

AGREEMENT

between

**IMA World Health (IMA),
The Against Malaria Foundation (AMF),**

This Agreement sets out responsibilities for a programme to provide bed nets to a series of Health Zones in the Democratic Republic of Congo (DRC) during 2015 in line with the strategic plans of the National Malaria Control Programme (NMCP) of the Government of DRC.

The purpose of the programme is to reduce malaria by distributing 720,000* long-lasting insecticidal nets (“LLINs”). The distribution of these nets will be the first phase of a net distribution programme that will be followed by a second phase, lasting four years, of routine distribution of nets to ensure net coverage is continuously maintained above 80% over this period.

IMA has received approval from the DRC NMCP to carry out this programme.

The responsibilities for delivering the programme are as follows:

Project Funding

- 1) **AMF** will fund 720,000* long-lasting insecticidal nets (LLINs). The LLINs will be of high standard and at a minimum they will satisfy the recommendations of the World Health Organization.
- 2) **AMF** will fund the shipping costs of the nets to the point at which they are landed in DRC.
- 3) **IMA** will fund all other non-net costs and these have already been committed to **IMA** by **DFID**. These costs include those for shipping to DRC, clearance, in-country transport, pre-distribution, distribution and post-distribution costs.

Distribution Locations

- 4) The nets will be distributed in the following Health Zones (HZs):

<u>Province</u>	<u>District</u>	<u>Health Zones</u>
Equateur	Nord Ubangi	Abuzi, Bili, Bosobolo, Businga, Gbadolite, Karawa, Loko, Mobayi, Wapinda, Wasolo, Yakoma

Distribution timing

- 5) Nets will be ordered as soon as this Agreement is signed by all parties. Nets

will be delivered to DRC as soon as possible with specific timing to be determined depending on net production availability. The distribution of all of the nets will take place within a four month period after arrival in country via a mass distribution.

Nets

- 6) The LLINs purchased will be those approved by the World Health Organisation Pesticide Evaluation Scheme (WHOPES). AMF will liaise with IMA and DfID as to the specification of the LLINs to be bought.
- 7) AMF will liaise directly with the net manufacturer/s and with the shippers to coordinate the movement of nets. AMF will connect IMA with the manufacturer/s and shippers so IMA can liaise directly regarding required paperwork, including consignee details, for shipment and customs clearance.
- 8) AMF will order and pay directly for the nets and their shipping.

Shipping and transport

- 9) IMA confirms any movement of nets after receipt in country will always involve a) counting of net quantities, by bale, in and out, to confirm quantities moved; b) signed documentation to attest to the quantities permitted out or received in; and c) copies of all such documentation will be easily accessible for independent verification as required.

Pre-Distribution

- 10) IMA will ensure the collection and availability, for independent inspection, of household level data (sleeping spaces and number of perfectly usable nets in place) for all households in the distribution zones identified in section 4. This then allows the data to be accessible for either or both of a) verification purposes or b) when selecting households for the 6-monthly Post-Distribution Check Ups (see section 'Post-Distribution') so it is possible to know how many nets were received by any household selected. IMA also confirms it will make available, electronically, summary level data by village/community.
- 11) IMA will ensure a summary will be sent in electronic format to AMF, for each village, of at least the following information: number of people in the village, number of households, number of sleeping spaces; number of perfectly usable LLINs, number of nets required to achieve universal coverage.

Distribution

- 12) **IMA** will ensure there is ‘independent supervision’ at the ‘moment of distribution’ of the nets. Independent supervision will usually be by individuals not associated with the health system or locality. The role of the independent supervisors is to ensure nets are distributed to beneficiaries, and in the quantities listed and that all nets not distributed are held securely and accounted for.
- 13) **IMA** will ensure all signed records attesting to the specific quantities of nets distributed will be easily accessible for independent verification as required. Such records will be per household, with any household for any village, selected randomly from the records, being uniquely identifiable and able to be physically located.
- 14) If fewer than 720,000* LLINs are required to achieve universal coverage in the Health Zones listed in section 4, **IMA** will identify a further Health Zone, to be agreed by **AMF**, that could accommodate the remaining nets and agrees all sections of this Agreement will apply to the distribution of those nets.
- 15) If nets go missing after passing into **IMA**’s control and prior to or during the distribution **IMA** will be responsible for sourcing an equivalent quantity of equivalent nets to make good the loss.
- 16) The **DRC NMCP**’s approval of **IMA**’s distribution plan is included as an Appendix to this document.
- 17) **IMA** will carry out the **IMA** Operation Plan included as an Appendix to this document. Material changes to this plan need the agreement of both **IMA** and **AMF**.

Post-Distribution

- 18) **IMA** will be responsible for Post-Distribution Check-Ups (PDCUs) across all of the Health Zones, as follows:
 - a. Every 6 months (9 months by agreement in certain Health Zones or part thereof)
 - b. For three years post-distribution (therefore, 6, 12, 18, 24, 30 and 36 months post-distribution)
 - c. All health centre catchment areas (HCCAs) covered
 - d. In each HCCA, 5% of households (HHs) visited
 - e. HHs randomly selected

- f. Unannounced visits
 - g. Data shared with AMF, with IMA ensuring it is sent in a format that allows import into AMF's PDCU database. AMF and IMA will liaise to ensure data compatibility.
 - h. Data will be passed to AMF within four weeks of the end of the PDCU.
 - i. PDCU data, in anonymised and summary form, will be made public.
- 19) Each PDCU would take place within a two week period with its specific timing falling within a two month window centred on the 6, 12, 18 month points etc, as it suits the schedule of IMA and local health centres.
- 20) The minimum quantity of data collected will be as shown in the PDCU form shown in Appendix 1.
- 21) IMA agrees to the following reporting obligations for the entire project or for each Health Zone, as indicated:

