

DP163 Zomba, Malawi (Save the Children)

Advisor	Date	Comment
	09 Jun 2010	<p>This looks like an interesting project. A few questions:</p> <p>If it is part of a planned research project I was not clear why they did not already have the ITNs, or was the project designed around the AMF nets. Also if they are asking AMF to support a research project, would you not want to see how they are going to answer their research questions on prevalence and attention?</p> <p>The rationale for two nets per child is they would give one to a younger sibling, but does this mean they would exclude children without younger siblings?</p> <p>Did you receive the malaria data for question 4?</p> <p>I did not fully follow the additional 100 children mentioned in question 5, as it appears they would have already met the eligibility criteria, so it is not clear why they are additional.</p> <p>Otherwise I think it looks a useful project.</p>
	18 Apr 2010	Both Malawi proposals look fine to me
	09 Jun 2010	I am fine with this proposal

DP145 Malosa, Malawi (MACOBO)

Advisor	Date	Comment
	18 Nov 2009	<p>Comments from [REDACTED]</p> <p>On the face of it this looks a useful distribution as it targets poor villages and the distribution is free. Its based on some fairly crude hospital data. The evaluation looks weak -not sure if it is poor English or poor methodology but as this is a community based project, they are likely to be in a position to follow-up. Can we give them some assistance in what we expect or give them a contact with an established group for more local advice? Looks like we will miss this years malaria season if it takes 2 months to get the nets distributed.</p>
	16 Nov 2009	if self funded then approve
	02 Dec 2009	<p>I have an ethical concern with this proposal as it proposes to only give nets to "very poor people". I am not sure what yardstick will be used to arrive at this decision but it may end up excluding those in need of nets who may not meet the criteria used but are also unable to buy nets. It may be that the NMCP will provide nets for other groups not covered by this request. Is that the case? Is it possible to consider an alternative strategy ie blanket coverage of whole villages?</p> <p>Response from Bridget: "All rural area consisting population of 18,811 people, which has 186 villages."</p> <p>By AMF standards that requires 9,405 nets but we can't fund more than 5,000 so selection has been based on need selected through the Village Headmen / women & committees in each village. The alternative is blanket coverage in a limited number of villages, but that creates jealousy and make trouble for the distributing agency's other activities.</p> <p>"Level if ITN use is very low in all the areas visited, and still not any bed nets distribution programmes except only pregnant women who received at St Luke's under five clinics"</p> <p>.</p> <p>The selection of villages is within the catchment area of the activities of the community-based organisation who are able to do the distribution.</p> <p>Do you have any other suggestions for selection?</p>
	16 Nov 2009	Looks fine to me.

DP140 Orissa, India (SOVA)

Advisor	Date	Comment
	15 Sep 2009	This is fine - this is a high risk area where the malaria risk is similar to that in Africa.
	30 Sep 2009	<p>At first sight this looks OK. They more or less want to do what Govt has planned to do, but is delayed in because of the combination of bureaucracies around LLIN procurement, and it would be no harm to get some extra nets, as the state needs millions of them to be distributed over next few years. I am not sure about the targeting; it might be as good as can be, if indeed it has been done in collaboration with district medical officer responsible for malaria. To be sure, we checked with Dr. Pradhan in the Orissa State Department of Health.</p> <p>Here is what they say...</p> <p>Went though the proposal. It is Ok- Already unicef has givem 30000 LLIN to Koraput for pregnanat women . From WB project we will provide around 50000 LLIN and this exta 20000 will be added benifit.</p> <p>As LLIN will be coming from different sources there should be a good coordination with the dist health sysyem so that we can distribute prpoperly. and have synergy. We have also prepared the state guideline for LLIN distribution and use. If 20000 LLINs are coming through SOVA then a integrtaed action plan can be prpeared - My team can help. I will also request PHRN group who have presence at Koraput to help the organisation.</p> <p>thanks Dr.Pradhan</p> <p>So I would consider this a green light to go ahead as proposed but suggest that it would be a good idea for this NGO to keep Dr Pradhan, who has pioneered strong partnership with NGOs in malaria control in Orissa, in the loop.</p>
	21 Sep 2009	I have met Anne Heslop who made this proposal. She is very dedicated and committed to do something to help people in the area. At first I was surprised to hear that there had been no recent distributions, as this area (I visited a neighbouring district in Orissa) has a high malaria burden and used to get support from DFID and was written into a large World Bank programme which I helped to design some years back, but I heard from others that little happened after the projects, so it would be very good to have a new distribution. World Bank has plans for a new large grant, so I hope eventually they will get a more consistent approach.. I would support the proposal but I hope Anne realizes that AMF does not cover shipping and import costs. I also know Quinton Fivelman who has done good malaria research.
	21 Sep 2009	Seems fine to me – Orissa is the nest of vipers for malaria in India and they have a good partner for delivery.
	22 Sep 2009	The only question I had related to the number of nets requested per household. Why are only 2 nets being requested?What is the average size of a household?
	17 Sep 2009	The proposal looks fine. It is not clear to me, however, whether the population presented against each village is the total population or the number targeted for distribution.
	29 Sep 2009	<p>ReQ4. Information on malaria cases and death data from local health clinics should be provided.</p> <p>ReQ6. Existing ITN usage is anecdotal. More reliable information should be provided. Information on coverage may be available from NMCP even if this is from local village health workers.</p> <p>ReQ7. the health education before distributions is good. It might be worth providing information about the modality of sessions. Who will provide the education and to whom? When? How?</p>

