Original proposal received below. Received: 27Sep07
Request: 58,926 LLINs
Approved: 10,000 LLINs

Against Malaria Foundation

LLIN Distribution Proposal Form

A. Summary

# of LLINs	Country	Location	When	By Whom
58,926	**Liberia**	**Montserrado, Grand Gedeh, Maryland, Sinoe and Grand Bassa Counties**	**1st November 2007 – 31st March 2008**	**Merlin**
e.g. 3,000	e.g. Namibia	e.g. Caprivi	e.g. Apr-May06	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. WE DO NOT EXPECT LENGTHY ANSWERS. PLEASE EMAIL RESPONSES TO ROB MATHER AT RMATHER@BTINTERNET.COM THANK YOU!

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 o be distribution to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

Montserrado County:

Latitude	Longitude	Facilities	Number of nets
+6.2324058	-10.6824872	Kendeja Clinic	1500
+6.3010942	-10.6909533	Pipeline Clinic	3000
+6.3176630	-10.7278362	Gardnersville Clinic	2910
+6.3248379	-10.7301413	RHF Clinic	2100
+6.3160332	-10.7986379	Slipway Clinic	2100
+6.2850144	-10.7735163	PUC Clinic	1500
+6.4105585	-10.7969368	Banjor Clinic	1500
+6.4281359	-10.8129630	Kpallah Clinic	1200

Grand Gedeh County:

Latitude	Longitude	Facilities	Number of nets
+5.6006643	-8.1536478	Putu Pennoken Clinic	573
+5.6149992	-8.3210336	Putu Jarwodee Clinic	382
+5.7544458	-8.3482393	Gorbowrogba Clinic	450
+5.9368267	-8.2436723	Kumah Town Clinic	450
+5.7641978	-7.8550405	Ziah Town Clinic	1765
+6.2273944	-8.0413690	Janzon Clinic	874
+6.1933908	-8.2939821	Zai Clinic	715
+6.2268462	-8.4401375	Zleh Town Clinic	635
+6.1624561	-8.5668070	Polar Town Clinic	777

+6.4090307	-8.5557177	Toe Town Clinic	748
+6.0777590	-8.1245637	Martha Tubman Memorial Hospital	3600

Maryland County:

Latitude	Longitude	Facilities	Number of nets
+4.6792255	-7.6620221	Yediken Clinic	350
+4.7555522	-7.7555915	Pougbaken Clinic	400
+4.4030765	-7.6418394	Pullah Clinic	250
+4.3773313	-7.7108348	JJ Dossen Memorial Hospital	6050

Sinoe County:

Latitude	Longitude	Facilities	Number of nets
+4.9972821	-8.8877499	Tubmanville Clinic	599
+5.6936958	-8.4008458	Pynes Town Clinic	329
+5.1194565	-9.0699897	Butaw Clinic	323
+5.2941368	-9.0019170	Wiah Town Clinic	218
+5.3797358	-8.8496735	Juarzon Clinic	321
+5.5288576	-8.6330781	Chebioh Clinic	182
+5.0085839	-9.0367031	FJ Grante Memorial Hospital	1000

Grand Bassa County:

Latitude	Longitude	Facilities	Number of nets
5.71507	-9.83345	Little Kola Clinic	481
6.55085	-9.36711	Desoe Town Clinic	796
6.22933	-10.04872	Compound No 2 Clinic	1409
5.85781	-9.82273	Compound No 4 Clinic	834
5.76176	-9.69348	Foster Town Clinic	809
6.41639	-9.45833	Gardour Clinic	1558
6.0127	-10.19835	Little Bassa Clinic	852
6.26667	-10.335	Owensgrove Clinic	1490
6.21053	-10.27284	Bokay's Town Clinic	1598
374795.32	676420.59	Lloydsville Clinic	906
387534.69	667816.44	St. John Clinic	1563
400347.05	664120.11	Tubmanville Clinic	988
412614.35	679802.01	Compound No 3 Clinic	2038
+5.8852833	-10.0341533	Well Baby	1133
+5.8841700	-10.0460433	Liberian Government Hospital	5672

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

The facilities are located in a mixture of urban, peri-urban and rural settings.

