



## Summary

# of LLINS	Country	Location	When	By whom
80,000 (approx)	Malawi	Balaka District	Jan-Apr 2013	Concern Universal

## Further Information

**1. Household level net-need information** (see Note 1). Do you have detailed net requirement data for all households in the distribution area? If yes, please describe the information you have and when it was collected. We will request a copy of the information at a later stage. If not, please confirm you will carry out a **Pre-Distribution Registration Survey (PDRS)** to assess, for each household in the distribution area, **the number of sleeping spaces** (for the purpose of family-sized nets) and the **number of existing LLINs** with at least one year's (estimated) use? Please describe how this work will be carried out, by whom and when.

Detailed net requirement data for all households in the District does not currently exist although we do have i.) population data for the District ii.) information regarding the number of LLINs distributed in the District over the past twelve months and iii.) results of a snapshot household survey carried out in mid-2012 which provides an indication of existing coverage levels. We confirm that we will carry out a comprehensive Pre-Distribution Registration Survey (PDRS) in partnership with Balaka District Council from January 2013. This PDRS involves initial training of all Health Surveillance Assistants who will then carry out the primary data collection with supervision from Concern Universal and the District Council. The HSAs will visit every household in every village and gather data about household population (including under fives), sleeping spaces and existing numbers of good quality LLINs. This data will then be entered by Concern Universal on a master spreadsheet. Each community will then have a data verification exercise conducted to clean the data and correct any errors (intentional or unintentional) before the final net stock required is confirmed.

**2. Independent supervision** (see Note 2). Please confirm you will be able to ensure there is at least one independent supervisor present at the 'moment of distribution' for all net distributions. Independent supervisors will typically be staff members of the distribution partner and/or senior and trusted members of the local government health system. Their primary role is to ensure nets are distributed in the correct quantity to beneficiaries listed and ensure a 'no show, not net' policy is carried out (beneficiaries unable to be present can collect their nets later).

Concern Universal confirms that at least one member of CU staff will be present for each and every distribution site.

We have a tried and tested methodology here which worked effectively in Ntcheu District.

**3. Post-Distribution Surveys** (see Note 3). Please confirm you will carry out Post-Distribution Surveys (PDSs)\*\* every 6 months post-distribution for a period of up to four years to assess the level of net usage (hang-up %), correct usage and condition of the nets and you will provide us with the findings. Each survey would cover approximately 5% of households.

I can confirm Concern Universal and Balaka District Council will conduct a Post-Distribution Survey every six months following the distribution.

**4. Malaria case rate information** (see Note 4). Please confirm you are able to provide monthly malaria case rate data going back at least 12 months for each health centre/clinic in the distribution area and will continue to provide monthly data for a period of four years post-distribution. This ensures we understand pre-distribution malaria levels and can monitor them post-distribution.

Malaria case rate information for each of the 16 Health Centres is available from the Balaka District Health Office using the Malawi Government's national Health Management Information System (HMIS). This information will be sent to AMF separately. Total figures for Balaka District are pasted below.

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Grand Total
Malaria <5 - new	2,335	2,473	2,438	3,710	6,164	5,491	4,415	4,359	3,403	2,066	2,004	2,417	41,275
Malaria >=5 - new	2,389	2,522	2,805	5,759	10,467	7,694	5,692	5,350	4,203	2,681	2,940	2,676	55,178

**5. Please list the specific locations & villages to receive nets and the number to each? Please provide longitude/latitude information. Information by spreadsheet is likely to be appropriate.**

All villages in Balaka District will be covered. See Appendices 1 and 2. A village list will follow. This is a total of 369,809 people living within the catchment areas of 16 Health Centres. Balaka District has a Latitude of 15 degrees South and a Longitude of 35 Degrees East.

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

Rural area with a population of 369,809.

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

Yes, all of Malawi (except some isolated highland areas) is designated a high risk malaria area. There were 55,178 reported cases of malaria in Balaka District over the past twelve months.

**8. Please confirm this distribution of nets is to achieve 'universal coverage' - all sleeping spaces covered - of the distribution area.**

Yes, this distribution will achieve universal coverage by ensuring that all sleeping spaces have a high quality LLIN.

