

Received: 02May06

World Swim For Malaria Foundation



Bednet Distribution Programme – Detailed Information

A. Summary

# of LLINs	Country	Location	When	By Whom
90,707	Ethopia	Sidama WH Dereyou Borena	Now-Sept 06 (before next malaria season)	GOAL

e.g. 3,000

e.g. Namibia

e.g. Caprivi

e.g. Apr-May06

e.g. Red Cross

B. Further Information

1. Distribution Location
2. Urban or Rural?
3. High Risk Malaria Area?
4. Level of Malaria Cases/Deaths?
5. Blanket Coverage Vs Select Group?
6. Existing ITN Coverage, Programmes?
7. Why Area Chosen, Decision Maker?
8. National Malaria Programme Aware?
9. Pre-Distribution Activity?
10. How Distribution Will Happen
11. Post-Distribution Follow-Up?

INSTRUCTIONS
PLEASE ADD INFORMATION IN THE BLUE BOXES. THE SPACE SHOWN IS A GUIDE. BOXES WILL EXPAND AS YOU TYPE. WE DON'T EXPECT LENGTHY ANSWERS AND THERE ARE NO WRONG ANSWERS!
Please email responses to rmather@btinternet.com
Thank you!

1. Please describe the specific [location & villages](#) that will receive nets and the number to each?

location	Number of nets	Detail
Sidama	34,919	3 districts to be covered GOAL aims for one net per household 100% coverage
West Haraghe	22,000	Population 86,000 GOAL estimate this is the additional number of nets required to achieve 100% coverage, some coverage already in the community due to previous GOAL distributions
Kereyou	5,302	8 districts in this location aim is for 100% coverage within community
Borena	28,486	2 districts 100% coverage is the aim in this community

2. Is this an [urban or rural](#) area and how many people live in this specific area?

Primarily rural communities
Population estimate enclosed above, GOAL is aiming for 100% coverage

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

High risk malaria region, malaria season due to begin in September

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

Malaria is one of the most reported diseases in primary health care settings, difficult to determine deaths as most deaths occur in the community

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.

Blanket coverage to all the community for distribution and awareness raising, however educational focus will be on pregnant women and children under 5 in particular as these groups are most vulnerable to excess morbidity and mortality due to malaria

6. What is the [existing level of ITN use](#) in this area? Are there [existing bednet distribution programmes](#) in this area?

GOAL has carried out bed net distribution to targeted high risk groups including pregnant women and children under 5. Some coverage within the general community has already been attained due to previous distributions, however full community coverage still no attained in many areas.

7. [Why was the area/villages chosen](#) for bednet distribution and who made this decision?

GOAL is currently operational in these areas, carrying out a primary health care and nutrition programme. GOAL health and nutrition staff identified these areas as a priority for distribution due to the high level of malaria within the community in particular during the rainy season

8. Have you [consulted with the National Malaria Programme](#) in your country about this distribution and what was their response?

GOAL works with Ministry of Health staff in all areas of operation, if allocation of nets is confirmed National Malaria Programme will be contacted to participate in the distribution and educational interventions

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

Size of the target group already determined by GOAL who has been working with the local communities for some time. GOAL is carrying out community health interventions in all of the above named locations, awareness raising of risk reduction measures for malaria are a part of this programme. Health education is also a part of the GOAL ante-natal interventions as well as ongoing education and support of MOH Primary Health care clinic staff

10. Please describe [how the bednets will be distributed](#), by whom, between which dates, 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?

Bed nets will be distributed by GOAL community health and nutrition staff, aim is to have education and distribution completed before the onset of the rainy season

11. What [post-distribution follow-up](#) is planned to assess the level of usage of these nets?

GOAL carries out annual MIC surveys (multi indicator cluster surveys) within its area of operation to monitor morbidity, nutritional and other key indicators in the community. Use of bed nets within communities will be evaluated. GOAL community and nutrition workers also participate in ongoing monitoring on use of nets and follow up education, to general community and to high risk groups

Ends--

Received: 21Jul06

World Swim For Malaria Foundation



Bednet Distribution Programme – Detailed Information

A. Summary

# of LLINs	Country	Location	When	By Whom
4,000	Uganda	Pader District	Jun06-Jun07	PSI

B. Further Information

1. Distribution Location
2. Urban or Rural?
3. High Risk Malaria Area?
4. Level of Malaria Cases/Deaths?
5. Blanket Coverage Vs Select Group?
6. Existing ITN Coverage, Programmes?
7. Why Area Chosen, Decision Maker?
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Thank you!

