

# 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        |
|-------------|--------------|-----------------|------------------|----------------|
| 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](mailto:RMATHER@AGAINSTMALARIA.COM) THANK YOU.**

Date proposal sent to AMF:

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.

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

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

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.

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.

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

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.

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.

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

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

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.

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

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.

15. Please confirm you will send 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.\*\*

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.\*\*

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.

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

\*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!**

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



## PHOTOS-----

We require at least 60 pictures from EACH sub-location\* showing a variety of activities that make up a distribution. Each 60+ picture set should tell the story of what happened. 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.

Please ensure a variety of photos are provided and not multiple shots of the same thing.

Further guidance:-

- Photos should be in digital format
- No slideshows, just individual images
- Please set the camera so it does not date-stamp the actual image – most digital cameras record the date within the file
- Do not caption the actual image – captions and tags may be added using standard tagging available in most media storage tools if available
- Please put the photos into separate folders for each sub-location (with generic folders where photos span sub-locations, i.e. initial net storage or planning)

We will select 20-30 photos for each sub-location for the website.

## VIDEO FOOTAGE-----

20 minutes of footage from each sub-location is required. 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. The video does not have to be professionally filmed or of broadcast quality. Digital hand-held camera footage is fine.

Further guidance:-

- Please set the video camera so the running time and camera controls are not recorded on the actual video
- Please put the video files into separate folders for each sub-location (with generic folders where videos span sub-locations, i.e. initial net storage or planning) or include separate notes detailing the start and end times for each sub-location
- Please do not add captions to the footage

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

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

Good example: [http://www.againstmalaria.com/Distribution\\_TopLevel.aspx?ProposalID=7](http://www.againstmalaria.com/Distribution_TopLevel.aspx?ProposalID=7)

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 mean pictures and video are too big for sending via email. Photos should be sent on a cd, and video on a dvd by courier to:

Andrew Garner, Against Malaria Foundation, 6 Camp View Road, St Albans AL1 5LL UK.

Contact tel: +44 77 11 263 725

**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 REPORT-----**

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.

A good example, from a Namibia distribution, can be seen here:

[http://www.againstmalaria.com/Distribution\\_TopLevel.aspx?ProposalID=27](http://www.againstmalaria.com/Distribution_TopLevel.aspx?ProposalID=27)

It presents what happened in a very readable, ordinary way and it uses pictures well.

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 6, 18, 30 and 42 months after a distribution. 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 50 households and the above information. The PDS-6 must be carried out between months 5 and 7 post the initial distribution. Similarly for subsequent annual PDSs.

The Post-Distribution Survey form is shown on the next page.

### **\*THE DEFINITION OF A SUB-LOCATION-----**

A 20,000 net distribution might be made up of four approx 5,000 net sub-distributions, each to reasonably discrete locations. We agree the list of sub-distributions when a distribution proposal is agreed.



# POST-DISTRIBUTION SURVEY OF MOSQUITO NET USAGE

|                                     |                           |
|-------------------------------------|---------------------------|
| Location _____                      | Sub-location _____        |
| Date of Original Distribution _____ | Date of this Review _____ |

### To the Householder

In the past, you received mosquito nets for free in a community distribution. We are conducting a random review of 50 households to assess net usage and net condition. We would like to ask for your permission to enter your home to gather this information. Information is gathered anonymously: your personal details are not recorded.

I agree to allow you enter my home in my presence for a few minutes for the purpose of assessing the use and condition of my mosquito nets.

Signature of householder \_\_\_\_\_

1. How many nets are there in the household?

| Number of sleeping spaces | Total number with nets |
|---------------------------|------------------------|
|                           |                        |

2. Of the AMF nets:

| Number originally received | Hung | Present but not hung * | Not present * |
|----------------------------|------|------------------------|---------------|
|                            |      |                        |               |
| =                          | +    | +                      |               |
| *reason: _____             |      |                        |               |

3. What is the condition of the AMF nets?

Please select: **Very Good** (<2 holes of <2cm), **OK** (fewer than 10 small holes), **Poor** (more than 10 small holes or 1 big hole)

|       | Condition | Who slept under this net last night? |
|-------|-----------|--------------------------------------|
| Net 1 |           |                                      |
| Net 2 |           |                                      |
| Net 3 |           |                                      |
| Net 4 |           |                                      |
| Net 5 |           |                                      |

|        | Condition | Who slept under this net last night? |
|--------|-----------|--------------------------------------|
| Net 6  |           |                                      |
| Net 7  |           |                                      |
| Net 8  |           |                                      |
| Net 9  |           |                                      |
| Net 10 |           |                                      |

4. How many of the nets are being used at night?

|                              |
|------------------------------|
| ALL or number of nets: _____ |
|------------------------------|

5. Are all the nets being used correctly?

Please ask the householder to demonstrate how the nets are used at night.

|          |
|----------|
| Yes / No |
|----------|

### CERTIFICATION

I certify the information in this form is correct

|                                    |                |
|------------------------------------|----------------|
| Reviewer's name and position _____ | Official Stamp |
| Reviewer's organisation _____      |                |