under 5 and expectant mothers

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

Net usage is very low due to ignorance and poverty (see question 3) There are no existing net distribution programmes for Bugarika.

7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position, organisation contact information of the person/s making the decision.

This project was initiated by the Lions Club of Ilemela, Mwanza, following a review of areas of the city where the incidence of malaria was high and with no net distribution programmes in place. The Club contact is Professor Gabriel Mwaluko M.D., Ph.D., founder President of the Club and currently Chief Technical Adviser, TANESA, PO Box 434, Mwanza, Tanzania. Email: profmwaluko2@yahoo.co.uk

8. Have you consulted with the country's National Malaria Control 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.

Professor Mwaluko has discussed the project with Dr Alex Mwita, Director, National Malaria Control, Ministry of Health. He is supportive of the project and stressed the importance of training recipients in the correct use of the nets. Dr Mwita's email is mwita@nmcp.go.tz and his mobile number is 0713339713.

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.

Daniel Batare, Acting City Health Officer Mwanza, PO Box 132, Mwanza. Tel 0784 813735

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

We confirm that the nets will be distributed without charge.

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

The size of the target group is estimated at 12,000 (question 2). The area is organised administratively through 4 elected street chairmen and 64 "ten-cell leaders", each leader being elected to represent a group of households. The Ilemela Lions Club has already identified all the street chairmen and current ten-cell leaders by name, together with the traditional healers in the settlement and other key people who will be major influencers in determining the success of the project. The number of nets is based on dividing the estimated population by 2.

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.

Bugarika is distributed across a series of high rocky outcrops, which form a feature of Mwanza, and vehicular access for net delivery ends at the Bugarika dispensary



www.Again

100% of our jumbas buy nets, they end up over heads and beads and we demonstrate that has happened.

The bed nets will be distributed by members of the Lions Club of Ilemela, accompanied by the ten-cell leaders, from the large open area in front of the dispensary. This will be against household lists prepared by the ten-cell leaders. It is intended to distribute the nets either immediately, or shortly after the key member of each household has attended the education programme. The availability of health workers, ten cell leaders and Club members will determine how long the distribution will take. We are currently working on a period of 12 weeks (Sept to Nov 2010) to accomplish the education and distribution programme.

13. Please describe [the malaria education component](#) of the distribution. Please give detail.

The health programme will focus on the causes of malaria, HIV/AIDS and other prevailing health issues in the settlement and the preventative measures that can be taken. In the case of malaria it will explain how it is transmitted, the identification and removal of mosquito breeding places, and how to erect and use the bed nets. The programme will initially be directed at the street chairmen, ten-cell leaders and traditional healers in the area, and then cascaded down through the ten-cell leaders to their individual groups of households. Professional health workers will be recruited to lead the education programme and support the ten-cell leaders. Administration of the programme will be carried out by members of the Lions Club of Ilemela.

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 agree to this.

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

We agree

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 agree

17. Please confirm you will provide at least 20 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 agree

18. Please confirm: you will carry out [longer-term Post-Distribution Surveys \(PDss\)**](#) 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 agree

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

Dr Colin McArdle, Chair of trustees, Kids Aid Tanzania, 48 Main Street, Etwall, Derby, DE65 6LP. Telephone 01283 732421 Email: colin@kidsaidtanzania.org.uk

*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 Report and Post-Distribution surveys is included in the attached document.

Ends—

THANK YOU!

Original proposal received below.
Request: 7,000 LLINs
Approved: 7,000 LLINs

Against Malaria Foundation

LLIN Distribution Proposal Form

AMF use only:
Date received by AMF:
Date of decision:



A. Summary

# of LLINs	Country	Location	When	By Whom
7,000	Zambia	Chikumbi District	August 2010	Baraka Community Partnerships
e.g. 20,000	e.g. Namibia	e.g. Caprivi...	e.g. Apr-May2010	e.g. Red Cross

B. Further Information

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Date proposal sent to AMF: **25-03-2010**

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 distributed to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

Chikumbi District which is located about 30 miles north of Lusaka. Villages as below

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

Rural. Approximately 10,200 people live in Chikumbi which is broken down amongst the following villages:

Nkaba: 500; Chiewa: 400; Mwakakwele: 800; Katuba: 1,200; Kasalu: 800; Chimbetue: 800; Ngobola: 1,200; Kakuku: 900; Mwachilwana: 1,000; Manenekela: 600; Molando: 800; Lumina: 450; Mwambi: 750

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

Yes as Malaria illnesses and deaths are common. Anecdotal evidence suggests that every person in the village is affected at least once a year by malaria. Deaths are common due to lack of medical provision and drugs.

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 specific statistics as yet for Chikumbi. However the Chikumbi Medical clinic have informed us that in the period between Sept 2008 and Oct 2009 2011 cases of Malaria were reported (out of a population of 7,000 in the area they serve). This

does not account for the hundreds and even thousands who do not report their illnesses due to having no money for the drugs to treat Malaria. Monthly records are not available as yet but we hope to work with the clinic in future to improve information and statistic gathering. Most people go to a hospital outside Chikumbi (if at all) for Malaria care however as it is out of their area they have to lie about where they live – so there are no reliable statistics for Chikumbi. We hope to change that with our increasing influence and the advent of committees for Malaria.

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.

We aim to blanket cover the entire district. There are approximately 7,000 sleeping spaces in the village.

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

There are no organisations currently supplying Mosquito nets for this area. The last distribution was by the Zambia Malaria Foundation in 2006 however these nets were poor quality and are no longer functioning. Occasionally the Medical clinic hands out nets to pregnant women.

7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position, organisation contact information of the person/s making the decision.

This is a district that Baraka Community Partnerships (BCP) started supporting in 2008. I, Andy Mckee, The Programme Manager for BCP have made the decision to provide the LLINs along side Kelvin Phiri who is the head of the Chikumbi Community Centre in Kasalu Village. He has the support of the village headmen in this campaign and committees have been set up in each village. We have also funded Malaria Testing training for 2 Kasalu villagers in an attempt to catch the disease early and provide better statistics.

8. Have you consulted with the country's National Malaria Control 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.

No, but will attempt to make contact on my next visit. This is proving very difficult.

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.

I don not have this information. This is a very rural area and communication with the village is not easy. However we have started forming a relationship with the local Medical clinic which is 8 months old. The Nurse at the clinic however is proving less than competent so relationships are not entirely fruitful at the moment.

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

I confirm that the nets will be distributed free. I will do so myself in August/September 2010.

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

The number of nets has been ascertained by the population of Chikumbi and the amount of sleeping spaces there. The figures are not 100% accurate but census' are being conducted in all the 13 villages.

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.