Montserrado County:

Facility	Estimated total catchment population	Pregnant women population	<5 yrs population	Location
Kendeja Clinic	15000	750	2550	Peri-urban
Pipeline Clinic	30000	1500	5100	Urban
Gardnersville Clinic	29100	1455	4947	Urban
RHFC Clinic	21000	1050	3570	Urban
Slipway Clinic	21000	1050	3570	Urban

Kpallah Clinic	12000	600	2040	Peri-Urban
PUC Clinic	15000	750	2550	Urban
Banjor Clinic	15000	750	2550	Urban
Total	158100	7905	26877	Mixed

Grand Gedeh County:

Facility	Estimated total catchment population	Pregnant women population	<5 yrs population	Location
Toe Town Clinic	7482	374	1272	Rural
Polar Clinic	7,765	388	1320	Rural
Gorbowrogba Clinic	4,500	225	765	Rural
Kumah Town Clinic	4,500	225	765	Rural
Putu Pennoken Clinic	5,732	287	974	Rural
Putu Jarwodee Clinic	3,821	191	650	Rural
Janzon Clinic	8,735	437	1485	Rural
Zleh Town Clinic	6,353	318	1080	Rural
Zai Town Clinic	7,147	357	1215	Rural
Ziah Town Clinic	17,647	882	3000	Rural
Martha Tubman Memorial Hospital (OPD)	36,000	1800	6120	Urban
Total	109682	5484	18646	Mixed

Maryland County:

Facility	Estimated total cathcment population	Pregnant women population	<5 yrs population	Location
J. J. Dossen Memorial Hospital (OPD)	60501	3025	10285	Urban
Pullah Clinic	2500	125	425	Rural
Pougbaken Clinic	4000	200	680	Rural
Yediaken Clinic	3500	175	595	Rural
Total	70501	3525	11985	Mixed

Sinoe County:

Facility	Estimated total cathcment population	Pregnant women population	<5 yrs population	Location
F. J. Grante Memorial Hospital (OPD)	10000	500	1700	Urban
Butaw Clinic	3234	162	550	Peri-urban
Wiah Town Clinic	2182	109	371	Rural
Juarzon Clinic	3213	161	546	Rural
Tubmanville Clinic	5991	300	1018	Rural
Pynes Town Clinic	3287	164	559	Rural
Chebioh Town Clinic	1817	91	309	Rural
Total	29724	1486	5053	Mixed

Grand Bassa County:

Facility	Estimated total cathcment population	Pregnant women population	<5 yrs population	Location
Foster Clinic	8092	405	1376	Rural
Gardour Clinic	15577	779	2648	Rural
Little Bassa Clinic	8520	426	1448	Rural
Compound #3 Clinic	20381	1019	3465	Rural
Owensgrove Clinic	14898	745	2533	Rural
Bokay Clinic	15978	799	2716	Rural
St. John Clinic	15626	781	2656	Rural
Tubmansville Clinic	9881	494	1680	Rural
Lloydsville	9056	453	1540	Rural
Well baby	11328	566	1926	Urban
Comp#2	14092	705	2396	Rural
Comp#4	8343	417	1418	Rural
Desoe	7960	398	1353	Rural
Little Kola	4805	240	817	Rural
Liberia Government Hospital (OPD)	56719	2836	9642	Urban
Total	221256	11063	37614	Mixed

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

Yes – malaria is consistently the top cause of morbidity at all 45 of the Merlin supported MoH health facilities (41 primary health care clinics and 4 county hospitals)

4. How many reported cases of malaria and malaria deaths were there in this area in 2005 or 2006? If you do not have statistics please make a qualitative comment.

2006 reported cases of malaria

Montserrado:
45,547 cases (33% of morbidity) in the 8 clinics

Grand Gedeh:
6,767 cases (12% of morbidity) in 10 clinics
1,862 cases (53% of morbidity) at the hospital OPD in Zwedru (July – December 2006 OPD figures only - Merlin began supporting the hospital in Zwedru in July 2006)

Maryland:
1,313 cases (28% of morbidity) in 2 clinics (July – December 2006 clinic figures only - Merlin began supporting the two clinics in July 2006 and a 3rd in May 2007)
9,787 cases (29% of morbidity) at the hospital OPD in Harper

Sinoe:
(figures not available – Merlin only began supporting the MOH in Sinoe County in July 2007)

Grand Bassa:
21,940 cases (22% of morbidity) for 10 clinics (Merlin began supporting 4 additional clinics in July 2007)
32,382 (33% of morbidity) at the hospital OPD in Buchanan.

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.

It will be a selective distribution for pregnant women and children under five years of age. Pregnant women attending the clinic/hospital outpatient department (OPD) will receive two LLITNs when they attend for antenatal care (ANC), one for themselves and one for their children.

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

ITN use in the whole of Liberia is very low and nets are virtually impossible to access outside of the capital, Monrovia. There are no social marketing programmes in the country and very few organisations are distributing nets. In Sinoe and Grand Gedeh Counties Merlin is the only health organisation supporting the MOH in delivering health care. There are a limited number of additional health actors in Maryland and Grand Bassa counties. The only existing distribution programme is through the MoH during national vaccination campaigns, but the MOH does not have the resources to distribute nets on a regular basis. There are approximately 200,000 nets available in the whole country through the Global Fund (Liberia's most recent GFATM bid for malaria funding was not successful).