1. Please describe the specific **location & villages** that will receive nets and the number to each?

20 Internally Displaced People's camps (IDP) and Uganda People's Defence Force (UPDF) fifth division in Pader district will benefit. These are located in Pader District in Northern Uganda. Each camp will receive 200 nets. A total of 4000 nets will be distributed all nets will be distributed to People Having and Living with HIV/AIDS.

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

Rural area with over 370,000 people. Over 93% of the population live in IDP camps due to rebel activity.

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

Yes, Pader District is rated as having very high malaria endemicity. The camps are densely populated with no other means of prevention making it a high transmission area.

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

An estimated 134,365 cases of malaria were reported in 2005 (Data from Pader District Director of Health Services). In another health and mortality survey done by WHO, MOH and other partners it is indicated that malaria causes an estimated mortality of between 24,000 to 33,000 in the first seven and a half months of 2005 with 12,000 to 21,000 being children under 5 years. The second killer is AIDS which also increases the risk of severe malaria.

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 distribution is for selected vulnerable group and these are IDPs in Pader district in Northern and soldiers living with HIV/AIDS and their families.

6. What is the [existing level of ITN use](#) in this area? Are there [existing bednet distribution programmes](#) in this area?

The existing level of ITN use in Pader district is estimated to be 28.0%. Other distributors of ITN in the district Malaria consortium, GOAL, Concern and World Vision. Malaria consortium is in the process of conducting a study to establish the existing level of ITN use in the district.

7. [Why was the area/villages chosen](#) for bednet distribution and who made this decision?

Pader districts in northern Uganda in one of the districts that have been hit hard by the 19 year insurgency with over 93% on the population leaving in IDP camps. According to World Health Organization, the leading cause of death is malaria causing over 28.5% of all deaths.

8. Have you [consulted with the National Malaria Programme](#) in your country about this distribution and what was their response?

No. We have not consulted the National Malaria Programme but we have had consultations with Pader district officials with whom a memorandum of association has been signed and our work plan has been approved by the district health officials.

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

IDP camp mapping is being done to identify 20 IDP camps that have not received any assistance from other partners and this will be followed by sensitization workshops. Provision of HIV counselling and testing services will then be done targeting 20,000 people with a projected sero prevalence rate of 10% and these will receive the nets. Identification of Community Resources Persons is also being done as they will be used to distribute and sensitize their communities.

10. Please describe [how the bednets will be distributed](#), by whom, between which dates, 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?

The nets will be distributed as part of the basic care package for people living with HIV/AIDS by health workers, counsellors and the PSI mobile VCT team with information, education and communication (IEC) components as part of the whole programme. It will run from June 2006 to June 2007.

11. What [post-distribution follow-up](#) is planned to assess the level of usage of these nets?

Health workers/counsellors will work with the Community Owned Resources Persons (CORPs) to carry out home visits to assess level of usage of the nets.

Ends--

Received: 21 Aug 06

World Swim For Malaria Foundation



Bednet Distribution Programme – Detailed Information

A. Summary

# of LLINs	Country	Location	When	By Whom
10,000	Zimbabwe	Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matebeleland North, and Midlands Provinces	Jan-Dec 07	Population Services International (PSI) Zimbabwe

e.g. 3,000

e.g. Namibia

e.g. Caprivi

e.g. Apr-May06

e.g. Red Cross

B. Further Information

1. Distribution Location
2. Urban or Rural?
3. High Risk Malaria Area?
4. Level of Malaria Cases/Deaths?
5. Blanket Coverage Vs Select Group?
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7. Why Area Chosen, Decision Maker?
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Thank you!

1. Please describe the specific **location & villages** that will receive nets and the number to each?

Provinces of Mashonaland Central (Districts of Mt. Darwin, Rushinga, Shamva), Mashonaland East (Mudzi, Mutoko), Mashonaland West (Hurungwe), Masvingo (Bikita), Matebeleland North (Lupane, Tsholotsho), and Midlands (Gokwe North and South)

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

Rural – 1,744,184 people live in these 11 districts.