**9. What is the existing level of LLIN use in this area? Please provide details of the LLIN distributions that have taken place in the distribution area in the last three years, including when nets were distributed, where, in what quantities and by whom. Are there existing bednet distribution programmes in this area? A spreadsheet may be appropriate.**

Balaka District was the site of a major distribution of LLINs in May 2012. According to official records 123,627 LLINs were distributed in Balaka during this month. A snapshot survey carried out in 3 villages in Balaka in August 2012 found sleeping space coverage was 27%. Data showed 65% of the nets that would have been required for universal coverage were received in the area, 70% of those were found during the survey, of which 60% were hung and being used (65% x 70% x 60% = 27%). Other than this distribution LLINs are made available to pregnant women and new mothers through Health Centres.

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

Concern Universal consulted and agreed with the National Malaria Control Programme and relevant District Councils that we would focus our distribution efforts on the Districts of Dedza and Balaka. These are two Districts where Concern Universal has a significant ongoing project presence and a strong working relationship with the District Authorities. This means we will be able to carry out the distribution at a lower cost than if we had to establish a presence in a new District and our understanding and working relationship with the District Council means that the distribution should also be carried out very effectively. NMCP contact is John Zoya. E: zoyaj2003 AT yahoo.co.uk, T: +265(0)888873131.

**11. Have you consulted with the country's National Malaria Programme about this distribution and what was their response? Please provide the name, position and contact details of the person/s with whom you have liaised.**

Yes. John Zoya, NMCP Coordinator  
E: zoyaj2003 AT yahoo.co.uk, T: +265(0)888873131

**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.**

Owen Chikhwaza, Balaka District Health Officer  
E: chikhwaza AT gmail.com, T: +265(0)999359211.

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

Yes, the LLINs will be distributed free-to-recipients.

**14. Please describe how the bednets will be distributed and by whom.**

The bednets will be distributed by Concern Universal staff in partnership with the Balaka District Health Office. Following the registration of beneficiaries and verification the team will identify distribution points. Each distribution site will be staffed by community volunteers, Health Surveillance Assistants from the District Council and at least one staff member from Concern Universal. Beneficiaries will be asked to sign or thumbprint village registers in duplicate before receiving their nets and each distribution will be supervised by traditional leaders from each village. Nets will be removed from their packaging and initialled with the name of each beneficiary before distribution to reduce the likelihood of resale. Each distribution will be accompanied with malaria education activities such as community theatre and net hang-up demonstration.

**15. Project Timeline.** Please provide a project timeline covering pre-distribution, distribution and post-distribution activities. Please provide this in a separate document/spreadsheet.

BALAKA DISTRIBUTION PLAN																				
No.	ACTIVITY	December			January				February				March			April				
		w/c 10th	w/c 17th	w/c 24th	w/c 31st	w/c 7th	w/c 14th	w/c 21st	w/c 28th	w/c 4th	w/c 11th	w/c 18th	w/c 25th	w/c 4th	w/c 11th	w/c 18th	w/c 25th	w/c 1st	w/c 8th	w/c 15th
1	Recruitment and Project Set-up																			
2	Orientation and Initial Training- Balaka																			
3	Registration- Balaka																			
4	Data Entry and Verification- Balaka																			
5	Distribution- Balaka																			
6	Mop-Up Distributions- Balaka																			
7	Report writing- Balaka																			

**16. Please describe all aspects of malaria education that will accompany the distribution. Please include a description of what information will be covered and who will carry out this work. Please include activities both pre-distribution and during the distribution.**

Prior to distribution health talks will be carried out by Health Surveillance Assistants and Concern Universal staff. The house-to-house visits made by HSAs as part of the registration process will also be used to demonstrate correct net hang-up and care activities. During distributions there will also be health talks and community theatre and drama activities to stress the importance of sleeping under an LLIN at all times.

**17. Please confirm you will send a Post-Distribution Summary when the distribution is complete.\*\***

Yes we can confirm this.

**18. Please confirm you will send us, post-distribution, at least 60 digital photos per sub-distribution\*, taken at the distribution/s, to be added to our website as we report on the distribution to donors.\*\***

Yes we can confirm this.

**19. Please confirm you will provide at least 15 minutes of [video footage](#) from each sub-distribution. It does not need to be 'broadcast' quality and can be taken with a handheld digital video camera.\*\***

Yes we can confirm this.