7. Why was the area/villages chosen for bednet distribution and who made this decision? Please provide the name, position and organisation of the person/s making the decision.

Merlin will distribute the nets through the supported MOH primary health care clinics and hospital OPDs. These facilities were chosen in collaboration with the County Health Teams (CHTs) from each county and central MOH. Merlin's support is focused on the southeast region of Liberia, one of the most remote, under-resourced and underdeveloped regions in the country.

8. Have you consulted with the National Malaria Programme in your country 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, the National Malaria Control Programme (NMCP) is very happy for Merlin to assist them in the procurement and distribution of LLITNs.

9. Please describe any pre-distribution activity, in particular how the size of the target group and number of nets required will be ascertained?

A concerted program combining targeted distribution with Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) activities will be used in order to maximise impact. Training of trainers (ToT) workshops will be carried out by Merlin Clinical and MCH Supervisors for MoH clinic and OPD staff and community health workers (CHWs) on the importance of correct and consistent usage of bed nets. The facility staff and CHWs will then be mobilised and trained in the use, distribution, retention and maintenance of the nets.
Pregnant women are estimated to make up 5% of the total catchment population, this is equivalent to 29,463 women in the areas in which Merlin is working. Two LLITNs will be distributed to each pregnant woman when attending the facilities for ANC.

10. Please describe how the bednets will be distributed, by whom, whether distribution will be a focussed effort or part of a combined programme and if there will be an information/education component to the distribution? Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.

LLITNs will be distributed as part of the integrated primary health care (PHC) services that Merlin is already implementing to support the MOH. Health facility staff will distribute two nets to each woman attending the health facilities for ANC. The importance of preventing malaria through LLITNs will also be included in the daily health education talks held at each facility. CHWs will sensitise the catchment communities on the importance of and use of LLITNs and identify families who are not attending the health facilities and therefore have not received nets.
The clinics and OPD are open five days a week, 8 hours a day and ANC services are

available during all opening hours, therefore the bednets will be distributed on any given day between up to the end of March (the end of the current project cycle for Merlin's integrated PHC project).

11. What post-distribution follow-up is planned to assess the level of usage (hang-up percentage) of the nets? How long after the distribution will this assessment take place? Will you provide us with the findings? What will you be able to do subsequently to increase net hang-up if relevant?

Follow-up home visits will be made by the CHWs to ensure the correct usage of the nets. A formal follow-up survey will be carried out within six months of the end of the distribution period (e.g. September 2008). The findings from this survey will be shared with AMF. Refresher training on the importance of using LLITNs and their correct usage will be provided to the MOH staff and CHWs. More emphasis will be placed on malaria prevention and net usage during the morning health talks and consultations if nets are not found to be correctly used.

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.

Liberia's has a decentralised health care system, each county has a County Health Team, which is headed up by a County Health Officer, all of which work in partnership with Merlin.
Monrovia: Dr Nyanzeh, County Health Officer, +231 (0) 6 519 826
Grand Gedeh: Mr Nowine, County Health Officer, +231 (0) 6 459 427
Maryland: Dr Amegashi, County Health Officer, +231 (0) 6
Sinoe: Dr Massoquai, County Health Officer, + 231 (0) 6 608 806
Grand Bassa: Dr Brown, County Health Office +231 (0) 529 072

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

Yes, all Merlin supported facilities provide all services (including distribution of LLITNs) free of charge**.**

14. Please confirm you will send us, post-distribution, at least 40 digital photos per sub-location, taken at the distribution/s, to be added to our website as we report on the distribution to donors.*

Yes, this is possible.

15. Please indicate if you will be able to provide video footage from each sub-location. This is not mandatory but is preferred and aids reporting to donors and encourages further donor giving.*

This will not be possible for all locations

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

Yes

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

Mitra Feldman, Health Programme Development Officer,
Merlin Liberia, Catholic Junction, Tubman Blvd. Oldest Congo Town, Monrovia, Liberia.
+231 (0) 6 835 081 heatlhdev@merlin-liberia.org
c/o Merlin (Liberia) 12th Floor, 207 Old Street, London EC1V 9NR UK (there is no functioning postal service in Liberia so anything sent by post must be delivered to Merlin's UK office and hand carried or shipped to the Liberia office).

*Information on the provision of photos, video and a Post-distribution Summary is included in the attached document.