Kelvin Phiri our village project coordinator will distribute the bed nets, with my assistance. We will summon the villagers for a meeting to explain how to fix the nets

and will inspect the fittings afterwards. We will also liaise and co-ordinate with the Chikumbi Medical clinic. The Kasalu village drama group will assist in the demonstrations of putting up the nets, and the education will be provided by the Malaria testers

13. Please describe [the malaria education component](#) of the distribution. Please give detail.

Malaria education is on going in the district – particularly for the children at school. Sports camps are also held which are used to educate the children on Malaria as well as AIDS, alcohol and drug abuse. We will attempt to negotiate with the local Medical clinic to formulate a long term strategy, however it is more likely that the newly qualified Malaria testers will provide most of the education.

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.

I can confirm this will be done.

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

I can confirm this will also be done.

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.**

Yes

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.**

Yes

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.

I will put into place a local strategy to ensure this is done by the villagers.

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

Andy Mckee, Programme Manager, Baraka Community Partnerships

*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!

Original proposal received below.

Request: 875 LLINs

Approved: 875 LLINs

Against Malaria Foundation

LLIN Distribution Proposal Form

AMF use only. Date received by AMF:

Date of decision:



A. Summary

# of LLINs	Country	Location	When	By Whom
875 (5 months)	Uganda	Soroti	March-July 2010	International Midwife Assistance, on behalf of the Teso Safe Motherhood Project
875 (5 months)			August- December 2010	
e.g. 20,000	e.g. Namibia	e.g. Caprivi...	e.g. Apr-May2010	e.g. Red Cross

B. Further Information

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Date proposal sent to AMF: **February 3, 2010**

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 distributed to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

The Teso Safe Motherhood Project (TSMP) operates a health clinic in Soroti, Uganda at Plot 8, Ongodia Road (latitude: 1.71 N, longitude 33.60 E). The clinic once exclusively served the internally displaced persons (IDPs) living in camps in and around Soroti (five camps). Now the Ugandan government has declared the Teso Region where Soroti is located to be "IDP free," creating a somewhat tricky situation for NGOs that still serve the IDPs. There are still thousands of people living in the camps, more and more they are orphaned children left behind. As well, many IDPs have relocated into slum developments that are continuing to grow around Soroti. The camps and slum areas are now both locations where the patients that attend the TSMP clinic live. Presently at the clinic the net distribution is limited (due to funds) to pregnant mothers. Since the population of destitute in the camps and slums is estimated to be 31,000, we expect 1,550 women to be pregnant each year in that catchment area.

Many IDPs have relocated outside of the town of Soroti, eastward into a sub-county called Kamuda. TSMP conducts mobile outreach clinics in two Kamuda villages, Lale and Aboket, that are without primary health care or antenatal care. Nets are distributed to pregnant mothers there during antenatal visits. The population in Aboket is estimated to be 8,967, and the population of Lale is estimated to be 6,649. So each year in Aboket and Lale combined, 781 will find themselves pregnant each year. Between our clinic and outreach, we anticipate serving a total of 2,331 newly pregnant mothers in 2010.

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

Soroti is a small town in the middle of a rural area. The population is estimated at 56,800. The village of Aboket, in a very remote area of Kamuda sub-county, has a population of 8,967. The village of Lale in another part of the entirely rural Kamuda sub-county, has a population of 6,649.

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

Uganda is incredibly high risk for malaria. The endemic risk for malaria is 90 to 95 percent, according to the United Nations Population Division. Depending upon the season, up to 75 percent of the patients who visit TSMP are actively sick with malaria. According to the World Health Organization, between 70,000 and 110,000 deaths a year are attributable to malaria.

4. Baseline malaria case information. How many **reported cases of malaria** and **malaria deaths** were there in the **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/national level information. Please cite sources. Baseline malaria case information forms the basis of comparison post-distribution.

In our clinic, the Teso Safe Motherhood Project, 19,802 patients were diagnosed with malaria in 2009. This number represented 65 percent of our total patient population. We had no deaths from malaria in 2009. For more information about malaria in the area, please see the attached three forms. One form is from the Soroti Regional Hospital, one is from the District Health Office with month-by-month data for the Soroti District, and one is from TSMP with our clinic's month-by-month data.

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.

While we treat much malaria illness in all our patients, we have chosen, for reasons of financial limitations, to distribute bednets to pregnant women only. We target this select, vulnerable group at their first prenatal visit to prevent death and illness among this population. According to the Centers for Disease Control and Prevention, malaria during pregnancy can harm both mother and baby. It can cause maternal anemia, fetal loss, premature delivery, intrauterine growth retardation and delivery of low birth-weight infants. Low birth weight is the greatest risk factor for neonatal mortality and a major contributor to infant mortality. Malaria is a major contributor to low birth weight and perinatal death. Additionally, malaria causes maternal anemia, a condition that contributes heavily to maternal mortality. We can prevent much death and disability by preventing malaria during pregnancy.

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

Currently, we purchase treated bednets through Population Services International. The cost per net is USD\$11, and there are months that nets are simply not available for purchase. Most months however TSMP distributes nets to all pregnant mothers. According to local officials, there is no good data on current ITN use in this area and no formal bednet distribution programmes exist in the area.

7. **Why was the area/villages chosen** for bednet distribution and who made this decision? Please provide the name, position, organisation contact information of the person/s making the decision.

Soroti was a good location for establishing a clinic as it is triangulated between five IDP camps. There was a big battle with the rebels in Soroti in 2003, and the government forces prevailed. People felt safe there, and camps went up. The Kamuda sub-county was chosen as the first destination for mobile outreach because it's the area closest to our clinic that is both remote and without services. Mobile outreach was begun when the government began pressuring people to leave the camps. Jennifer Braun, executive director of International Midwife Assistance (the U.S. charity that funds the Teso Safe Motherhood Project), made these decisions. She can be reached in the U.S. at +1 303 588 1663 or in Uganda at +256 0774 36 18 79 or at jbmidwife@midwifeassist.org.

8. Have you [consulted with the country's National Malaria Control 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.

The government office with which we consult is the Soroti District Health Office. We have an excellent working relationship with the District Health Officer (DHO) Dr. Charles Okadi. His number is +256 0772 37 08 51 and email is charlesokadi@yahoo.com. The DHO is the representative of the national malaria prevention team at the district level, and Dr. Okadi is fully supportive of our work. We liaise with the district office about many issues and enjoy a very positive affiliation.

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.

See above.

10. Please confirm the nets will be distributed [free-to-recipients](#), a requirement for us to fund nets.

All services at TSMP are free and nets are no exception. The nets are, and will remain, free of charge.

11. Please describe any [pre-distribution activity](#), in particular how the size of the target group and number of nets required will be ascertained?

Most important pre-distribution activities are institutionalized already at the TSMP clinic. The nursing assistants responsible for registering patients at the clinic employ a variety of methods to ensure that patients are from our catchment area. In the outreach areas, all the people are extremely needy. Within our target population, the Ugandan Ministry of Health instructs us to multiply the total population by 0.05 to get the total number of pregnancies. This is the size of our target population. The issues of making the nets accessible and sensitizing the population to distribution have been done already.