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

Robin Todd, Country Director, Concern Universal Malawi  
T: +265(0)881519630, E: robin.todd@concern-universal.org

**NOTES**

\*Sub-distributions are mutually agreed and are typically a portion of the total distribution ie A 250,000 net distribution, for photo and video reporting purposes, might be divided into 10 sub-distributions.

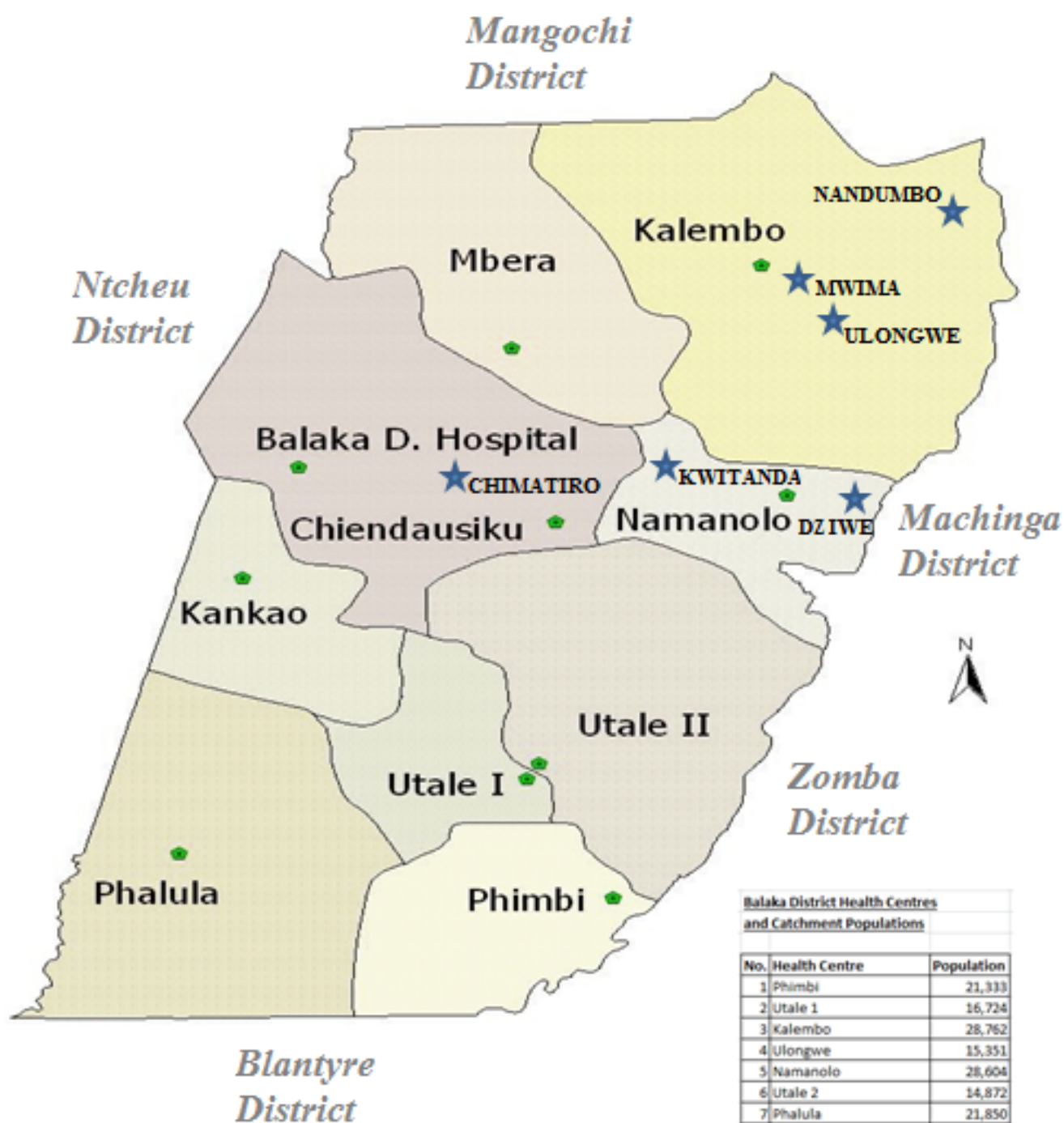
\*\*Information on the provision of photos, video, Post-distribution Summary and Post-Distribution Surveys is included in the following pages.