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

Yes, because these 11 districts are among the 22 districts in the country that have the highest burden of malaria.

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

Malaria morbidity and mortality are increasing in Zimbabwe, with over 1.5 million malaria cases and 1500 deaths reported in 2005. The 11 target districts are among the 22 districts with the highest rates of malaria morbidity and mortality in the country. Malaria is endemic in these districts, with seasonal high to moderate malaria incidence rates. Incidence rates in the districts are as follows: Mudzi - 156-226 per 1000; Bikita, Mutoko, and Shamva – 84-155/1000; Gokwe North and South, Hurungwe, Lupane, and Mt. Darwin – 46-83/1000; and Rushinga and Tsholotsho – 24-45/1000.

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.

Nets will be distributed free of charge to 10,000 child-headed households and protected or institutionalized children within the 11 districts.

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

While district-specific data on net coverage and use are not available, net coverage ranges from 2-20% nationwide, with year-round use among those with nets varying from 10-100%. PSI Zimbabwe distributes or will be distributing nets specifically to pregnant women and children under 5 in the 11 target districts. No other net distribution programmes currently exist in these districts.

7. Why was the area/villages chosen for bednet distribution and who made this decision?

PSI Zimbabwe consulted the National Malaria Control Program of the Ministry of Health and Child Welfare regarding which districts were in need of additional nets. The Ministry chose these districts because they are the 11 districts (among the top 22) that most need nets.

8. Have you consulted with the National Malaria Programme in your country about this distribution and what was their response?

Please see above response.

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

Child Protection Committees will be consulted to assist with identification of child-headed households and protected or institutionalized children within each of the districts. Communities will be mobilized to promote year-round net use among recipients of nets.

10. Please describe how the bednets will be distributed, by whom, between which dates, 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?

The nets will be distributed in collaboration with Child Protection Committees in each of the districts between January and December 2007. The distribution of nets to child-headed households and protected or institutionalized children in these districts is one part of PSI Zimbabwe's insecticide-treated net (ITN) program working within the National Malaria Control Program National ITN Policy and National Malaria Communications Strategy to distribute and promote use of ITNs through immunization and antenatal clinics to over 80% of children under 5 years of age and pregnant women within the 11 target districts. Whenever possible, existing child-targeted information, education, and communications (IEC) materials will be reproduced and distributed. Consultations with children in the target districts and a study of knowledge, attitudes, and practices will guide the development of all new IEC material and campaigns. With widespread and appropriate use of LLINs, under-5 malaria mortality will be reduced by 40%, premature or low birth weight babies will be reduced by 25%, and malaria-associated school and work leave, and therefore poverty, will be greatly reduced, improving the lives of children and their caregivers in Zimbabwe.

11. What post-distribution follow-up is planned to assess the level of usage of these nets?

PSI Zimbabwe will regularly conduct at least 20 household and institutional visits per district per month to monitor and promote appropriate year-round net use among all beneficiaries.

Ends--

Received: 24Aug07

World Swim For Malaria Foundation



Bednet Distribution Programme – Detailed Information

A. Summary

# of LLINs	Country	Location	When	By Whom
10,000 nets	Zambia	8 Districts: Kapiri Mposhi, Mansa, Mporokoso, Sinazongwe, Livingstone, Sesheke, Mongu, Chipata	Early October 2007	Zambia Red Cross

B. Further Information

1. Distribution Location
2. Urban or Rural?
3. High Risk Malaria Area?
4. Level of Malaria Cases/Deaths?
5. Blanket Coverage Vs Select Group?
6. Existing ITN Coverage, Programmes?
7. Why Area Chosen, Decision Maker?
8. National Malaria Programme Aware?
9. Pre-Distribution Activity?
10. How Distribution Will Happen
11. Post-Distribution Follow-Up?
12. District level contact information

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1. Please describe the specific [location & villages](#) that will receive nets and the number to each?