Ends— **THANK YOU!**

Original proposal received below. Received: 13May08
Request: 30,000 LLINs
Approved: 19,200 LLINs

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
30,000	**Malawi**	**Neno District**	**June 2008**	**Partners In Health**
e.g. 3,000	e.g. Namibia	e.g. Caprivi	e.g. Apr-May06	e.g. Red Cross

B. Further Information

INSTRUCTIONS
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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 o be distribution to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

Neno District Malawi (long/ lat)
1 District Hospital
10 Health Centers with 15-40 villages per health center

Health Center	Latitude	Longitude
Neno District	15d23'44.2"S	34d39'12.0"E
Neno Parish	15d26'13.8"S	34d36'31.7"E
Matandani	15d19'31.0"S	34d39'11.0"E
Magaleta	15d33'00.8"S	34d37'39.9"E
Luwani	15d28'45.4"S	34d44'32.1"E
Lisungwi	15d26'12.8"S	34d36'24.8"E
Chifunga	15d37'18.0"S	34d42'34.0"E
Nsambe	15d15'41.0"S	34d36'51.0"E
Matope	15d21'15.0"S	34d56'51.0"E
Nkula	15d31'16.0"S	34d49'32.1"E

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

Rural
Population Data from Ministry of Health 2008 Data

Health Center	Total Pop	under 1	under 5	pregnant	Total Vul.Pop.	% Vul Pop/total

Chifunga	15511	776	2537	776	4089	11%
DAPP Hope Humana	?	?	?	?	?	?
Lisungwi	23217	1393	3947	1393	6733	17%
Luwani	2510	150	427	150	727	2%
Magaleta	15585	779	2649	779	4207	11%
Matandani	10140	507	1724	507	2738	7%
Matope	18837	942	3202	942	5086	13%
Neno District	20121	1006	3421	1006	5433	14%
Neno Parish	15398	770	2618	770	4158	11%
Nkula	1743	87	296	87	470	1%
Nsambe	18862	943	3306	943	5192	13%
TOTAL	141924				38833	

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

YES

We designate this district as high risk for malaria for the following reasons:

1. **Underserved population with minimal health infrastructure.** Neno is a relatively new district carved out of a pre-existing district named Mwanza. Before 2008, there was no formal district-level hospital and 40% of the health centers were fee-for-service, mission-sponsored facilities with low community utilization. The district is extremely rural with poor road access. Many of the patients were unable to receive care due to both access and costs.
2. **Dismal ITN distribution to date:** Less than 10% of vulnerable population (under 5's, pregnant women, and HIV patients have received ITNs in part because of limited functional health centers, lack of ITNs funding from the Ministry, and remote living conditions limiting patient access to care.
3. **Higher incidence of HIV/AIDS.** HIV prevalence in Malawi is 13% and estimated as high as 18% in Neno District—one of the highest prevalence districts in the country. As such, higher numbers of patients, both children and at-risk adults, are at risk of malaria and in need of ITNs.

4. How many reported cases of malaria and malaria deaths were there in this area in 2006 or 2007? Please cite your source. If you do not have statistics please make a qualitative comment.

Ministry of Health (Health Management Information System) Data 2007.
All cases are 'clinical' cases as only one laboratory at Neno district health center/hospital capable of doing smears.
See attached table for values by health center separated by Under and Over 5.
TOTAL CASES **51,738.**
No data available for deaths as to date, most complicated cases referred to another district hospital because no transfusion, critical care services available to date.
Estimate of "severe malaria" based on Jan-April 2008 Neno District Hospital inpatient chart review: 150 cases (Note these cases are referred only from one health center). Estimate 3-5% deaths.
UN common database estimated Mortality: 275-300 deaths/100,000 people = estimated 400 deaths (www.globalis.gvu.unu.edu)

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.

Phase I:
Distribute ITNs to vulnerable groups (under 5's, pregnant women, and people living with HIV/AIDS patients) in all health centers and all pediatric inpatients discharged from district hospital (to be operational by July 2008).
-Committed to district-wide coverage.
-Projected ITN need 47,000
-Initial coverage priority: under 5, pregnant followed by other at-risk groups if enough ITNS

Phase II:
-All children and extend at-risk groups to also include other chronic diseases, orphans, malnourished as supply of ITNs dictates.

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

There are no other NGO's in Neno District providing ITNs. In 2007, all nets were provided by the Ministry of Health and procured through PSI. PIH is in the process of procuring donor money to procure a projected need of 47,000 ITNs. To date, we currently have 2,000 ready for distribution.