Ends—

## Appendix 1: Previous Distribution Sites

LLIM'S DISTRICT DISTRIBUTION SUMMARY					
DALAKA DISTRICT					
Date	D/Unit #	Vehicle Reg #	Cluster	Distribution Site	LLIM'S Delivered
28.05.2012	281	TO 1144	DALAKA CENTRAL	HLAMBE PVT SCHOOL	2,343
28.05.2012	282	TO 1144	DALAKA CENTRAL	HFONDA	2,484
28.05.2012	283	TO 1144	DALAKA CENTRAL	SOSOLA SCHOOL	2,128
28.05.2012	5	PE 7744	DALAKA CENTRAL	JAMES U/S SHELTER	1,435
28.05.2012	1	PE 7744	DALAKA CENTRAL	COMFORT GROUND	2,887
28.05.2012	2	PE 7744	DALAKA CENTRAL	MBATAMILA U/S SHELTER	1748
28.05.2012	4	PE 7744	DALAKA CENTRAL	MSAMALA COURT	2488
28.05.2012	3	PE 7744	DALAKA CENTRAL	MTALIKA	1,484
28.05.2012	52	PE 6888	DALAKA CENTRAL	LM'OMBE SCHOOL	1,552
28.05.2012	51	PE 6888	DALAKA CENTRAL	CHIMATILO	2,158
			<b>TOTAL</b>		<b>13,885</b>
28.05.2012	354	HA 1122	CHEHDAUSIKU	MATOLA	2833
28.05.2012	355	HA 1122	CHEHDAUSIKU	KM'ISA U/S SHELTER	2246
28.05.2012	351	HA 1122	CHEHDAUSIKU	CHIVENDAUSIKU H/C	1448
28.05.2012	352	HA 1122	CHEHDAUSIKU	CHIKOLOLERE	1347
28.05.2012	353	HA 1122	CHEHDAUSIKU	KAPANDATSISI	1816
			<b>TOTAL</b>		<b>8888</b>
28.05.2012	451	TO 2318	KWITANDA	LAZALO	1582
28.05.2012	452	TO 2318	KWITANDA	KWITANDA H/CENTRE	2546
28.05.2012	453	TO 2318	KWITANDA	DZWE	1656
28.05.2012	454	TO 2318	KWITANDA	MADUWANI	1248
28.05.2012	455	TO 2318	KWITANDA	UTALE 2	1657
28.05.2012	456	TO 2318	KWITANDA	MBAZA	386
			<b>TOTAL</b>		<b>3587</b>
28.05.2012	318	HJ 138	HAMAMOLO	HALIWE	2165
28.05.2012	382	HJ 138	HAMAMOLO	MHANGA	2358
28.05.2012	383	HJ 138	HAMAMOLO	ROAD BLOCK	3448
28.05.2012	381	H2 4483	HAMAMOLO	MALAYA	2758
28.05.2012	382	H2 4483	HAMAMOLO	HAMAMOLO H/C	3262
28.05.2012	181	PE 3838	HAMAMOLO	HANGULUKUTICHE	2483
			<b>TOTAL</b>		<b>16488</b>
28.05.2012	251	PE 227	PHALULA	CHITALE	373
28.05.2012	252	PE 227	PHALULA	NYANYALA H/C	1318
28.05.2012	253	PE 227	PHALULA	M'SIMUKE	888
28.05.2012	254	PE 227	PHALULA	TSITE	1887
28.05.2012	255	PE 227	PHALULA	PHALULA	2838
			<b>TOTAL</b>		<b>6388</b>
28.05.2012	53	PE 6888	KANKAO	KHODWE	2134
28.05.2012	484	PE 438	KANKAO	CHIVEMBEZO	2834
28.05.2012	414	PE 438	KANKAO	MFULANJOYU	2834
28.05.2012	485	PE 438	KANKAO	KANKAO H/C	2658
			<b>TOTAL</b>		<b>8522</b>