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.

Bednets are distributed when a new patient books with the antenatal department. Every new mother receives a net from the midwife who does that visit. This is charted on the mother's antenatal card. Every time she returns for an antenatal visit, she discusses her net use with the midwife. The antenatal clinic is conducted four days per week at the TSMP clinic in Soroti. One day per week, Thursday, is spent doing outreach, and those days the ladies in Kamuda who are seen by the midwife receive their nets. Bed net distribution and on-going assessment are built into the regular antenatal care schedule, individualized to each mother.

13. Please describe [the malaria education component](#) of the distribution. Please give detail.

The initial talk about net use, correct use of the net and caring for the net is done by the midwife at the first antenatal visit. Malaria education in general is one of the topics covered at the morning health education talks held at the registration area. In the morning when many patients have arrived early and are bottle-necked at the registration area, one of the staff members (nurse, midwife or doctor) holds health education talks. These talks include, but are not limited to, malaria prevention education.

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. We make a house-to-house follow up to determine the level of correct usage of the nets.

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

We shall absolutely send you a post distribution summary after distribution.

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.**

Yes. We will send you digital photos.

17. Please confirm you will provide at least 20 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.**

Yes. We will provide you with video footage.

18. Please confirm: you will carry out [longer-term Post-Distribution Surveys \(PDss\)**](#) 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 shall carry out a post-distribution survey to assess the level of usage as requested.

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

Jeni Harger, program support officer, International Midwife Assistance, 303-859-9595, jharger@midwifeassist.org

*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 Report and Post-Distribution surveys is included in the attached document.

Ends—

THANK YOU!

Original proposal received below.
Request: 6,620 LLINs
Approved: 6,620 LLINs

Against Malaria Foundation

LLIN Distribution Proposal Form

AMF use only:
 Date received by AMF:
 Date of decision:



A. Summary

# of LLINs	Country	Location	When	By Whom
6,620	Sierra Leone	Malen Chiefdom, Pujehun District	Jun-Aug '10	Global Minimum
e.g. 3,000	e.g. Namibia	e.g. Caprivi	e.g. Apr-May06	e.g. Red Cross

B. Further Information

INSTRUCTIONS
 PLEASE ADD INFORMATION IN THE BLUE BOXES. THE SPACE SHOWN IS A GUIDE ONLY. BOXES WILL EXPAND AS YOU TYPE TO FILL 3, 4 OR MORE PAGES AS APPROPRIATE. PLEASE ENSURE YOU PROVIDE ANSWERS TO THE SPECIFIC QUESTIONS ASKED. WE DO NOT EXPECT LENGTHY ANSWERS. PLEASE EMAIL RESPONSES TO ROB MATHER AT RMATHER@BTINTERNET.COM THANK YOU.

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 distributed to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

Our distribution will take place in the Malen Chiefdom in Pujehun District.
Pujehun Town has the following coordinates:
Latitude (DMS): 8° 30' 0 N Longitude (DMS): 11° 13' 0 W
(Source: traveljournals.com)
Distribution sites.

Section	Hub Village	Est. Pop	Nets	% tot. of chfdom pop
Kahaimoh	Nyandehun	3,846	1,930	16.3
Kakpanda	Taninahun	3,331	1,670	14.1
Upper Pemba	Manowulo	2,392	1,200	10.1
Lower Pemba	Gboyama	1,843	920	7.8

We are considering redoing Sahn Malen town. Est. pop: 1,800. Est. Nets: 900
Total Population Est.: 13212
Total Nets: 6620

Map attached with other details.
Our estimates are based on a 1 net per 2 people since on average, a sleeping space has 2 people.

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

The Malen Chiefdom is a rural area situated about 90 minutes west of Pujehun Town. The estimated population of the chiefdom is 23,520. The chiefdom has 10 sections and we will be working in four of these sections with an estimated population of 11,412. The smallest of the ten sections has 1,637 inhabitants and the largest has 3,846. Locals are engaged in sustenance farming.

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

Yes. The Sierra Leone is a malaria endemic region, but this area also has many rivers, swamps and irrigated fields for rice farming. Thus, this is an optimal breeding location for mosquitoes. In addition, local people consider malaria a very significant problem. The UNICEF-developed Multi-Indicator Cluster Survey for the Pujehun region puts the malaria prevalence rate at 35-45%.

This past summer, the DHMT team conducted a Rapid Diagnostic Test that indicated that 87% of all five year olds were positive with malaria in 5 villages. The average prevalence rate for all under-fives was nearly 50%.

Further:

Malaria is a big problem in the area – indeed malaria prevention is a need identified by our local partners. To add further evidence we will quote the District Health Management Team (DHMT) on the malaria prevalence in our target community. They work there year-round and witness every day the debilitating effect of malaria. The quoted report was prepared for a distribution Global Minimum undertook in the Sahn Malen village in the Malen chiefdom:

“Malaria is the leading cause of morbidity and mortality among the population in Pujehun district, with an estimated prevalence rate of 35%-45% (MICS 3). Pujehun constitutes one of the 13 Medical Districts in Sierra Leone as well as one of the four districts in the southern province. Pujehun district covers a total surface area of 4,105 square kilometers and harbours a population of 234,234 (Statistics Sierra Leone). This population, which resides in 12 chiefdoms, is mostly comprised of rural inhabitants. Malaria is endemic in Pujehun district and normally assumes the highest peak of prevalence in the rainy season.”

“Sahn Malen is ideal for the proposed study [of the effectiveness of ITNs] due to the following reasons: Firstly the topography of Sahn Malen is conducive for active transmission of malaria (swamps, depressed areas, oil palm plantation, forest and grassland vegetation). Secondly, Sahn Malen has a Community Health Centre (CHC) that has been stocked with adequate amounts of drugs including antimalarials. The centre, which is manned by staff of the Ministry of Health and Sanitation (MOHS), provides services through the general clinic, Antenatal Clinic (ANC) and Underfives Clinic (UFC). There is a functional Community Development Committee (CDC) and Traditional Birth Attendants (TBA) are actively working with clinic staff. Thirdly, community participation in the delivery of health care services is remarkable. Lastly, Sahn Malen is a very good example of a typical community undergoing post war reconstruction and rehabilitation. Health service delivery is headed by the District Health Management Team (DHMT) in Pujehun. Partners working with the DHMT are mainly UNICEF and the Pujehun District council (PDC). There are no NGOs operating in the health sector at the moment.”

This time Global Minimum aims to cover the remaining villages in the Malen Chiefdom, which are situated in exactly the same topographical conditions and thus suffer the same problems of malaria. If anything, this topography will cause a higher malaria prevalence rate in the Malen chiefdom than in the rest of the Pujehun region.

We have ample scientific evidence that malaria is a problem in the area. This

evidence is collected and presented by the head government health team working in the region, the DHMT.