Ministry of Health 2007 Data of ITN distribution by Health Center

Health Center	ITNs Distributed
Chifunga	540
Lisungwi	0
Luwani	476
Magareta	770
Matandani	128
Matope	788
Neno District	1401
Neno Parish	696
Nkula	137
Nsambe	995
TOTAL	**5948**

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.

We are committed to a district-wide malaria prevention campaign as our organization's mission is to improve the health of the entire district population. Thus, all health centers should benefit from the procurement of needed ITNs. We will distribute the ITNs in a manner that maximizes all current health systems, including a community-based, village-health worker model whereby VHWs deliver and hang ITNs in community.

Decision Makers:
PIH Malawi Country Director Dr. Keith Joseph (+265 08208895), kjoseph@pih.org
PIH Clinical Director: Dr. Jon Crocker (+265 08208105), jcrocker@pih.org
Ministry of Health, Neno District, Malaria Coordinator: Mr. Barnett Kolombo (+265 08872220)

8. Have you consulted with the National Malaria Programme in your country 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.

Ministry of Health, Neno District, Malaria Coordinator: Mr. Barnett Kolombo (+265 8872220)
The National Malaria Control Program, Mwanza Zone Director: Mr. Sande (contact information to follow, verbal approval from local district coordinator)

9. Please describe any pre-distribution activity, in particular how the size of the target group and number of nets required will be ascertained?

We have data regarding the total malaria cases per health center reported for 2007 as well as population data of vulnerable (under 5, pregnant) groups per health center. Projections for needed ITNs can be made based on both variables as a percentage of the total district cases or vulnerable population. An average of these estimates can then be made with influence of any confounding factors (i.e. one health center Luwanii was a refugee health center in 2007 whose population has decreased from several thousand to < 1000).

ITNs Needed by Health Center based on case load (2007 MoH data) or at-risk population).
Projections given an arbitrary donation of 30,000 ITNs.

Health Center	Total/HC	% or total	ITN/HC	Total Pop	under 1	under 5	pregnant		Total Vul.Pop.	% Vul Pop/total
Chifunga	5794	11%	**3360**	15511	776	2537	776		4089	11%
DAPP Hope Humana	0	0%	**0**	0	0	0	0		0	0%
Lisungwi	7997	15%	**4637**	23217	1393	3947	1393		6733	17%
Luwani	7652	15%	**4437**	2510	150	427	150		727	2%
Magaleta	4982	10%	**2889**	15585	779	2649	779		4207	11%
Matandani	1111	2%	**644**	10140	507	1724	507		2738	7%
Matope	1629	3%	**945**	18837	942	3202	942		5086	13%
Neno District	16393	32%	**9505**	20121	1006	3421	1006		5433	14%
Neno Parish	1774	3%	**1029**	15398	770	2618	770		4158	11%
Nkula	3094	6%	**1794**	1743	87	296	87		470	1%
Nsambe	1312	3%	**761**	18862	943	3306	943		5192	13%
TOTAL	51738	100%	30000	141924					38833	

****Luwani ITN projection should be based on population given exit of refugee population**

10. Please describe how the bednets will be distributed, by whom, whether distribution will be a focussed effort or part of a combined programme and if there will be an information/education component to the distribution? Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.

Brief Overview of Distribution Plan for 30,000+ ITNS (if procured):

The number of ITNs distributed to each health center will be decided based on number of malaria cases in health center catchment area (MoH 2007 data), at-risk population, and any other significant factors (i.e. a dynamic change in community size secondary to refugees).

We have designed a community-based distribution strategy to maximize the utilization of these ITNs to the highest risk patients. Four of the 10 health centers have approximately 300 combined trained village health workers (VHWs) (PIH accompagnateurs) who will distribute nets in the community, provide home-based ITN education, and simultaneously collect community-based ITN utilization information by a simple survey (# ITN/household, # ITN needed, # under 5's, # under 5 with fever in past month, etc). The plan is to hold a training for the VHWs in June-July and ask them to each bring several volunteers the following month for the distribution/survey outreach event. The ITNs will be distributed in the community by these VHWs who will install the ITNs directly during the month of August. Education on the use of nets and care of nets will be given at point of delivery. An interval community utilization survey is planned for 6 months to collect data on proper use, additional ITN needs. All patients receiving a net to sleep under with have an ITN stamp placed in their health passport. If ITNs run out (expected given need), patients will be referred to local health center to request net. The remaining 6 health centers will also receive a bolus of ITNs with training to all clinicians, nurses, and health outreach assistants emphasizing the importance of full coverage to all their outpatient at risk groups. We will also introduce the idea of bundling ITN distribution with outreach immunization clinics. All health centers will

receive MoH education/outreach materials on importance of ITNs, utilizations of health centers for children with fever, and other general malaria education.