23.05.2012	284	HA 1122	MDEKA	MTHUMPA	878
23.05.2012	285	HA 1122	MDEKA	MISOHALI	887
23.05.2012	286	HA 1122	MDEKA	MDEKA	2148
23.05.2012	287	HA 1122	MDEKA	PYOLI	1438
23.05.2012	288	HA 1122	MDEKA	MAKUTA	1438
23.05.2012	283	HA 1122	MDEKA	MZIMUNDILINDE	1424
23.05.2012	6	HA 1122	MDEKA	DANKENI	768
23.05.2012	7	PE 227	MDEKA	DURBAN	876
23.05.2012	8	PE 227	MDEKA	MWAYE	378
23.05.2012	9	PE 227	MDEKA	KACHENGA	1284
23.05.2012	10	PE 227	MDEKA	DINOH	1278
23.05.2012	11	PE 227	MDEKA	MTUMBEWE	1337
23.05.2012	12	PE 227	MDEKA	HAMBIRA	383
			<b>TOTAL</b>		<b>15737</b>
23.05.2012	256	PE 7744	WALEMPO	KALEMPO	2436
23.05.2012	257	PE 7744	WALEMPO	ST. ANDREWS	1688
23.05.2012	258	PE 7744	WALEMPO	NJESE	1387
23.05.2012	253	PE 7744	WALEMPO	HTERERA	1273
23.05.2012	268	PE 7744	WALEMPO	KUHTIYANA	1538
			<b>TOTAL</b>		<b>8,874</b>
23.05.2012	384	HJ 138	ULONGWE	DALAKA TURN OFF	1236
23.05.2012	385	HJ 138	ULONGWE	ULONGWE H/C	2824
23.05.2012	386	HJ 138	ULONGWE	MKANDA	845
23.05.2012	387	HJ 138	ULONGWE	MBAVA	753
23.05.2012	388	HJ 138	ULONGWE	MKAMWANA	778
			<b>TOTAL</b>		<b>5780</b>
23.05.2012	311	HJ 138	HANDUMPO	HAMALOMPA	1467
23.05.2012	312	HJ 138	HANDUMPO	HANDUMPO	1747
23.05.2012	457	PE 6888	HANDUMPO	KAPULAFULA	1884
23.05.2012	458	PE 6888	HANDUMPO	KAVUNGUTI	1811
23.05.2012	453	PE 6888	HANDUMPO	MALIDADI	1148
			<b>TOTAL</b>		<b>6388</b>
23.05.2012	356	TO 2318	MWIMA	CHIDWANA MSAMALA	2373
23.05.2012	357	TO 2318	MWIMA	MWIMA	3828
23.05.2012	358	TO 2318	MWIMA	HGASALE	2852
23.05.2012	353	TO 2318	MWIMA	CHOPI	1285
			<b>TOTAL</b>		<b>3853</b>
23.05.2012	182	TO 1144	PHIMPI	SEMAHI	374
23.05.2012	183	TO 1144	PHIMPI	NJERENGE	1848
23.05.2012	184	TO 1144	PHIMPI	HGOMWA	2386
23.05.2012	185	TO 1144	PHIMPI	KANYIMPO	1814
23.05.2012	186	TO 1144	PHIMPI	NSUMUZI	1842
23.05.2012	187	TO 1144	PHIMPI	SHIRE NORTH	1122
			<b>TOTAL</b>		<b>7586</b>
23.05.2012	488	PE 438	UTALE	PHIMPI H/C	1322
23.05.2012	487	PE 438	UTALE	BOHONGWE	662
23.05.2012	415	PE 438	UTALE	MKAYA	1813
23.05.2012	418	PE 438	UTALE	KM'ALALA	536
23.05.2012	411	PE 438	UTALE	UTALE H/CENTRE	1558
23.05.2012	416	PE 438	UTALE	MAYETA	556
23.05.2012	413	PE 438	UTALE	ZALIHU	676
			<b>TOTAL</b>		<b>6382</b>
			<b>DALAKA DISTRICT TOTAL</b>		<b>123,627</b>