Also:

Pujehun constitutes one of the 13 Medical Districts in Sierra Leone as well as one of the four districts in the southern province. Pujehun district covers a total surface area of 4,105 square kilometers with a population of 234,234 (Statistics Sierra Leone). This population, which resides in 12 chiefdoms, mostly comprises of rural inhabitants.

Malaria is the leading cause of morbidity and mortality among the population in Pujehun district, with an estimated prevalence rate of 35%-45% (MICS 3).

The chiefdom in question is the Malen Chiefdom, which if anything has a higher prevalence rate than the rest of the Pujehun district.

4. How many reported cases of malaria and malaria deaths were there in this area in 2006 or 2007? Please cite your source. If you do not have statistics please make a qualitative comment.

We do not possess statistics for this since most common fevers are attributed to malaria so getting any precise statistics would be difficult.

During the last project, we had access to journals kept by representatives of the DHMT that indicated a high malaria prevalence / reported cases especially since the Government decided to make malaria drugs free (though people have to pay for other medications like paracetamol for lowering fevers.) Furthermore, at every home we visited, there was either someone sick with malaria or a child who had died in the previous couple of weeks from malaria.

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.

100% coverage. We consider a mosquito net distribution a community project and do not wish to exclude any groups. By covering everyone we also aim to harness the mass effect of a collective usage rate above 60 %. We maintain close to 90% usage rate at the moment for a project we completed in Sahn Malen town.

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

We surveyed all the villages where we distributed nets in July 2009 and we found that there were 1,759 nets available for 8,891 inhabitants. Most of what people called "nets" were linens and other materials attached over their beds. Many of the real nets were torn, however, and only a handful of them were treated with insecticide. We anticipate the level of ITN use in other villages would be the same or lower in these places we hope to work in.

Determining net usage:

The DHMT does random sampling by interviewing 400 individuals (out of a population of 1500) to create a representative sample. In case of under-fives, their mothers or caretakers were used as proxy. They do these interviews every six months, and they have recorded a sustained 90% average usage rate 2 years after the first distribution by Global Minimum.

As noted earlier, the community participation in the delivery of health care services is remarkable in this chiefdom and the DHMT is able to combine this project with their other activities in the chiefdom.

Other net distributions in the area:

The DHMT has no record of other NGOs working in the area. The Red Cross has previously carried out a nation-wide distribution, but the nets have not reached the population of Malen. We have worked in the region on two separate occasions now including last year's partnership with the AMF.

From looking at the Roll Back Malaria website it is clear that the Pujehun district is not covered by the Global Fund's work:

http://www.rollbackmalaria.org/countryaction/sierraLeone.html#expand_node

According to this link, the only other ITN distribution partner is UNICEF who we already collaborate with.

7. [Why was the area/villages chosen](#) for bednet distribution and who made this decision? Please provide the name, position, organisation contact information of the person/s making the decision.

The family of the former executive director and now President of Global Minimum, David Sengeh, hails from this region of Sierra Leone. He visited the chiefdom during the summer of 2006 and personally witnessed the brutal consequences of living in a malaria endemic area. After consulting with the paramount chief and the District Health Management Team (DHMT), he started Global Minimum with 3 of his friends to address this problem.

David Moinina Sengeh
Degree Candidate in Biomedical Engineering
Harvard School of Engineering and Applied Sciences (Class of 2010)
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64 Linnaean St.,
Cambridge, MA, 02138-1502
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This community is chosen for scientific reasons (high prevalence of malaria) and due to the fact that we are able to work closely with the target community.

As seen in our answer to question 3, malaria is from an official source established as a big problem in the region in general and in the chiefdom in particular. The fact that we have a very good working relationship with the paramount chief, the District Health Management Team as well as great knowledge of local customs and culture only improves the effectiveness of our distribution.

This expert knowledge due to familial relations should not detract from the effectiveness of our distribution, but rather add to it. This distribution is a case of Sierra Leoneans addressing their own problems, and they have chosen to focus on the problem that a lot of scientific evidence suggests is the biggest in their country. Global Minimum has many Sierra Leonean members and the other international members are more than happy to help them acquire the means (ITNS) to face one of Sierra Leone's many challenges.

Furthermore, given our previous success in the region and to continue with our method of distribution, it makes sense to continue with the upper half of the chiefdom for optimal results.

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.

For our first project in 2007, the national malaria program was not very responsive, but they did not disapprove of the distribution. However, for the July 2009 distribution, Samuel Baker, the National Malaria Control Programme Manager, and his team were very involved with our work. They provided us with the vehicles to transport the nets from Freetown, storage space in Freetown, a supply of rapid diagnostic tests, and drugs for people who tested positive during the research and more. We collaborated at all levels with them and shared our data with them to avoid distributions in the same areas.

They are aware of and have approved our plans to continue distributions in the upper half of Malen in 2010 and they will use this information for any distributions they plan in the next couple of months.

Contact information for Dr. S.H. Baker;

Tel: +232 76 640137, +232 33 408855, +232 77 558962

Email: sambaker79 AT yahoo.com or sambaker79 AT gmail.com

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

As we did during our distribution in 2007 and 2009, we will do a census and visit each home in each village. We will mark each house with chalk i.e. "C3" – section C of the village house no. 3. This will allow us to carry out an efficient distribution and give us an opportunity to introduce ourselves to the people of the project village. We will ask how many 'sleeping spaces' they have and set aside that amount of mosquito nets for the subsequent distribution. This way we don't give two nets to a couple that sleeps in one bed.

We will also call a town meeting and introduce ourselves alongside the paramount chief, the Red Cross and the DHMT with whom we work. We will also continue our tradition of having a soccer tournament that will publicize the distribution and make us known to younger segments of the population. This aspect is sponsored by a similar tournament hosted at Harvard University by the Club soccer team.

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.

We will distribute nets house-to-house. As in 2007 and 2009, we will split each village into three or four sections and create teams composed of members of GMin, local translators, Red Cross members and local volunteers. We will visit each house in the village and explain how the nets are used properly, how they are best hung up, what their effect is, the importance of sleeping under an ITN every night, as well as the transmission cycle of the malaria parasite.

We will help the people hang the nets if necessary (and provide nails and hooks where needed).

Malaria education will thus take place as we visit each house, but the district health medical team and the Red Cross will also do ongoing sensitization after the project ends – as they are currently doing for our previous net distribution.

As part of the main town meeting where the introductions are made, we will have a malaria skit acted out by locals as we did in last summer's distribution. A make shift bed is set up on stage. The actor goes to bed without mosquito nets and mosquitoes

(human actors) come around and bite the person sleeping. A couple minutes later, the person wakes up and finds out that they have fever. They act malaria symptoms, get really sick and eventually die dramatically. And then the same character wakes up from the dead and now sleeps under a mosquito net. The same mosquitoes come back buzzing but they all die when they touch the nets. The person sleeping wakes up, and jumps around to show how healthy and strong they are. Furthermore, we also add other insects to show that the LLIN does not only kill mosquitoes but also bed bugs. There is a narrative in mende and questions asked by the Red Cross volunteer that the locals respond to as the skit takes place.

