

Summary Features of an AMF Distribution

Funding and Net Purchase

1. AMF funds the nets. AMF buys high quality nets, size and colour as requested by NMCP. Procurement is fully transparent and agreed with the co-funding partner, NMCP and the NGO which will oversee the distribution.
2. A co-funding partner funds non-net costs.

Pre-distribution

3. The following data are collected per household: number of a) people b) sleeping spaces c) useable nets and d) nets needed, also identifying the village or community. Ideally names and ages of household members are also collected.
4. A separate smaller group of data collectors verify the accuracy of the records by checking 5% of the households.
5. All data are collected either a) on paper then put in electronic form by entry into a database system by data entry clerks or b) using smartphone technology. All data are available to all parties.

Distribution

6. A Distribution Plan is made by the NMCP or NGO and agreed with AMF.
7. After receipt in-country, nets are counted at the different points in the distribution, in and out, by bale, with signed confirmations easily available for inspection.
8. 'Independent supervision' is present at the moment of distribution, typically by individuals who are not associated with the health system or locality.
9. The number of nets given to each household is recorded with the data put in electronic form and available to all parties. A summary is also provided by the NGO to AMF.
10. Photos and videos are taken by the NGO showing the different parts of the distribution.
11. Surplus nets may be used to cover shortfalls in other areas. Missing nets need to be replaced.

Post-Distribution

12. Post-distribution Check-Ups (PDCUs) are carried out every 6 months for 2.5 years (so 5 checks) with 5% of households in each Health Area selected at random and visited unannounced. These data are put in electronic form.
13. A summary is provided by the NGO and the results are published in anonymised, summary form.
14. Monthly malaria case rate data is provided quarterly for all health areas.

These checks serve as reminders to communities of the importance of hang-up, they enable NMCP and Health officials to identify trends in net use and the communities with most intense need. They also enable all parties to learn how net quality deteriorates at different rates in different locations.