Ultimately, this strategy will allow us to leverage all of our health systems to deliver ITNs in a community-based approach. It will also allow us to grossly compare the potential advantages of a community-based, VHW-model distribution campaign verses the standard point-of-care strategy. Data will be compared from the 2007 verses the 2008 malaria season (or by annual year) based on clinical cases recorded in health center outpatient registries. Inpatient hospital data (which we started recording in Jan 2007) and smear-positive cases/month (currently only collected at the hospital) will also be compared before and after the distribution campaign.

11. What post-distribution follow-up is planned to assess the level of usage (hang-up percentage) of the nets? How long after the distribution will this assessment take place? Will you provide us with the findings? What will you be able to do subsequently to increase net hang-up if relevant?

In the VHW-distribution model, an interim community-utilization survey will be conducted in Feb 2009 to measure appropriate ITN use, additional need, etc. This will be done at a 6-month interval from the first installation campaign.

In the non-VWH distribution model, a point-of-care, health center visit survey can be done also at 6 months to assess level of appropriate usage.

If the VHW-distribution campaign yields significantly greater utilization rates (as anticipated), we hope to train and enrol additional VHWs in each of the remaining 6 health centers.

We will provide you with our results.

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.

PIH Malaria Strategy Coordinator: Dr. Jon Crocker (jcrocker@pih.org) (+265 08208105)
Neno District Ministry of Health Malaria Coordinator: Mr. Barnett Kalombo (+265 08872220)
Neno District Ministry of Health, Environmental Health Officer Malaria Coordinator: Mr. Verson Chisole (+265 08685928)

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

YES

14. Please confirm you will send us, post-distribution, at least 40 digital photos per sub-location, taken at the distribution/s, to be added to our website as we report on the distribution to donors.*

YES

15. Please confirm you will provide at least 5 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.*

YES

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

YES

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

Jon Crocker, MD
Partners In Health
Malawi Clinical Director
PO Box 56
Neno District

Malawi
Jcrocker@pih.org
+08208105

Molly McNairy, MD, MSc
Partners In Health
Global Health Equity Fellow
Neno, Malawi
Boston, MA 02116
mmcnairy@partners.org
617-803-5464
+08208157

*Information on the provision of photos, video and a Post-distribution Summary is included in the attached document.

Ends—

THANK YOU!

Malaria Clinical Cases by Health Center in Neno District.
Ministry of Health 2007 Data collected by outpatient clinic registry

	Health Center	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Over 5	Chifunga	375	377	269	387	312	317	142	129	200	434	279	245	3466
	Lisungwi	309	528	524	220	130	218	210	388	416	382	343	360	4028
	Luwani	465	501	817	550	646	450	326	323	303	260	129	51	4821
	Magareta	137	161	193	191	302	382	163	220	211	219	221	283	2683
	Matandani	32	96	41	34	38	41	25	20	29	62	57	60	535
	Matope				130	110	80	62	61	94	30	33	52	652
	Neno District	837	628	758	595	633	621	611	697	675	621	852	1054	8582
	Neno Parish	51	50	81	60	23	28	16	18	21	34	35	113	530
	Nkula	195	232	153	215	204	186	105	129	118	121	141	122	1921
	Nsambe	36	44	38	73	75	67	86	72	94				585
	totals	**2437**	**2617**	**2874**	**2455**	**2473**	**2390**	**1746**	**2057**	**2161**	**2163**	**2090**	**2340**	**27803**
														Total
Under 5	Chifunga	145	199	178	178	169	102	275	283	326	288	185		2328
	Lisungwi	287	399	542	246	126	233	269	390	463	367	357	290	3969
	Luwani	235	281	420	283	348	275	266	175	216	173	102	57	2831
	Magareta	139	147	104	173	240	261	146	187	193	201	211	297	2299
	Matandani	41	30	32	50	40	34	25	21	21	82	68	132	576
	Matope				150	160	120	120	119	162	38	48	60	977
	Neno District	584	572	673	571	727	689	720	821	410	452	706	886	7811
	Neno Parish	123	105	128	157	169	80	42	41	41	66	90	202	1244
	Nkula	102	101	121	141	135	86	65	68	65	86	93	110	1173
	Nsambe	48	59	4	73	84	74	93	74	68			150	727
	totals	1704	**1893**	**2202**	**2022**	**2198**	**1954**	**2021**	**2179**	**1965**	**1753**	**1860**	**2184**	**23935**

51738

Original proposal received below. Received: 16Mar09
Request: 40,000 LLINs
Approved: 20,000 LLINs

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
40000	Burundi	Bujumbura rural province in two communes of Mutimbuyi and Muhuta	June 2009	Burundi Red Cross

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 o be distribution to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

Bujumbura Rural province :
(1) Mutimbuzi Commune: 338 bales = 33,800 LLINS (15°12'N,17°36'W)

(2) Muhuta Commune: 62 bales = 6,200 LLIS (15°07'N,17°23'W)

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

Mutimbuzi Commune: Rural: total pop: 67.522.total of households 11254 (average of 6persons/household in Burundi)

Muhuta Commune: rural: total pop: 60.714. Number of householders 10 725. In Muhutu, only two thousands sixty households (2060) will be served.