At homes, we often reference different parts of the skit and everyone, including the kids, remembers specifics of the messages from the skit.

We covered 1,500 people in one week in 2007 and 8,891 people in 2009 in 4 weeks so we estimate that the distribution of 6,000 nets will take 6 weeks. We will do pre-distribution work in the June and then finish the distribution by the end of July.

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?

In 2007, we arranged for the DHMT to do a random sample of net usage in the village we covered. They recorded ownership rates (97% after 12 months), usage rates (93% after 12 months), and reasons for not using/not having nets. They also had a small stock to replace broken nets. In 2009, we added another component to this process. We added the Red Cross “keep up” team to the initiative and they will conduct the education component every month for the next 2 years.

As with the previous distribution, the DHMT and Red Cross volunteers will again do random sampling of ownership and usage rates as well as carry out sensitization. This will occur every two weeks for the first three months after the distribution and then every two months for at least three years. Sensitization includes educating people in the importance and use of the nets, installing nets in houses and making sure that nets are being used.

The DHMT will send us results of the random sampling every month. Our team set up a program on Microsoft Excel in which they just have to fill in relevant data to send to us. We will then process this raw data.

The DHMT and Red Cross do ongoing sensitization, which has both given the village a very high usage rate and a very high level of knowledge of why mosquito nets are important.

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. Musa. He lives in Pujehun Town and works at the district hospital there. Email: dhmtpujehun@gmail.com. We are in regular contact with Dr Musa and he has indicated that he along with his team will continue to work with us on future distributions.

13. Please confirm the nets will be distributed [free-to-recipients](#), a requirement for us to fund nets.

Yes, they will. This was our principle in 2007 and 2009 and it continues to be our principle now.

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.*

Yes, we will. In 2007 we took more than a thousand pictures for a single distribution. Last summer, we fulfilled this requirement and we will do the same again. We realized that it was a great experience trying to document every detail of the project.

15. Please confirm you will provide at least 5 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.*

Yes, we will. We fulfilled this promise as well last summer and we will do the same for the next and all future distributions.

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

Yes, we will. We will make sure to provide you with all the information you need concerning our distribution in the form of a post-distribution summary.

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

**David Sengeh
Co-founder and President of Global Minimum
Global Minimum is a non-profit registered in New Jersey and in Denmark.**

Email: dsengeh AT harvard.edu; Cell: +1-617-999-4319

**Current address:
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**Permanent Address:
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Off Kingharman Road
Freetown
Sierra Leone**

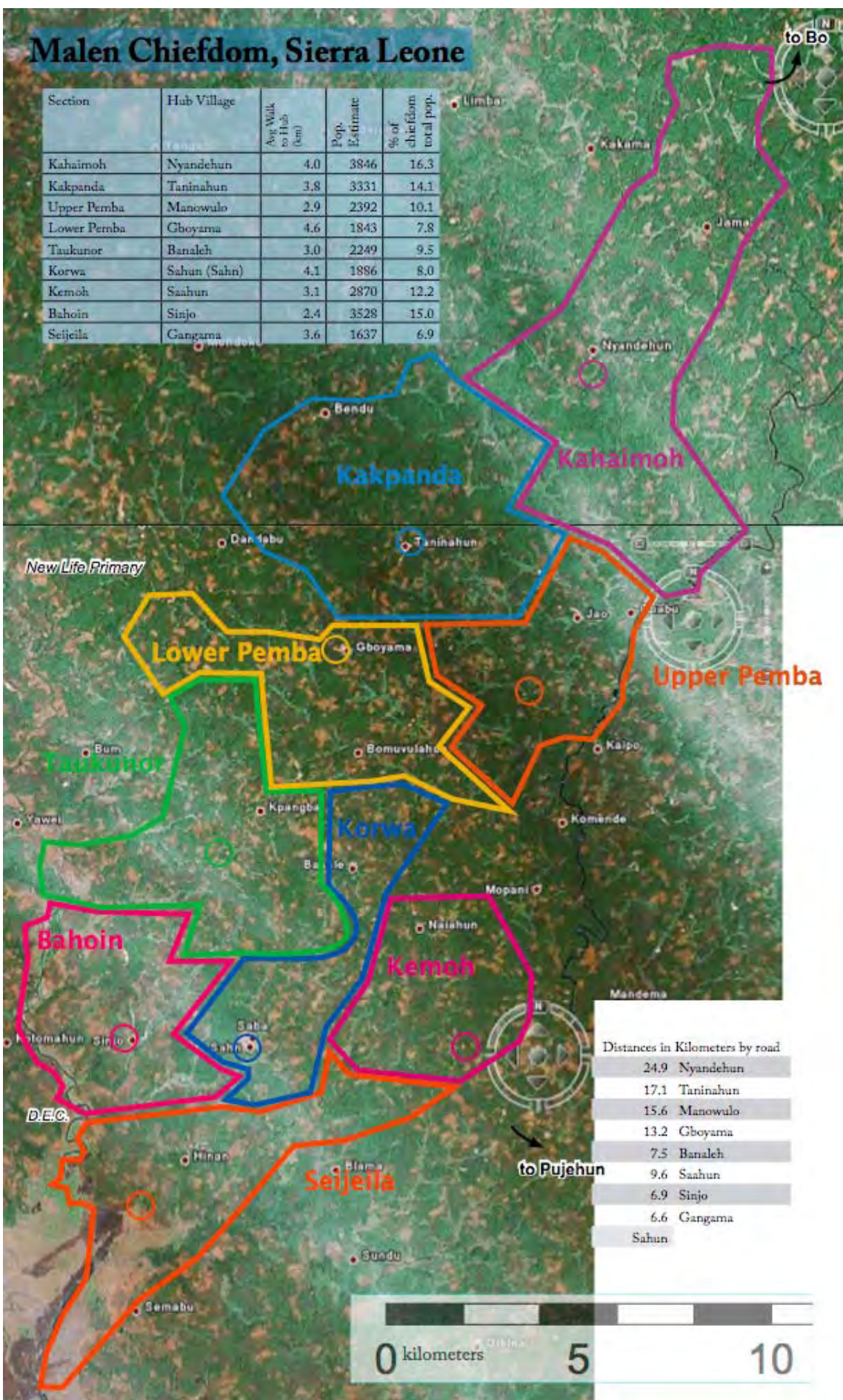
*Information on the provision of photos, video and a Post-distribution Summary is included in the attached document.

Ends—

THANK YOU!