DP134 9 regions, Zambia (World Vision)

Advisor	Date	Comment
	07 Jun 2009	<p>It is interesting they are aiming at supplementing existing distribution programmes and thus increasing coverage. As we have discussed previously, this is now thought to be a good idea as net coverage overall begins to go up and we need to move more in this direction rather than just focussing on the high risk groups.</p> <p>It is not clear if World Vision is asking you for all 301,000 nets. This would be a major donation. I assume that they have a more restricted ask but this is not clear from the proposal. I cannot comment re final support for the Zambia study without more information.</p> <p>From Rob: The default is WorldVision would be funding the vast majority of these nets ie \$1.2-1.3m. AMF contribution: \$150k. It is possible we will commit funds at a more significant level if there is a specific donor who is interested in the WorldVision connection. We are pursuing that.</p> <p>07Jul09 Thanks that clarifies things.</p>
	07 Jun 2009	<p>Travelling – not chasing now.</p> <p>Added 8 Oct 09 This is a very large investment in a country with enormous support for malaria control. Not sure status of this one, but could fly it by MACEPA colleagues in Zambia to check if truly complementary and needed. It looks well conceived and does have a one year followup survey which is excellent. Let's discuss when we meet.</p> <p>From Rob: Explained when we met and approved by [REDACTED]</p>
	16 May 2009	<p>This one looks mostly OK but again a few questions.</p> <ol style="list-style-type: none"> 1. I was quite surprised there would be such a big gap in Zambia, as it has a lot of support from many donors for ITNs, but it sounds as though the proposer has discussed in detail with the national programme. I checked some recent reports, and it is clear there is still quite a shortfall in coverage. 2. It was not clear how or why there was effectively a 10% gap in the 2007 national distribution, and it is not clear how they are going to get the nets to the people who missed out last time rather than those who already received 3 nets per household. Were there census problems before? Can they identify who got the last nets? 3. RAPIDS is a USAID funded consortium led by WVI to support those affected by HIV/AIDS. Are the nets to be targeted only to families affected by HIV/AIDS or to anyone who missed nets in the campaign? Does USG not fund nets for these groups through this project? Will USG cover the distribution costs?
	06 May 2009	<p>Both Senegal and Zambian proposals look fine to me - good partners, working with NMCP and malaria risk districts.</p>
	27 Jul 2009	<p>The proposal is fine. I have no major comments.</p>
	04 May 2009	<p>Zambia has a relatively high LLIN coverage. One of the things we have observed in Kenya is that as coverage increases, it get harder to target those without nets. Usually, the same people who got the nets the last time also tend to get them in subsequent rounds. Households that don't have LLIN are invariably in the midst of those with LLIN and the reasons why they didn't access the nets the first time might still remain and prevent them from accessing nets the second time. Are there some micro-targeting mechanisms they plan to use to flush those perennially poorly covered households?</p> <p>Both Senegal and Zambian proposals look fine to me - good partners, working with NMCP and malaria risk districts.</p>
	03 Aug 2009	<p>Reviewed. No comments.</p> <p>Might be worth comparing such a big project and a smaller project supported by AMF.</p>

DP132 20 related sub-distributions, Senegal (PCV)

Advisor	Date	Comment
	07 Jul 2009	It is interesting they are aiming at supplementing existing distribution programmes and thus increasing coverage. As we have discussed previously, this is now thought to be a good idea as net coverage overall begins to go up and we need to move more in this direction rather than just focussing on the high risk groups. This is also a fairly modest request that is being used to support Peace Corps volunteers working in various parts of Senegal. The incidence of malaria is going down dramatically in some parts of Senegal and so Senegal cannot be considered a high risk country any more. However the incidence is highest in the south and east where several of the study villages are sited so nets will still help there. I have no problems in supporting this project.
	08 Oct 2009	I am confused how this one relates and coordinates to the one above. They seem to be part of the same plan. From Rob: Explained when we met this was a subsequent distribution of another 20,000 nets. Approved by [REDACTED].
	16 May 2009	The detailed attached distribution plan looks good, but a few important questions. 1. If they are aiming at 1 net per 2 people, as specified in the plan, then why would they need 20,000 nets for a pop of 20,072 people? 2. If it is supplementing a national distribution, the who would be missed in the national distribution, and given that there is a national distribution, why are they requesting nets for the total populations of their villages. It does not say whole villages are excluded from the national distribution. What is the strategy for the national distribution – is it also universal coverage. I think these points need clarifying – otherwise the rest of it looks fine
	06 May 2009	Both Senegal and Zambian proposals look fine to me - good partners, working with NMCP and malaria risk districts.
	27 Jul 2009	This is a good initiative by the Peace Corps. They have clearly indicated that they plan to complement the national campaign but there was no description of what would be done to avoid duplication. For example, do they plan to re-assess the bed net use after the national campaign to identify gaps? What is also unclear is whether the target group consists of all age groups or the most vulnerable ie U5s and pregnant women. With regards to the evaluation I assume that the majority of people who have malaria use the Poste de Sante. Is that the case? Otherwise malaria prevalence may be underestimated if self treatment is high.
	04 May 2009	Happy with this.