Pre-distribution

1. A Distribution Proposal (template attached, Attachment 1) completed in full and emailed to AMF (one for overall project)
2. A Pre-distribution Summary Report (template to follow to facilitate reporting) including, but not limited to, the following information: per village: population, number of households, number of sleeping spaces, number of perfectly usable nets, number of nets required for universal coverage; description of the pre-distribution process carried out, challenges and lessons learned, including dates. The report shall be provided within 1 month of the completion of the relevant health zone distribution. (per Health Zone)

Distribution

1. A Distribution Summary Report (template to follow to facilitate reporting, Attachment 2) including, but not limited to, the following information: Per village, actual number of nets distributed; description of the distribution process carried out, challenges and lessons learned, including dates. The report shall be provided within 1 month of the completion of the relevant health zone distribution. (per Health Zone).
2. Photos and video footage as described in Appendix 2.

Post-distribution Check-Ups (PDCU)

1. A PDCU Planning Document (template to follow to facilitate reporting

Attachment 3) including but not limited to, the following information: Purpose, Frequency, Sample size, Distribution catchment area key data, Cost, Information to be collected, Collection format, Locations, Timing, Personnel, Specific roles and responsibilities, Operations summary.

2. A PDCU Summary Report (template to follow to facilitate reporting, Attachment 4) including, but not limited to, the following information: Executive Summary, Introduction, Dates, Results (data as defined in the Agreement document), How the work was carried out and key decisions, Finances, Lessons Learned.

22) The following information will be sent to AMF by IMA:

- a. List of all health centres (HC) and their catchment populations in the designated HZs
- b. List of all villages/communities within each HC catchment area and their populations
- c. Maps showing location of HCs within each HZ
- d. List of hospitals/maternalities and nets required by each.

23) In the event of a dispute, all parties will make best efforts to resolve it through agreement. However if that is not achieved, all claims shall be decided by arbitration by the International Chamber of Commerce. The arbitration will be held in Geneva in the English language, it shall be final and binding and enforceable by any court having jurisdiction.

*The precise number of nets will be determined by IMA and AMF on examination of population figures and other relevant data.

Signed on behalf of:

1) IMA World Health (IMA)

Signature Larry S. Streshley Date Oct. 21, 2014

Name, Position (PRINT) Larry Streshley IMA World Health DR Congo Director

2) The Against Malaria Foundation (AMF)

Signature Rob Mastel Date 21 Oct 14

Name, Position (PRINT) Rob Mastel, CEO, AMF

Appendix 1

POST-DISTRIBUTION CHECK-UP OF MOSQUITO NET USE AND CONDITION

Country:	Health Centre name:
Date of distribution:	Village name:
Reference:	Date of this check-up:

Form Number:

To the Householder in the past, you received mosquito nets for free in a community distribution. We are conducting a survey of randomly selected 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 to enter my home, in my presence, to assess the use and condition of my mosquito nets.

Signature of Householder:

1. How many regularly used sleeping spaces are there in the household?

For the nets received in the **SEPTEMBER/OCTOBER 2013 DISTRIBUTION ONLY**:

2. For this household, please fill in as below:

Number of nets originally received	Number Hung	Number Present but not hung	Number Not Present	
			Worn out	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason:

3. Again, just for the **NOVEMBER 2013 NETS**, please fill in as below using ticks and numbers:

Brand of net	Net condition		How many slept under this net last night?		Net condition
	Very Good	Poor	1-2 people	3 or more	
Net 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very Good: fewer than 2 holes of less than 2cm each OK: fewer than 10 small holes Poor: more than 10 small holes or 1 big hole larger than 10 cm If there are more than 10 nets continue on another form (and mark both forms).
Net 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Net 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Net 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Net 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Net 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Net 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Net 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Net 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Net 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

4. Does the householder know how to hang and use a net correctly? Please ask the householder to demonstrate how the nets are used at night if not observed from the net-hanging.

5. How many people in this household have had blood-test diagnosed malaria in the last month?

6. How many people are there in this household?

CERTIFICATION: I certify the information in this form is correct

Surveyor's name and position: Surveyor's organisation:

Official Stamp:

Appendix 2



INFORMATION ABOUT PHOTOS/VIDEO FOOTAGE

PHOTOS-----

We require at least 100 pictures from each Health Zone showing a variety of activities that make up a distribution. Each 100+ picture set should tell the story of what happened. Photos should cover:

- 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;
- Bednet demonstration;
- Malaria education talk;
- 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 Health Zone

We will select 20-40 photos for each Health Zone for the website.

VIDEO FOOTAGE-----

20 minutes of footage from each Health Zone 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. It 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 video files into separate folders for each Health Zone
- 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 Health Zone distribution to make the material highly watchable.

Videos: http://www.againstmalaria.com/Distribution_videos.aspx

Good example: 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-----

IMA will provide high resolution photo and video files via Dropbox or other similar file sharing software.

RIGHTS OF USE OF PHOTO/VIDEO -----

IMA retains ownership of all content and is able to use it in future print and web communication.
AMF may use photos and video footage received as it sees fit and without attribution if necessary.

It is VERY important pictures and video sent to us have photos/video footage in labelled folders for each Health Zone so we can match photos/video to each health zone.