**BALAKA DISTRICT, MALAWI - LOCATION OF HEALTH CENTRES**



No.	Health Centre	Population
1	Phimbi	21,333
2	Utale 1	16,724
3	Kalembo	28,762
4	Ulongwe	15,351
5	Namanolo	28,604
6	Utale 2	14,872
7	Phalula	21,850
8	Kankao	24,479
9	Mbera	33,249
10	Chiyendausiku	12,730
11	Kwitanda	14,559
12	Mwima	26,350
13	Chimatiro	9,724
14	Dzire	9,875
15	Balaka District Hospital	77,981
16	Nandumbo	13,366
<b>TOTAL POPULATION</b>		<b>369,809</b>

## NOTES



### Note 1

#### **Accurate household-level net need data**

**What?** Number of sleeping spaces and existing usable nets.

**Why?** So we know exactly how many nets each household needs.

It is important data is recent and accurate. This helps avoid both over-delivery and under-delivery of nets to households. Over-delivery of nets is wasteful. This can occur if perfectly usable nets are not counted with households receiving four nets when they might only need two. Under-delivery of nets can leave sleeping spaces uncovered and this can compromise breaking transmission. This can occur when one net per two people is the basis for a distribution but the composition of a family might mean more nets are required. Distribution partners will typically carry out a pre-distribution registration survey (PDRS) across the entire distribution zone to establish the number of sleeping spaces and the number of LLINs with at least one year of remaining use.

If there have been no, or few, nets distributed in the last three years there *may* be no need to assess existing usable nets. If recent, accurate data based on the number of people per household exists, it may be the data used for a distribution with additional accuracy being sacrificed in order to achieve an immediate distribution and people protected. In such a case, AMF and the distribution partner discuss whether the data is reliable and up-to-date or whether a new PDRS should be conducted.

Nets distributed to households that need them in the quantities they need them leads to an efficient, waste-free distribution. Being efficient with funds is important in an environment where there are insufficient funds to buy all the nets needed for badly-affected malaria zones. It means we can protect the most people possible with the funds available.

Carrying out a pre-distribution registration survey (PDRS) to identify household-level net-need costs US\$50,000 per 500,000 people. Identifying existing, perfectly usable LLINs equivalent to a sleeping space coverage of 5% would represent break-even, in purely financial terms, on the cost of conducting the household-level survey. Assumptions and calculations are shown below. In many distributions now the existing LLIN coverage is significantly higher than 5%.

In a recent (2012) universal-coverage distribution of nets in a 550,000 population district in Malawi the total cost of the pre-distribution activity to establish household level net need through an all-household survey was US\$50,000. This excludes the cost of the government health service workers who carried out the survey or the salary costs of the small team who managed and supervised the work. These costs are not included as these salaries are paid anyway. If included, the fully-loaded cost would be US\$75,000. At \$50,000 of cost and \$4 per net, identifying ~12,500 perfectly usable LLINs achieves break-even considering the cost of nets saved. Assuming 1.8 people per net, this would represent an existing LLIN coverage of 4.5%. At \$75,000 of cost, the break-even LLIN coverage would be 6%. Factoring in 1 year of life remaining in nets identified and assuming nets have a 4 year lifetime, a 'worst case' level of existing LLINs for this work to be break-even in value would be 24%.

There are significant, arguably more important, benefits of carrying out a PDRS.

First, the survey is an important mechanism for engaging all in the community in the net distribution. The local community and health leadership are involved in the survey planning;



the local government health workforce is involved in collecting the data; by necessity the whole community is involved through the household visits. This achieves high level of engagement and awareness throughout the community of the impending distribution.



Second, malaria education messaging and correct net use can be introduced through the planning of the survey, while it is carried out or as a natural follow-on activity.

Third, when the distribution is carried out there is a strong sense of both fairness (no-one will be stealing nets) and equity (I will get the nets I need)

The result is strong awareness among the whole community of how community-wide correct net use can prevent malaria gives the best chance of achieving very high levels of sustained, correct net use.

### **Note 2**

#### **Independent supervision at the 'moment of net distribution'**

**What?** Individuals not connected with either the communities receiving nets or the government health teams involved in the distribution, are present whenever a net is handed out. They check the beneficiary is identified on the net distribution list and the 'no show, no net' rule is applied. Those beneficiaries not able to attend the distribution can collect their nets at a later time.

**Why?** This ensures nets reach those who need them and reduces to an immaterial level the misappropriation of nets.

### **Note 3**

#### **Post-distribution monitoring of net use and condition**

**What?** Data showing the level of net use and the condition of the nets. Post-distribution surveys (PDSs) are carried out at six-month intervals. Approximately 5% of the nets distributed are assessed through visits to randomly selected households. The data are published.

**Why?** Only by gathering data do we have a strong idea of the level of net use and condition. The data can alert the distribution partner to the need for additional actions such as a net hang-up campaign or an additional malaria education intervention.

