

AGREEMENT

Between

Rotary Club of Port Moresby Inc (RCPM)

And

The Against Malaria Foundation (AMF)

This Agreement sets out responsibilities for a programme to provide Long Lasting Insecticidal Nets (LLINs) to districts in Papua New Guinea (PNG) to take place in 2017 in line with the strategic plans of the National Department of Health (**NDoH**) of the Government of Papua New Guinea.

The purpose of the programme is to reduce malaria by distributing LLINs. The responsibilities for delivering the programme are:

Project Funding

- 1) **AMF** will fund 1,159,400 extra-large LLINs for distribution in 2017.
- 2) The costs, with the exception of the purchase of the LLINs, will be borne by RCPM which may use dedicated funding from The Global Fund and other sources. These costs include those for shipping to PNG clearance, in-country transport, pre-distribution and distribution.

The following is anticipated for 2018, but is not part of this agreement:

- **AMF** to fund 1,600,000 LLINs for 2018 distribution.
- Non-net costs for the 2018 nets to be funded by the **RCPM** which may use funding from The Global Fund and other sources. These costs include those for shipping to PNG clearance, in-country transport, pre-distribution and distribution.

Distribution Locations and Timing

- 3) **AMF**-funded nets will be distributed only in the districts shown in Appendix 1. Details attached include the number of nets needed, populations, and estimated timing.

Nets

- 4) The LLINs purchased will be those approved by the World Health Organisation Pesticide Evaluation Scheme (WHOPES). **AMF** will liaise with **RCPM** and the **NDoH** on the specification of the LLINs to be procured by **AMF**. The LLINs will be 75 denier in khaki colour with standard health information on the rear of the net packaging.

- 5) **AMF** will forward to **RCPM** quotes received from the LLIN manufacturer/s which include shipping costs and also expected delivery time to PNG. **RCPM** will pay for shipping costs but it should be noted that **RCPM** is not at all bound by manufacturer's quotes and may arrange its own shipping if it is able to obtain lower shipping quotes.
- 6) **AMF** will order and pay directly for the nets.

Shipping and transport

- 7) **RCPM** will confirm the movements of nets after receipt in PNG and always involve signed documentation showing the net quantities, by bale, in and out, to confirm quantities moved. Copies of the documentation will be easily accessible for verification by **AMF**. Please note that all nets are subject to pre delivery inspections (normally by Crown Agents) and **RCPM** retains all LLINs procured in shipper owned containers and does not open the containers until immediately prior to distribution when net quantities are verified.

Preparatory information

- 8) The following information for the distribution areas will be sent to **AMF** by **RCPM** within one month of the signing of this agreement:
 - a. List of all targeted health centres (HC) and their catchment populations
 - b. List of all targeted villages/communities in each HC area and estimated populations
 - c. Maps showing location of HCs within each HZ
 - d. Monthly malaria case rate data going back two years for each HC area

Pre-Distribution

- 9) **RCPM**, together with its Provincial Health counterparts, will collect at a minimum the following data for all individual households in the distribution areas identified in section 3: name, age, sex and relationship to the household head of each household member, number of people in the household, number of sleeping spaces, number of perfectly usable and other usable LLINs in place and number of nets required by each household for complete coverage. A summary of the survey books will also be made after the survey process which will be hung in a public place for 24 hours so the local communities can judge if they have been recorded correctly or not.
- 10) **RCPM** will employ "105%" data collection in all villages which are within a two hour walk from a road or river or health centre. In these circumstances: a) a second set of data is collected by **RCPM** staff member or Provincial Health Partners in 5% of the households, randomly selected, in each community/village in the

distribution area at the time of collecting the survey books. This will be done before the survey books are inspected; b) once the 5% survey is carried out, the data collected will be immediately compared with the collected survey books. Only after the data is seen to be the same will the survey volunteers be paid; c) the data collectors will be informed in advance of this mechanism and data comparison; d) effective management is in place to ensure the 5% data collectors are not aware of the initial data set for the 5% households; e) the 100% and 5% data sets are separately identifiable;

- 11) **RCPM** will ensure agreed elements of the household level registration data described in sections 9 and 10 is entered into **AMF**'s Data Entry System (DES), a secure, access-restricted web-based system that facilitates putting paper/voucher based household level data collected specifically during the net distribution into electronic form. Intellectual rights to this data jointly remains property of **RCPM** and the **NDoH**.
- 12) Community-based data verification will take place via:
 - a. All data entered in the DES will be reviewed for errors and cleaned.
 - b. Survey books approved by communities will be used and will form the basis of the distribution.
- 13) The timing of the pre-distribution household registration and distribution of nets will be run concurrently. Householders will also be requested to bring the receipt issued at the time of the survey, thus providing proof they belong to a particular household.