The distribution of mosquito nets per district will be as follows:

1. Chipata -	900 nets
2. Kapiri Mposhi -	1,700 nets
3. Livingstone -	2,000 nets
4. Mansa -	1,000 nets
5. Mongu -	900 nets
6. Mporokoso -	1,000 nets
7. Sesheke -	1,000 nets
8. Sinazongwe -	1,500 nets
TOTAL NETS	10,000

Latitude/longitude readings of the distribution districts

District	Longitude (deg)	Latitude (deg)
Chipata	32.60	13.70
Kapiri-Mposhi	28.7	13.95
Livingstone	25.80	17.80
Mansa	28.8	11.15
Mongu	23.10	15.25
Mporokoso	30.10	9.30
Sesheke	24.30	17.50
Sinazongwe	27.40	17.25

Although the targeted eight (8) Zambian districts are distant from each other, each has high malaria prevalence and incidence rates. Health centre admissions and deaths associated to malaria within

the eight districts are common.

The targeted districts have similar or identical environmental/climatic conditions and common communal/societal needs. The environmental/climatic conditions include: poor and unhygienic environments, hot and humid valleys, swampy and flooded areas along lakes, dambos and river banks, and heavy rainy areas.

The eight districts are also low income earning areas, with the local population lacking information on the control, prevention and treatment of malaria. They are also characterized by inadequate accessibility to health centres, high levels of food insecurity, inadequate resources and inaccessibility to mosquito nets. The high prevalence of HIV/AIDS has also compounded the malaria situation in these districts.

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

District (urban, peri urban or rural):

Livingstone (urban)

Mansa, Mongu, Chipata, Kapiri Mposhi (peri urban)

Sesheke, Sinazongwe, Mporokoso (rural)

Total population per district and the number of targeted beneficiaries for nets:

District	POPULATION		TARGETED BENEFICIARIES		
	Total Population	Children <5 years	No. of Nets OVCs & <5	No. of nets Vulnerable groups (HBC clients)	Total of Nets
Chipata	458,700	97,400	400	500	900
Kapiri-Mposhi	288,900	60,803	680	1,020	1,700
Livingstone	125,382	30,894	800	1,200	1,500
Mansa	231,120	46,224	440	560	1,000
Mongu	190,353	29,410	400	500	900
Mporokoso	120,322	24,064	440	560	1,000
Sesheke	93,987	19,361	440	560	1,000
Soinazongwe	106,545	25,571	600	900	1,500
TOTALS	1,615,305	333,817	4,200	5,800	10,000

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

Yes, the targeted districts are high risk malaria areas due to their location, poor and unhygienic conditions. The districts are mostly flooded with water and with swampy terrain. High humidity and warm temperatures make the areas conducive mosquito breeding. As such, the districts are highly infested with mosquitoes and report a high number of malaria cases.

4. How many **reported cases of malaria** and **malaria deaths** were there in this area in 2005?

If you do not have statistics please make a qualitative comment.

Malaria in Zambia (country overview):

- 50,000 deaths of malaria per year
- 45% out patients cases are malaria
- 33 per 1000 hospital & health centres admissions are malaria
- Approximately 383 people per 1000 malaria incidence levels
- 50% of children under five admitted to hospital are due to malaria

The aggregated total number of deaths due to malaria in the eight districts were 9,700 in 2005. This represents 19.4% of the total country deaths associated with malaria. Unfortunately, specific statistics on malaria cases and deaths within each of the targeted districts was not available.

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 distribution within the eight targeted sites will be to selected groups (not blanket distribution). Beneficiaries will be 'vulnerable people' (people living with HIV who participate in home-based care programmes), and orphans and other vulnerable children under the age of five (5) years. These two groups are most vulnerable to malaria, and are also registered by the Zambia Red Cross in its Home-Based Care Programme (HBC). They already receive care, support and treatment as part of the HBC programme, but have not yet received nets.

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

There are no net programmes in existence in the targeted areas, but there is a functioning Health Education Sensitisation on Prevention and Control programme. The programme is conducted in conjunction with the District Health Management Centres/clinics and focuses on training of volunteers and members of the communities in basic health and nursing education on malaria and HIV/AIDS, definitions of malaria, causal factors, clinical signs and symptoms, its dangers, prevention and treatment. It also deals with issues of the inter relationship between HIV/AIDS and malaria and food insecurity.

All this is done through door to door campaigns, community meetings/forums, IEC materials, drama groups etc.

The government of Zambia plans to distribute mosquito nets countrywide this year through the National Malaria Control Centre (NMCC), but it is not clear if these areas will be specifically targeted.