### **Note 4**

#### **Monthly malaria case rate data**

**What?** Monthly malaria data is gathered from all health centres in the distribution zone. The level of stock of rapid diagnostic testing (RDT) kits is monitored.

**Why?** This allows us to assess the impact of the nets and be alerted to any trends that might suggest additional actions are necessary such as a net hang-up campaign or an additional malaria education intervention. The data are published.

## INFORMATION ABOUT PHOTOS/VIDEO FOOTAGE, POST-DISTRIBUTION SUMMARY AND POST-DISTRIBUTION SURVEYS



### PHOTOS

We require at least 60 pictures from EACH sub-distribution\* showing a variety of activities that make up a distribution. Each 60+ picture set should tell the story of what happened. Receiving several hundred pictures rather than just 60 is absolutely fine. Photos will ideally cover:

- any pre-distribution activity i.e. briefing of volunteers/community leaders/staff;
- nets arriving at storage;
- nets on truck to distribution point; nets being unloaded;
- photo of village name sign if one exists;
- people arriving at distribution point;
- bednet demonstration;
- malaria education talk;
- beneficiaries lining up for nets;
- photos of list of recipients;
- any coupons/thumbprint mechanism so people can see process of identifying beneficiaries;
- lots of shots of nets being handed out to beneficiaries; photos of beneficiaries;
- photos showing help hanging nets in homes if that is part of the distribution.
- photos of the condition of the roads etc are good to show people this work is not easy.
- Several general shots of the village/s, houses/huts so people can see environment are good.

We will select 30-40 photos for each sub-distribution for the website. Hence more than 60 pictures are fine as this gives us more from which to select. Please ensure a variety of photos are provided and not multiple shots of the same thing. Ideally photos will be date and time-stamped by enabling the feature and ensuring the correct date/time is set on the camera.

### VIDEO FOOTAGE

The aim of edited video footage is to show donors what happens when nets are distributed.

Ideal footage is a series of 10-15 second clips showing different aspects of the distribution. 20 minutes of footage from each sub-distribution is ideal. The video does not have to be professionally filmed or of broadcast quality. Digital hand-held camera footage is fine.

It is fine to send us raw video footage. We edit into 90-120 second clips for each distribution sub-distribution to make the material highly watchable.

Videos: [http://www.againstmalaria.com/en/Distribution\\_videos.aspx](http://www.againstmalaria.com/en/Distribution_videos.aspx).

Good example: <http://www.againstmalaria.com/en/Distribution.aspx?DistributionID=1>

Edited video footage is available free of charge to Distribution Partners to use as they see fit.

### SENDING PHOTOS AND VIDEO FOOTAGE TO AMF

File sizes will make pictures and video too big for sending via email. Photos should be sent on a cd, and video on a dvd to: Andrew Garner, AMF, 6 Camp View Road, St Albans AL1 5LL UK.  
Contact tel: +44 20 7371 8735

**It is VERY important pictures and video sent to us have photos/video footage in labeled folders for each sub-distribution so we can match photos/video to each sub-distribution.**

## POST-DISTRIBUTION SUMMARY



This can be a few pages or up to a dozen, particularly if photos are integrated into the pages. We are not looking for a thesis, more a several page, readable overview of what happened, when, and what went well and what didn't.

Several good examples, presenting what happened in a very readable way and using pictures well, can be seen here:

Namibia: <http://www.againstmalaria.com/en/Distribution.aspx?DistributionID=54>

Malawi: <http://www.againstmalaria.com/Distribution.aspx?ProposalID=184>

The post-distribution report should be emailed to [RMATHER@AGAINSTMALARIA.COM](mailto:RMATHER@AGAINSTMALARIA.COM) One report covering the entire distribution is adequate. We do not need one for each sub-location.

## POST-DISTRIBUTION SURVEYS

These occur at 6-month intervals post-distribution and occur for up to 4 years. They assess three things:

1. Hang-up % - are the nets still being used?
2. Correct usage – are the nets being used properly?
3. Net condition – in what state are the nets?

A 6-months post-distribution survey (PDS-6) involves sampling 5% of the households that received nets and recording the following information for each household.

Anonymised data is entered by the distribution partner into an AMF-built online database with summary information made public.