Malen Chiefdom, Sierra Leone

Section	Hub Village	Avg Walk to Hub (km)	Pop. Estimate	% of chiefdom total pop.
Kahaimoh	Nyandahun	4.0	3846	16.3
Kakpanda	Taninahun	3.8	3331	14.1
Upper Pemba	Manowulo	2.9	2392	10.1
Lower Pemba	Gboyama	4.6	1843	7.8
Taukunor	Banaleh	3.0	2249	9.5
Korwa	Sahun (Sahn)	4.1	1886	8.0
Kemoh	Saahun	3.1	2870	12.2
Bahoin	Sinjo	2.4	3528	15.0
Seijeila	Gangama	3.6	1637	6.9



Original proposal received below.

Request: 200 LLINs

Approved: 200 LLINs

Against Malaria Foundation

LLIN Distribution Proposal Form

AMF use only:
Date received by AMF:
Date of decision:



A. Summary

# of LLINs	Country	Location	When	By Whom
200	Uganda	Namulonge	November 2009	Project Restore
e.g. 20,000	e.g. Namibia	e.g. Caprivi...	e.g. Apr-May2010	e.g. Red Cross

B. Further Information

INSTRUCTIONS PLEASE ADD INFORMATION IN THE BLUE BOXES. THE SPACE SHOWN IS A GUIDE ONLY. BOXES WILL EXPAND AS YOU TYPE TO FILL 3, 4 OR MORE PAGES AS APPROPRIATE. PLEASE ENSURE YOU PROVIDE ANSWERS TO THE SPECIFIC QUESTIONS ASKED. PLEASE EMAIL RESPONSES TO ROB MATHER AT RMATHER@AGAINSTMALARIA.COM THANK YOU.

Date proposal sent to AMF: **11/5/09**

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 distributed 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

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

Rural; Approximately 3000.

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

Yes; according to the local midwife/health worker, there is a high rate of malaria in this village and the sub-villages. We have no reason to believe the rates in Namulonge are any better than any other part of Uganda, where, according to WHO and a report published in New Vision (11/23/08) malaria is the leading cause of deaths in Uganda.

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.

In August of 2009 during the last Net Distribution, we conducted a Health Needs Assessment for Namulonge. The midwife/village healthcare provider, Immaculate, who runs the village health clinic, stated that she did not have records of the malaria cases. She also reported that she does not and has never had RDT's (Rapid Diagnostic test Kits) or a microscope for diagnosis. She did report she treats pregnant women prophylactically with 1 dose of Fansidar early in pregnancy and 1 dose postpartum. She is aware that Coartem is the most effective drug, but does not

have access to it. I am happy to report a microscope has been donated and we will be taking it to her on this November trip.

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.

We have determined from our last trip that "blanket coverage" being defined as 80% will be accomplished with 1400 more nets in this village. Unfortunately, we have not raised enough funds at this time to purchase that number. Our plan is to distribute the 200 nets we are asking for in this proposal and continue raising money to reach our goal.

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

The existing level of LLIN's is currently 42%. There are no other bed net distribution programmes in this area.

7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position, organisation contact information of the person/s making the decision.

This is an ongoing initiative of Project Restores' in this village that was started in 11/08. We also currently have clean water, hunger, medical and education initiatives.

8. Have you consulted with the National Malaria Control 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.

During our last trip we attempted to set up a meeting with the Minister of Health, but were unsuccessful.

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.

Ms. Immaculate Nansubuga, Registered Midwife, she runs the health clinic in the village. Her phone number is 011-256-782-513688

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

The LLIN's will definitely be free of charge to all recipients at this and all Distributions.

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

As previously done, Immaculate Nansubuga, will compile a list of names/recipients, to determine who will receive a net at this distribution based on our target population.

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 transported to the village by truck from Kampala by 2-3 members of our team. The distribution will occur between November 23²⁹, 2009. The nets will be distributed by members of the Project Restore team along with volunteers from the village. David Mayanja, headmaster of the Namulonge Secondary School will be one of the leaders of the village assisting with the distribution, as well as Immaculate Nansubuga, the midwife/health worker, who runs the village health clinic.

13. Please describe the malaria education component of the distribution. Please give detail.

We have two handouts that will be read and explained to the group of net recipients. The first is "Fundamentals of Malaria Education" with key messages on how malaria is contracted through mosquito bites, what the signs and symptoms of malaria are, who is at greatest risk, what to do if your child or someone you know exhibits these

symptoms and how to protect yourself from mosquito's with the use of a bed-net. The second handout that will be read and explained is "Proper Care, Treatment and Use of Insect-Treated Bed-Nets"; this tool is borrowed from unesco.org.

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 will ensure that all nets have been hung before we leave the village. The team will report hangup % to AMF.

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

We promise to photograph and document distribution of and hanging of the LLIN's for Namulonge and send all photo's and documentation to Against Malaria Foundation along with the Post-Distribution Summary.

16. 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.**

We will provide photos of the distribution as we did previously.

17. Please confirm you will provide at least 5 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 will provide video footage of the distribution as we did previously.

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 have recently been in contact with Immaculate who is putting together a team of people that will begin to do the post-distribution reviews. In addition JC Foster is going with the team this trip and will stay for a period of 6 months to a year. He will be there working on our education initiative, but has also committed to assist the village in the PDR's and assist with the reporting.

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

**Janice K. Wall, Director of Medical & Procurement
Project Restore
P.O. Box 464
Edwardsville, IL 62025 USA
jkwall@juno.com
618-207-9241**

*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!

Original proposal received below.

Request: 1,000 LLINs

Approved: 1,000 LLINs

Against Malaria Foundation

LLIN Distribution Proposal Form

AMF use only:
Date received by AMF:
Date of decision:



A. Summary

# of LLINs	Country	Location	When	By Whom
1,000	The Gambia	The Wallalan Hamlets	Sept 2009	NMCP & MRC, The Gambia
e.g. 20,000	e.g. Namibia	e.g. Caprivi...	e.g. Apr-May2010	e.g. Red Cross

B. Further Information

INSTRUCTIONS PLEASE ADD INFORMATION IN THE BLUE BOXES. THE SPACE SHOWN IS A GUIDE ONLY. BOXES WILL EXPAND AS YOU TYPE TO FILL 3, 4 OR MORE PAGES AS APPROPRIATE. PLEASE ENSURE YOU PROVIDE ANSWERS TO THE SPECIFIC QUESTIONS ASKED. PLEASE EMAIL RESPONSES TO ROB MATHER AT RMATHER@AGAINSTMALARIA.COM THANK YOU.