Distribution

- 14) **RCPM** will ensure household level distribution data, showing clearly for each household its village(community)/sub-district/district/region, is entered into **AMF**'s Data Entry System. This will allow reconciliations to be made by **AMF**, selection of households for the Post-Distribution Check-Ups (PDCUs) and knowledge of how many nets were received by any individual household. **AMF** may publish summary data which does not include identifiable personnel data.
- 15) **RCPM** will provide the necessary support to ensure access by an independent assessor, who will be recruited and paid for by **AMF**. The role of this assessor is to determine whether nets are distributed to beneficiaries in the quantities listed and that all nets not distributed are held securely and accounted for.
- 16) **RCPM** will ensure all signed records attesting to the quantities of nets distributed will be easily accessible for verification by **AMF**. 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.

- 17) If fewer than 1,159,400 LLINs are required to achieve universal coverage in the districts listed in section 3, **RCPM** will identify further communities in other regions, to be agreed by **AMF**, that could accommodate the remaining nets and all sections of this Agreement will apply to the distribution of those nets. Where it is difficult or expensive to return LLINs to a central location (e.g. fly in areas), any excess nets may be donated for distribution to pregnant women as part of the **RCPM/NDoH** antenatal programme. Any revised distribution of excess nets must first be approved by **AMF**, whose approval will not be unreasonably withheld.
- 18) In the event of a loss of LLINs that are under **RCPM**'s control, **RCPM**, in consultation with the responsible health authority at the site of the loss, will source an equivalent quantity of nets to make good the loss unless the loss of the LLINs should be clearly proved to be beyond the control of **RCPM** e.g. Force Majeure, armed holdup etc. **AMF** understands that because of the large quantities of LLINs involved that small numbers of nets may be mislaid in the course of any distribution and will not act unreasonably in this event.
- 19) **RCPM**'s distribution schedule is included in Appendix 2. Any substantial change will be discussed and agreed with **AMF** in advance. **RCPM** will endeavour to distribute all **AMF**-funded nets by the end of 2017, including prioritising **AMF** nets over nets from other sources for mass distribution.
- 20) **RCPM** will carry out this distribution in line with **RCPM**'s standard LLIN distribution guidelines and are attached as Appendix 3. In the event of material changes to these guidelines than **AMF** will be informed. **AMF**'s consent will be needed in writing for any change that affects accountability for the nets.

Post-Distribution

- 21) Post-Distribution Check-Ups (PDCUs) to assess correct net distribution, net use and condition of LLINs will take place across all of the districts to monitor net use and condition. The results will be owned by PNG but will be shared with **AMF**. **AMF** will fund a yet-to-be-decided **NGO** to run the process in full consultation with the **NDoH** and **RCPM**. **RCPM** will facilitate the check-ups.
 - a. A PDCU will be carried out every 6-months for two and a half years' post-distribution, therefore at 6, 12, 18, 24 and 30-months post-distribution
 - b. The data to be collected will include, for all **AMF**-funded LLINs in the visited households: LLIN presence, LLIN hang-up (use), LLIN condition, LLIN type/brand and overall sleeping space coverage.
 - c. All Health Centre Areas (HCAs) included
 - d. In each HCA, 5% of households (HHs) visited

- e. HHs will be randomly selected and visited unannounced. Local leaders and other interested parties will be informed of the visit programme at the outset and afterwards out of respect and as part of encouraging community involvement. The community as a whole (not identified individual households) will be informed that the visits will take place. No household will be entered without the permission of the householder.
- f. **AMF** will liaise with the **NGO** to ensure that data shared will be sent in a format that allows import into **AMF**'s PDCU database.
- g. Data will be passed to **AMF** within four weeks of the end of the PDCU.
- h. PDCU data, in summary form but lacking identifiable personal data, will be made public.

Each PDCU will take place within a one-month window centred on the 6, 12, 18, 24 and 30-months points.

- 22) **RCPM** will provide **AMF** malaria data on an annual basis by Health Centre Area eight months in arrears. Data will be provided on a quarterly basis where possible.

Reporting

- 23) The **RCPM** agrees to the following reporting for the entire project:

Pre-distribution

An overall Distribution Plan.

Distribution

A Comprehensive Survey and Distribution Report including a description of the survey and distribution process, challenges and lessons learned and dates. The report will be sent to **AMF** within two months of the completion of the distribution programme in each province.

Dispute

- 24) In the event of a dispute, all parties will make the 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.

Appendices

1. Districts, population numbers and net need
2. Distribution Schedule
3. Distribution Guidelines

Signed on behalf of:

1) Rotary Club of Port Moresby (RCPM)



Signature

Date 25 October 2016



Name, Position (PRINT) CHAIR – ROTARIANS AGAINST MALARIA

2) The Against Malaria Foundation (AMF)



Signature

Date 25 Oct 16



Name, Position (PRINT)