However, ZRCS distributed 3000 bed nets acquired through the WSM foundation to the same areas in 2006. A report was submitted to this effect. Not all the possible beneficiaries were reached in this distribution so this proposal aims to make up for the shortfall.

7. Why was the area/villages chosen for bednet distribution and who made this decision?

The districts were chosen because they are areas where the Zambia Red Cross has Integrated Home Based Care (HBC) Programmes and they are also high risk areas for malaria. Because of the existing structures and presence of the Zambia Red Cross staff and volunteers in these districts, it is economical and much easier to mobilise the communities, distribute the nets and also for monitoring and evaluation of the resulting impact.

8. Have you consulted with the National Malaria Programme in your country about this distribution and what was their response?

We have already consulted with the Ministry of Health, District Health Management Teams, National Malaria Control Centre, and Zambia Malaria Foundation, on this proposed activity. The Zambia Red Cross Society has always enjoyed good relations with each of the groups, and the relevant stakeholders not only welcome the activity but are willing to assist and support it in the pre- and post-distribution phases.

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

Pre-distribution activities will include health education and awareness raising. The ZRCS volunteers who carry regular home visits to our clients and OVCs in the districts, together with the District Health Management Team, will conduct pre-distribution community health education and sensitisation. This pre-distribution information will include info on prevention, control and treatment of malaria, the proper way to use nets, re-treatment of mosquito nets and the connection between HIV/AIDS and malaria through community meetings/forums, theatre/drama, and door to door campaigns which will be continued even during distribution.

The number of beneficiaries has been ascertained by those registered for the ZRCS HBC programme. ZRCS has 8,595 clients and 10,000 OVCs that are registered for the programme. Therefore, if we are to receive and distribute 10,000 nets, 54% of beneficiaries will be covered leaving out 8,595 which is 46% of the total.

10. Please describe [how the bednets will be distributed](#), by whom, between which dates, 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?

The HBC Task Force Committee, Red Cross Branch members, Red Cross Volunteers and other stakeholders will play a role in the distribution. Red Cross Volunteers will be responsible for the distribution of the nets. Other stakeholders will be invited and involved, but the sole responsibility for distribution will lie with Red Cross volunteers.

The beneficiaries are already known and are already being supported by ZRCS in other ways with care and support activities.

The distribution will be conducted within four (4) weeks after the nets have been received by ZRCS.

11. What [post-distribution follow-up](#) is planned to assess the level of usage of these nets?

Red Cross Volunteers will conduct home visits to ensure that the nets are being properly used and maintained. Monitoring and evaluation surveys will be conducted to ascertain the effective use of nets, community knowledge of malaria and re-treatment of nets and together with the Ministry of Health measure malaria incidence in the districts.

12. Please give the name and contact information for the head of the [district health management team](#) for the/each area.

Dr. C Mwinuna - The Director, Kapiri Mposhi DHMT	Tel No 002605271209
Deriah Kanguma - The Director, Mansa DHMT	Tel No 002602821971
Dr. Chishimba Kalandanya - The Director, Mporokoso DHMT	Tel No 002604680118
Dr. Kebby Musokotwane - The Director, Sinazongwe DHMT	Tel No 002603278142
Dr. Jelita Chinyonga - The Director, Livingstone DHMT	Tel No 002603321653
Mrs JJ Kyanamina - The Director, Sesheke DHMT	Tel No 002601481246/481065
Dr. Calystas Kayunga - The Director, Mongu DHMT	Tel No 002607221246/221578/221428
Sr. Priscilla Zulu - The Director, Chipata DHMT	Tel No 002606222304

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 to target beneficiaries free of cost.

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 that in each of the districts/communities indicated and targeted for distribution, digital photos of distribution showing target beneficiaries will be sent to the donor.

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.*

The cost of this is not within our distribution budget hence we will not be able to provide video footage.

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

We confirm that apart from the distribution report we will send to you a post distribution summary.

17. Please provide your name, role and organisation and [full contact information](#).

Dr. Moses Simuyemba
National Health Programme Coordinator
Zambia Red Cross Society
Los Angeles Boulevard, Longacres,
P.O. Box 50001,
Ridgeway 15101,
Lusaka.
Zambia.
Telephone : +260 1 253661 ; Fax : +260 252219
Cell : +260 97 7876569

Enos Chisakila
National HIV/AIDS Partnership Officer
Zambia Red Cross Society
Cell : +260 97 9646257
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*Information on the provision of photos, video and a Post-distribution Summary is included in the attached document.