Date proposal sent to AMF: **14/10/2009**

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 o be distribution to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

no	Name	District	POP, 2003 census
1	Biram Kardo Ya	Central Baddibu	135
2	Cheedi Laibe Ya	Central Baddibu	3
3	Cheedi Wollof	Central Baddibu	55
4	Ker Gumalo	Central Baddibu	145
5	Sare Illo Buya	Central Baddibu	27
6	Ker Katim Fula	Central Baddibu	54
7	Ker Katim Wollof	Central Baddibu	74
8	Ker Pateh	Central Baddibu	113
9	Sare Samba Sowe	Central Baddibu	139
10	Laliya	Central Baddibu	111
11	Nyerbayo	Central Baddibu	106
12	Biran Gido Ya	Upper Baddibu	112
13	Gallo Ya	Upper Baddibu	95
14	No Kunda Fula	Upper Baddibu	192
15	Bantang Killing	Upper Baddibu	213
16	MBanta	Upper Baddibu	129
17	Wallalan	Upper Baddibu	299

18	Yuma	Upper Baddibu	212
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The villages lie to the East of Farafenni on 13°35N between 15°42 to 15°52W

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

These are rural villages with an estimated total population of 1537 in the 2003 Gambian census. The population may have increased slightly in the last 6 years but in most rural areas of the Gambia populations are decreasing. The proposal aims to provide one nets per sleeping place/bed which and these are usually shared by two. Thus 1000 nets will be sufficient. Any excess nets will be added to those distributed by the NMCP at mother and child clinics.

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

The risk of malaria transmission in the rural areas of The Gambia, where approximately half of the population live, is considerably higher than that in the urban areas near the coast. This is largely due to the extended breeding sites for Anopheles along the river and its tributaries. These villages lie with mosquito breeding sites on two sides, the Bao Bolong tributary to one side and the floodplains of the river on the other. The villages were originally selected for the first clinical trials of the impact of bed nets and insecticide treated bednets on malaria as the infection rate was high.

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 have been no surveys in this specific rural area for over 10years. Overall, the most recent data from The Gambia shows a decline in malaria from 1999 to 2007 in and in Farafenni, the nearest health facility to these villages with laboratory facilities to diagnose malaria, shows that in 2007 approximately 20% of paediatric fever cases are parasitized (Ceasay, et al , The Lancet 372: 1545-54, 2008). Although malaria may be declining, from 40% in 2003/4, this is still a heavy burden and the burden may be higher in these hamlets than in the population consulting at the hospital.

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.

"Blanket coverage" for maximum impact.

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

The National Malaria Control Programme distributes LLIN via mother and child clinics all over the country, The programme is aiming for blanket coverage in their new malaria control policy but as yet lacks the funds to implement this. Although net use is quite high in this area, and indeed much of rural Gambia, few nets are ITN, and the majority are in very poor condition.

7. **Why was the area/villages chosen** for bednet distribution and who made this decision? Please provide the name, position, organisation contact information of the person/s making the decision.

All those involved malaria control, and especially those at the AMF, know that our major tool to control infection is the ITN. This is to a large extent due to pioneering work undertaken in The Gambia in the Wallalan Hamlets at the end of the 1980's. Bednets have been part of Gambian life for well over a century, but the addition of insecticide to their fabric greatly increases protection against malaria. This point was first demonstrated in these hamlets (Snow et al, Trans R Soc Trop Med Hyg.82: 838-42,1988). Today the NMCP of The Gambia promotes ITN use and distributes nets mainly via the MCH clinics. The NMCP is very keen to implement their policy of blanket net use ("Nets for All") and are including this in their Global Fund proposals. However, these are not yet successful.

Thus the current request for help in providing nets to the Wallalan Hamlets has several aims:

- To recognise their key role in collaborating with medical research
- To promote the new policy of “Net for All”
- To increase awareness of net use during the peak of the malaria season

8. Have you [consulted with the country's National Malaria Control 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.

The proposal is submitted by:
Mr Malang Fofana, Manager
Mr Balla Kandeh, Head of Vector Control
National Malaria Control Programme
Kanifing Institutional Layout
Kanifing, The Gambia
malangsfofana@yahoo.com

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.

Regional Health Director
Mr Baba Jeng,
Regional Health Office
Farafenni NBR,
The Gambia

10. Please confirm the nets will be distributed [free-to-recipients](#), a requirement for us to fund nets.

Nets will be distributed at no cost to the participants

11. Please describe any [pre-distribution activity](#), in particular how the size of the target group and number of nets required will be ascertained?

The number of nets required has been assessed from the 2003 census data (please see 2 above).
The Regional Health Director (RHD) of North Bank Region and District Health Teams (DHT) of Central and Upper Badibu will be informed of the planned distribution as soon as the nets have been purchased.
To prepare for net distribution, a household level bed and residents survey will be conducted in all the villages by public health officer (PHO) and community health nurses (CHN) responsible. They will collect, for each compound, the name of the compound head, the number of people living in the compound, the number of beds and if there are more than 5 beds, the name of the household heads. The data will be used to prepare lists for distribution and for random selection of compounds / household for the post-distribution surveys.
Nets will be received in country and cleared by the Department of State for Health. Once in country, the nets will be delivered to Illyasa Health Centre and be held under the responsibility of the PHO.
Soon after the nets arrive in the country, the pre-distribution village meetings will be held in two central villages to inform the community leaders of the reasons behind the net distribution and the timings. The meetings will be lead by members of the DHT and NMCP, under the direction of the RHD.

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 transported to the villages from Illyasa HC in two batches at the agreed times. All packages will be cut open before distribution to reduce the possibility of resale. In a central location in each village the PHO or the CNH will

supply nets to the compound head, or household head if the compound has more than 5 beds, according to the survey list. All recipients will sign or fingerprint the list to confirm receipt. The village health worker and traditional birth attendant of each village will assist in the distribution process. Distribution will be completed in two days.

13. Please describe [the malaria education component](#) of the distribution. Please give detail.

Malaria education will be given at the pre-distribution village meetings and at distribution as detailed in the Gambian Malaria Strategic Plan. This includes the need for everyone, and not just the most vulnerable, to protect themselves from malaria, the role of the vector and why the ITN work, when and how to use the ITN and recognizing malaria and the importance of prompt treatment.

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.

a) a post-distribution survey will be made on a random sample of 20% of the nets by the PHO and CHN.

in addition two focus group discussions will be held to assess understanding of ITN use, especially on use by everyone and not just the young children. These will be conducted by an independent social scientist.

b) these will take place within 4 weeks of distribution

c) the findings will be provided to AMF

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

A post-distribution summary will be written, illustrated and sent to AMF.

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.**

This is a small scale donation comprising of one sub-location. We will take the required number of photos. In the village meeting before distribution community consent will be sought to take and use photos and video film. Verbal consent will also be sought from each subject photographed or resident of houses for room photos.

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.**

This will be provided.

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.

a) Post-distribution surveys random sample of 20% of the nets by the PHO and CHN [3days per diem and fuel] near the time points requested, please see b0 below .

At one of the time points, during the malaria season the FGD will be repeated

b) These will take place at approximately 6,18,30 and 42 months post-distribution, but timed so as to fall in the malaria season (July to November).

c) The findings will be provided to AMF

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

**Mr Malang Fofana, Manager
National Malaria Control Programme
Kanifing Institutional Layout
Kanifing, The Gambia
malangsfofana@yahoo.com**

Original proposal received below.

