



Summary

# of LLINS	Country	Location	When	By whom
62,000*	DRC	North Idjwi	Nov-Dec 2014	Amani Global Works

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 remaining? Please describe how this work will be carried out, by whom and when.

We currently have such data for four villages only. *The 62,000 number is based on extrapolating from those four villages to the whole area. We will conduct a North-Idjwi wide PDRS in mid-July to late August to assess for each household the number of sleeping spaces (for the purpose of nets) and the number of existing LLIN’s if any.

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, no net’ policy is carried out (beneficiaries unable to be present can collect their nets later).

We will have an independent supervisor at the moment of distribution for all net distributions.

3. Post-Distribution Check-Ups (see Note 3). Please confirm you will carry out Post-Distribution Check-Ups (PDCUs)** 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.

Yes, we will conduct Post-Distribution Surveys every 6 months for up to 4 years, and provide you with the findings.

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.

Below is a table of monthly malaria cases at the clinic. It is known as Katonda Hospital (its certification as a hospital is in process). We will continue to update AMF with more recent data, through to at least four years post-distribution. We have these data broken down by age range of patient and severity, but not regionally by cluster or village.

These data are classified by condition(s) at initial treatment; for instance, they would include a patient who was initially found to have both malaria and pneumonia, but they would not include a patient who was found to have malaria at a follow-up visit for pneumonia. Malaria is endemic on Idjwi - an accepted part of life experienced by the vast majority of people there at some point in their lives -- and so many people with malaria won't seek treatment. It also doesn't include people who seek treatment elsewhere. Finally, it includes a few people who travelled from outside North Idjwi to be treated at the clinic.

		13-Jan	381	14-Jan	289
12-Feb	460	13-Feb	245	14-Feb	256
12-Mar	351	13-Mar	369	14-Mar	240
12-Apr	367	13-Apr	132	14-Apr	269
12-May	402	13-May	154	14-May	272
12-Jun	393	13-Jun	158		
12-Jul	215	13-Jul	102		
12-Aug	175	13-Aug	51		
12-Sep	151	13-Sep	58		
12-Oct	214	13-Oct	159		
12-Nov	329	13-Nov	277		
12-Dec	missing	13-Dec	271		

There are 10 or 11 health posts, the situation is somewhat fluid. Some have a nurse two days a week (with a person with less training from the Red Cross filling in other days), others one or two full-time nurses; none has a doctor. They coordinate in an informal fashion with the hospital.

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.

Distribution will occur in Northern part of Idjwi Island, which has 33 villages and approximately 125,000 people. The Northern part of Idjwi runs from two small islands, Ntaligeza, to Cikoma. Amani has established 4 clusters. 3 clusters include 8 villages each, and 1 cluster of 9 villages. The distribution will be made at each cluster.

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

It is a rural area. Approximately 125,000 people live here (extrapolation from a survey conducted in 2009).

7. Is this a high risk malaria area? If yes, why do you designate it as high?

This is a high risk malaria area. As an example, in February 2012, out of 625 cases we received at the clinic, 460 (or 73%) consulted for malaria alone or associated with another illness.

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

Yes, we aim to achieve universal coverage in the distribution area.

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.

The existing level of LLIN usage is very low. There are no existing bed net distributions in the area. Amani's malaria education efforts have led a modest number of families to purchase bed nets for themselves at market prices on the mainland.

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.

This is the area currently covered by Amani Global Works. You may contact the founder and executive director, Jacques Sebisaho, Jsebisaho AT gmail.com, tel. +1 646 568 6670.

11. 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.

We have not. AMF is seeking to consult with the DRC National Malaria Control Programme.

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. Desire Kulimushi, tel. +243 0995790528

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

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

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

Our Community Health Workers will distribute the nets at our 4 clusters. Each cluster will have 2-3 days for the distribution, or 8-12 days to cover the 33 villages.

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

An Amani-funded pilot distribution in four villages (Washiha, Kabale, Nyakenji and Lwango) will take place in July. The North-Idjwi-wide PDRS will be completed in mid-July to late August, with data entry and analysis done in September. The North-Idjwi -wide distribution will take place in November-December 2014, with post-distribution monitoring every 6 months thereafter.

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.

Our Community Health Workers have been trained to recognize the signs of simple malaria, but more importantly to teach everyone, especially children and pregnant women, to sleep under bed nets to prevent malaria.

We will integrate the following elements of malaria education into the distribution in front of gathered community members:

i) A bednet hang-up demonstration

Prior to a distribution of nets we will show how a net is correctly hung i.e. tied to available fixtures at four corners and, importantly, the bottom of the net tucked under a mattress or mat so as to leave no gaps through which mosquitoes could otherwise enter

ii) A bednet 'skit' or play.

This will be acted out by community members.

Act 1: Several villagers lie down, not under a net, and two or three others dressed with wings or flapping their arms gracefully, buzz around them and pretend to bite them. The two wake up and feel ill and moan and groan. (This is typically accompanied by much amusement from the audience.)

Act 2: The two villagers then pretend to be asleep under a net and the dressed-up/flapping mosquitoes come back and try and bite them, touch the net, and the mosquitoes then roll over onto their backs with arms and legs waving in the air. (usually causing much hilarity in the audience.)

This humorous approach to explaining how nets protect people and kill mosquitoes is highly effective at getting the message across. It is explained that nets are for their use and, with comments from the village chiefs and community leaders about how these nets must be used properly, proper use of the nets is encouraged.

Amani Global Works is implementing a comprehensive malaria control program to complement the bed net distribution. This includes sourcing Rapid Diagnostic Test Kits (RDTs) -- to ensure accurate diagnosis of which patients are and are not suffering from malaria - and Artemisinin Combination Therapy (ACT) drugs to most effectively treat those who are.

Another critical component is education by the Community Health Workers (CHWs) to teach the basics: that mosquitoes cause malaria; the danger from stagnant water; the proper use of bed nets; the importance of everyone actually using the bed nets including adults who, while at lower risk of severe malaria, can still help protect their own health and reduce the spread of malaria to others by sleeping under nets; the importance of using (long-lasting) insecticide treated - not untreated -- nets.

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

Yes, we will send AMF a Post-Distribution Summary when the distribution is complete.

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 will send AMF at least 60 digital photos per sub-distribution taken pre and during the distribution.

19. Please confirm you will provide at least 20 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 will provide at least 20 minutes video footage for each sub-distribution.

20. Please provide your name, role and organisation and full contact information.

Jacques Sebisaho
Executive Director, Amani Global Works
1501 Broadway, Suite 1301
New York, N.Y. 10036
Email: Jsebisaho AT gmail.com
Tel: +1 646 568 6670

Colin Rust (Board Member)
Email: crust10 AT gmail.com

*Sub-distributions 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!