Ends—

THANK YOU!

Received: 26Oct07

Against Malaria Foundation



LLIN Distribution Proposal Form

A. Summary

# of LLINs	Country	Location	When	By Whom
11,528	SENEGAL	THIES, LOUGA, ST LOUIS	APRIL 2008	ROTARY CLUBS OF SENEGAL

e.g. Senegal

e.g.

e.g.

e.g.

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

The located zones are Thies (Ngoundiane) St louis (Gandon) Louga (Nguer Malal) containing several villages.

VILLAGE NUMBER OF NETS

NGOUNDIANE 6472

GANDON 4097

NGUER MALAL 959

GANDON

NGUER MALAL

NGOUNDIANE

15° 57' 43.21" N

15° 44' 22.82" N

14° 46' 00.59" N

16° 26' 43.34" O

16° 00' 18.99" O

16° 43' 53.55" O

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

These areas are rural ones.

* **THIES** (Ngoundiane) total population 26 967

Pregnant women 1 240

Children aged 0-5 years old 5232

* **ST-LOUIS**(Gandon) 17815

Pregnant women 641

Children aged 0-5 years old 3456

* **Louga** (Nguer Malal) total population 4 168

Pregnant women 809

Children aged 0-5 years old 150

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

As far as the geographic situation is concerned this zones are endemic because of flood lack of infrastructures, lack of canalisation and insalubrities

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.

The average of rates of morbidity is about 34, 62 % in Thies, 29, 57 %, in St- Louis, and 44, 19 % in Louga as far as 2005 is concerned.

VILLAGE	% OF MALARIA TOTAL CASES OF ILLNESS
NGOUNDIANE	70%
GANDON	66%
NGUER MALAL	60%

During the raining season (which is from June to October) the most of illness cases are due to malaria. It is up to 70 % during this period.

These data are provided by nurses of each of their villages.

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 distribution will be made for children aged 0-5 years old and Pregnant women witch are not taken in account by the existing targeted programs.

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

The existing program are : Plan, Pnlp, Prn, Usaid PIM

Village	Program			Number of nets distributed of 2007
	VOUCHER	PNLP	PLAN	
NGOUNDIANE	0	300	0	300
GANDON	0	2000	300	2300
NGUER MALAL	450		40	490

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.

This area was chosen regarding the rate of mortality and morbidity.

Mr Willie Keteku, DG 9100, Mr Abdou Gueye responsible of the Task force for zone 1, and Mrs Aissa Coulibaly, Chairman of malaria committee D 9100 decided to chose these areas.

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 We've already consulted the National Malaria program about this distribution.

Contact Person : Malamine Diedhiou, Manager

Office: +221 33869 07 99 Mobile: +221 77630 41 65

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

The size of the target group and the number of nets will be ascertained regarding:

- 1) the morbidity and the mortality of this area
 - 2) the indications of the Chief Doctor of the area
 - 3) the socio economic level of the area, the poorest areas will receive more mosquito nets
- We'll gather a list of beneficiaries in accordance with the heath comities to Recognise the beneficiaries will ask them to come with they nominative heath notebook. The pre**

distribution work be conducted with the health committees. There will have malaria education with help of health committees and the malaria rotary Foundation. An education day will be organized for the distribution process.

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 occur 3 months before the raining season to ensure a large distribution. The distribution will be made on accordance with the chief doctor, and the ICP and supervisors of the committees of health and the Rotarians from SENEGAL.

The distribution process will take place in this day and beneficiaries will

Participate and once back with their nets they will be able to use it themselves.

We will home make a demonstration of net hanging.

Each beneficiary will sign and appose this name after receiving its nets.

We also included in our District programme:

- 1. Promotion of the usage of insecticide impregnated mosquito bed nets;**
- 2. Information, training and mobilisation of the selected communities ;**
- 3. Promotion of taking care of cases of fever/malaria at a community level;**
- 4. Promotion of Intermittent Preventative Treatment of pregnant women;**
- 5. Follow-up and evaluation.**

We will include a bed net hanging demonstration.