Request: 875 LLINs

Approved: 875 LLINs

Against Malaria Foundation

LLIN Distribution Proposal Form

AMF use only:
Date received by AMF:
Date of decision:



A. Summary

# of LLINs	Country	Location	When	By Whom
875	Tanzania	Ahakishaka and Nyakagoyagoye Villages, Karagwe District, Kagera Region	August09	World Institute for Leadership and Management in Africa (WILMA)
e.g. 3,000	e.g. Namibia	e.g. Caprivi	e.g. Apr-May06	e.g. Red Cross

B. Further Information

INSTRUCTIONS

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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 distributed to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

The villages are in the most northern and western part of Tanzania. The Rwandan border is only 5 KM to the west, and the Ugandan border is only 30 KM to the north. Ahakishaka is a village of approximately 562 households (WILMA LLIN Hanging survey 07/09) occupying several ridges and valleys along Lake Kijunju (1° 41' 58S / 30° 58' 56E). Nyakagoyagoye is a village of 996 households (WILMA LLIN hanging survey 07/09) that borders Ahakishaka to the east and has similar topography but does not border the lake. The vast majority of residents in both villages are substance farmers. who grow plantains, coffee, maize, and beans. Residents also keep cattle and goats.

2. Is this an [urban or rural](#) area and how many people live in this specific area?

The villages are rural areas: Ahakishaka has 562 households and approximately 3100 residents. Nyakagoyagoye has 996 households and approximately 5400 residents. Household numbers are from WILMA hanging surveys, resident numbers are based on an average of 5.5 people per household (consistent with past dispensary data). Ahakishaka and Nyakagoyagoye are 25 km from the nearest town with electricity (Omurushaka) and are only accessible by rough dirt roads.

3. Is this a [high risk malaria area](#) for this country? If yes, why do you designate it as high?

This is a high-risk malaria area as designated by the Ministry of Health of Tanzania based on prevalence data. Like most places in Karagwe, malaria is the single greatest contributor to the burden of disease and the leading cause of death.

4. How many reported cases of malaria and malaria deaths were there in this area in 2006 or 2007? Please cite your source. If you do not have statistics please make a qualitative comment.

Nyabiyonza dispensary is the most commonly accessed health care facility for both Ahakishaka and Nyakagoyagoye villages. Diagnosis of malaria at this dispensary is based on clinical presentation. WILMA distributed LLINs (max of 2 per household) to every household in Ahakishaka in 2007 and Nyakagoyagoye in 2008.

	Malaria cases under 5	Malaria cases over 5
2007	525	939
2008	346	547

The dispensary is the most accessible health care facility, but many patients do attend neighbouring dispensaries or in severe cases Nyakaiga hospital (5 plus km away) or Nyakahanga Hospital (20 km away).

WILMA (in collaboration with the Mount Sinai School of Medicine) conducted a prevalence study on Malaria in the neighbouring village of Kijumbura in 07/09. The result showed a prevalence of 15%, which is very high for the middle of the dry season.

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 is a blanket coverage program to cover every remaining sleeping space in both villages. We will use the results from our hanging survey and the registration data from the National Malaria Control Under 5 / IRS registration in order to pinpoint need on a household to household basis.

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

Before the NMCP's new program, country wide, bednet use in rural areas had been measured at 8%. In our experience distributing nets to these communities the last two years, this is an accurate number. This summer, NMCP has distributed LLIN to cover sleeping spaces for every child under 5 in Tanzania. Part of our team also worked with the NMCP to register and distribute LLIN in Ahakishaka and Nyakagoyagoye on July 10th-12th of 2009.

7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position, organisation contact information of the person/s making the decision.

**We chose to return to Ahakishaka and Nyakagoyagoye because our organization has established relationships and identified resources in each village. Also, since we are well known, providing nets in these villages would create the least amount of confusion. Given that we will be distributing after the NMCP under 5 program and before a FEB 2010 NMCP blanket coverage program, it was important to chose a village that would be confident with our work and would understand the difference between our work and the NMCP. This was a decision reached by consensus by project contributors. Peter Benziger Project Coordinator, WILMA
p_benziger@yahoo.com +255 754 23 7173, +1 857 207 9907**

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.

I consulted with Nick Brown the National Director of the Malaria Control Program who referred me to the Communications Director Susan Amani: 0713248877 – We

discussed the proposal and Susan approved the project – She suggested working closely with The District Medical Officer Dr. Ruta who will be implementing a distribution of LLIN to all children under 5 in Karagwe on the 10-12th of July 2009. We will share all distribution with the NMCP to insure there isn't any redundant action during the FEB 2010 NMCP distribution. Susan recognizes the benefit of providing nets this year, but suggests transitioning to behaviour change in the future. We will be sure to stay in close contact in the coming year to determine if our contribution of nets will be needed in the future.

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

The NMCP trained volunteers from each hamlet of both villages to register households with children under five in order to receive a LLIN. These same volunteers then helped in the distribution of nets July 10th-12th. We trained these same volunteers to go back and conduct a hanging survey in their hamlets in order to determine need on a household basis. During the hanging survey, the volunteers taught proper net use behaviour and assisted in the hanging of improperly used, or unused nets. These hanging surveys took place over the course of one week in the end of July 2009, in both Ahakishaka and Nyakagoyagoye. The same volunteers will distribute registration cards with the date, location, and number of nets to be received one week before the distribution.

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.

The distribution will occur on two days in each village at a central location. Households members were already educated by our program in 2007 (Ahakishaka), and 2008 (Nyakagoyagoye), and by the NMCP during the July 10th-12th distribution and during the WILMA Hanging survey. The WILMA project coordinator will work with the village executive officer and the hamlet volunteers to distribute the nets. Each household will turn in their registration card in order to receive a net. Nets will be removed from their packages and marked with a date on the tag for better tracking and decreased resale value. Each household member will receive a net card (LLIN use and care), and string for hanging the net if it is needed as well. The VEO will check off the household from our distribution list.

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?

After one month the trained volunteers will go house to house to conduct a hanging survey and to educate about proper net use and malaria control. We will conduct a survey to determine hang-up percentages and bednet attitudes and behaviours in June of 2010 as well. We will provide you with all findings, and we will work to improve net usage through education if it is necessary.

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.

District Medical Officer: Dr. Thomas T. Rutachunzibwa, telephone: 028 - 2223067

13. Please confirm the nets will be distributed [free-to-recipients](#), a requirement for us to fund nets.

Confirmed

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.*

Confirmed

15. Please confirm you will provide at least 5 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.*

Confirmed

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](#).

Peter Benziger, WILMA Global Partner, World Institute for Leadership and Management in Africa

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South China ME

04358 USA

p_benziger@yahoo.com

857 207 9907

+255 754 23 71 73 (Tanzanian Number)

*Information on the provision of photos, video and a Post-distribution Summary is included in the attached document.

Ends—

THANK YOU!