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

The locations are in areas where malaria is hyper-endemic with seasonal increament in morbidity in the rainy seasons. Hence the area is considered high risk in Burundi.
This national LLIN distribution in June will take place just before the rainy season and where an annual peak in malaria cases is imminent.

4. How many reported cases of malaria and malaria deaths were there in this area in 2006 or 2007? Please cite your source. If you do not have statistics please make a qualitative comment.

The 2005 Malaria Indicator Survey estimated that 45% of children under 5 had an episode of fever or convulsions.

In 2005 there were 367,267 cases in Bujumbura Rural province in a population of about 600 000. (EPISTAT 2006)

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.

The target group is each household within the commune of Mutimbuzi because the strategy of MOH is 3 LLINS by household. In the commune of Muhuta, the startegy will also be blanket covering 2060 households. The Burundi Government is moving towards "*universal coverage*" in the high endemic provinces.

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

There were supposedly routine distribution for pregnant women and children under 5 through the health post during Ante-Natal Care and routine immunization. However, these were not regular and most households in the selected areas do not possess an LLIN.

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.

Burundi Red Cross has a health project in Bujumbura Rural, namely the Integrated health project. The locations choosen are in areas where Red Cross teams will be carrying out the distribution following discussions with NMCP (National Malaria Control Programme) and where it is felt the donor requirements can be efficiently and economically met. In addition, since the Red Cross volunteers are already active in the communes, they can ensure that usage is high after distribution, by going house to house.

Director of National Malaria Control Programme
Dr Charles BATUNGWANAYO, tel 00257 79592 957

8. Have you consulted with the National Malaria Programme in your country 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, the nets will form part of a national distribution campaign.
Dr Charles BATUNGWANAYO, tel 00257 79592 957

9. Please describe any pre-distribution activity, in particular how the size of the target group and number of nets required will be ascertained?

There is a national IEC campaign planned including television and radio spots in two languages. The Red Cross plans to carryout pre distribution community sensitisation

10. Please describe how the bednets will be distributed, by whom, whether distribution will be a focussed effort or part of a combined programme and if there will be an information/education component to the distribution? Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.

The distribution will be integrated with immunisation campaign in June. There will be a LLIN distribution site beside the health post and each household will be invited to collet their LLINs. The Red Cross volunteers in conjunction with the MOH will help in distributing the LLINs.
The distribution will take place over a five day period

11. What post-distribution follow-up is planned to assess the level of usage (hang-up percentage) of the nets? How long after the distribution will this assessment take place? Will you provide us with the findings? What will you be able to do subsequently to increase net hang-up if relevant?

The MoH has planned follow up surveys one and four months after the distribution has taken place. In May 2010 a national DHS survey with additional questions regarding LLIN use will take place. Findings will be shared with you as soon as we get the results.

Furhermore, the Red Cross plans to carryout door to door Hang-Up activities directly after the campaign to ensure nets are hanging and then Keep-Up activities which form part of community health activities to maintain awareness of key health messages regarding malaria and the significance of net use.

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 NKURUNZIZA Jean Claude(Médecin provincial Bujumbura rural),
Tel 0025777733370

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

We confirm the nets will be distributed free to recipients.

14. Please confirm you will send us, post-distribution, at least 40 digital photos per sub-location, taken at the distribution/s, to be added to our website as we report on the distribution to donors.*

We confirm the Red Cross will provide at least 40 digital photos per sub-location

15. Please confirm you will provide at least 5 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.*

We confirm the Red Cross will provide at least 5 minutes of video footage from each sub-location

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

We confirm the Red Cross will provide a Post Distribution summary when the distribution is complete.

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

Dr. MANARIYO Rosa Paula, Head of health and Care department. Burundi Red Cross; Tel: 00257 22218871 Mob: 0025777794701 : Email : mrosapaula@yahoo.fr

Original proposal received below. 16Mar09
Request: 60,000 LLINs
Approved: 40,000 LLINs

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
60,000	**Sierra Leone**	**Waterloo Rural District**	**November 2009**	**Red Cross**
e.g. 3,000	e.g. Namibia	e.g. Caprivi	e.g. Apr-May06	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. WE DO NOT EXPECT LENGTHY ANSWERS. PLEASE EMAIL RESPONSES TO ROB MATHER AT RMATHER@BTINTERNET.COM THANK YOU.

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 o be distribution to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.

	Name of Community	Estimated number of U5s	**Name of Health Facility and Storage**	**No. of LLINs required**
Waterloo Rural District	GRAFTON	974	**GRAFTON MCHP**	**974**
	HASTINGS	3,449	**HASTINGS CHC**	**3,449**
	ROGBANGBA	372	**ROGBANGBA MCHP**	**372**
	LIMBA CORNER	407	**EL-SHADDAI CLINIC LIMBA CORNER**	**407**
	JOHN THORPE	1,115	**JOHN THORPE MCHP**	**1,115**
	WATERLOO	5,016	**WATERLOO CHC**	**5,016**
	LUMPA	25,077	**LUMPA CHP**	**25,077**
	MABUREH	23,590	**MABUREH CHP**	**23,590**
	Total	60,212		**60,000**

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

Waterloo is a peri urban suburb of Freetown and is 18 miles from the town centre

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

All of Sierra Leone is high risk for malaria, this map shows that malaria transmission is stable and endemic for 75% of the time

http://www.mara.org.za/pdfmaps/SieDistribution.PDF

4. How many reported cases of malaria and malaria deaths were there in this area in 2006 or 2007? Please cite your source. If you do not have statistics please make a qualitative comment.

Malaria is the leading cause of morbidity and mortality among the entire population. Mortality attributed to malaria is 38.3% among children aged 5 years and below and 25.4% to all ages (Sierra Leone Government, Ministry of Health and Sanitation Plan of Action Measles – Malaria Plan for Integrated national campaign November 2009)

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.

The target group is children between 0 and 59 months and pregnant women as per the National Integrated Campaign target populations

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

In 2006 there was an integrated measles and malaria campaign which distributed 875,000 LLINs. Based on preliminary results from the Togo mortality survey and net durability study it is estimated that less than half of these nets are still providing effective protection. A rainy season ownership and utilization survey undertaken in 2007 by CDC indicated that 55.6% of children under 5 years and 49.7% of pregnant women were sleeping under ITNs.

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.

The locations are in areas where Red Cross teams will be carrying out the LLIN distribution in which the district requirement for nets is close to the number being provided by AMF therefore social mobilisation in the area can focus on the one type of net. Dr Samuel Smith Contact

8. Have you consulted with the National Malaria Programme in your country 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 the distribution campaign is being led by the National Malaria Programme
Dr Sam Baker National Malaria Control Program manager sambaker79@yahoo.com .

9. Please describe any pre-distribution activity, in particular how the size of the target group and number of nets required will be ascertained?

At national level there is a pre campaign sensitisation campaign via briefings meetings and workshops planned aimed at political, religious and community leaders and media personnel. At district level sensitisation is aimed at council members and community and religious leaders. An information, education and communication campaign will disseminate key messages through posters, rural radio and TV spots translated into several tribal languages. The Red Cross plan to conduct pre campaign door to door sensitisation.

10. Please describe how the bednets will be distributed, by whom, whether distribution will be a focussed effort or part of a combined programme and if there will be an information/education component to the distribution? Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.

The bednets will be distributed as part of a nationwide integrated malaria, measles, vitamin A and mebendazole campaign targeted, one net per child, to all children up to

59 months of age. There will be a mixture of static, outreach and mobile distribution sites depending on terrain and location.

11. What post-distribution follow-up is planned to assess the level of usage (hang-up percentage) of the nets? How long after the distribution will this assessment take place? Will you provide us with the findings? What will you be able to do subsequently to increase net hang-up if relevant?

The Sierra Leone Red Cross Society will be undertaking door-to-door Hang Up activities ensuring that nets are hanging and being used correctly. Within 8 weeks of the end of the campaign a survey will take place using the WHO 30 cluster survey methodology looking at the effectiveness of all interventions and the campaign's communication strategy. Following this a rainy season survey will take place between May and October 2010 to measure ownership and utilisation of LLIN's from the campaign.

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.

Ministry of Health Western Area Health Manager Dr Samuel Smith Contact

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

We confirm that the nets will be distributed free to recipients.

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

We confirm that the Red Cross will provide a Post Distribution Summary when the distribution is complete.

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

Raymond Alpha Malaria Focal Point Sierra Leone Red Cross Society
raymondalpha2006@yahoo.com

*Information on the provision of photos, video and a Post-distribution Summary is included in the attached document.

Ends— **THANK YOU!**