We organise the distribution in the central place of the village with the religious and political leaders. after the hanging demonstration on the central place of the village, we visit some houses and verified that the bed net hanging is ok. Each pregnant woman and each mother of children under 5 come at the place of distribution with the ticket of the chief of the village health centre. And also ach beneficiary will sign and appose this name after receiving its nets.

We are planning to distribute bed nets during the celebration of African Malaria Day, it is each 25th April. The next will be on April 25th, 2008. We organise the distribution in the place of the ceremony, the next will start on April 25th 2008, and the distribution-process will occur for one week or 10 days. We give information, training and mobilisation of the selected communities before the day of the distribution. We use local radio, news papers, TV.

We work with health and social workers and some volunteers. The distribution will do under the control and supervision of the Rotarians of our District.

Our District has some experiences in the distribution of bed nets. The fighting Malaria is our first and big district programme. We started in 2002-2003. At the day we are distributed more than 100.000 bed nets in the 14 countries of our District (9100) (Benin, Burkina-Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Senegal, Sierra Leone, and Togo). But we need more and more bed nets because malaria is endemic in the countries of our District where it represents 30 to 40% of all serious illness and 10% of all deaths. Death occurs most often in children under five years of age and in pregnant women who are the most vulnerable in these countries where access to health care is not always easy. . In each country, 3 health districts will be selected, and in each health district, a dozen villages will gravitate towards a selected health centre.

We divided the 14 countries of our district in 3 Zones:

ZONE 1 : included Gambia, Guinée Bissau, Guinée, Mali and Sénégal. The Coordinator of this zone is the Rotarian Abdou GUEYE, B Téléphone: (221) 638 11 23 ;

Email: a_kgueye@yahoo.fr

**ZONE 2 : included Benin, Côte d'Ivoire, Niger and Togo. The Coordinator is myself
ZONE 3: included Burkina Faso, Ghana, Liberia and Sierra Leone. The Coordinator is Edric Defor from. R.C. Accra OSU RE, Tel. 233 20 813 16 78, P.O. BOX CT 1300 CAN TONMENTS, ACCRA.**

We created a National Malaria Committee in each country which is composed of all rotary clubs of this country. Our rotary National Committee works with the Government National Malaria Programme.

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 follow up will be made in accordance with the terms and conditions required by foundation malaria for these activities.

It will be made one month after the distribution.

We'll provide you with all the findings coming from this distribution.

To increase subsequently net hang up we can make some sensibilisation activities.

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.

District health Thies (Ngoundiane) : ICP phone +221 776 180 610

District health St Louis(Gandon) : Dr Fall phone +221 33961 92 95

District health Louga (Nguer Malal) : ICP phone +221 547 39 05

13. Please confirm the nets will be distributed [free-to-recipients](#), a requirement for us to fund nets.

Yes we confirm that 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.*

Yes we confirm that at least 40 digital photos per sub location will be sent to know.

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.*

Yes we'll be able to provide video footage from each sub location.

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

Yes we confirm that a Post distribution Summary will be sent

17. Please provide your name, role and organisation and [full contact information](#).

Chairman, District Malaria Committee Aïssata Coulibaly phone + 225 07 67 53 59

Email : aïsscoul@yahoo.fr

Coordinator for the Zone 1, Abdou Gueye office +221 33867 31 35

Mobile +221 77638 11 23 Email: a_kgueye@yahoo.fr

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

Received: 21Mar08

Against Malaria Foundation



LLIN Distribution Proposal Form

A. Summary

# of LLINs	Country	Location	When	By Whom
3,000	Rep of Guinea/ Conakry	Iles de Loos/ Loos Islands (Kassa/Fotoba/Tamara, Roume and other small's islands around.	Apr-May 08	Ministry of Health, Red Cross in partnership with 3 Rotary Clubs of Conakry

B. Further Information

INSTRUCTIONS VEUILLEZ AJOUTER L'INFORMATION DANS LES ENCADRES BLEUES. L'ESPACE MONTRÉ EST UN GUIDE SEULEMENT. LES ESPACES AUGMENTERONT COMME VOUS DACTYLOGRAPHIEZ POUR REMPLIR 3, 4 PAGES OU PLUS COMME APPROPRIÉES. VEUILLEZ VOUS ASSURER QUE TOUTES LES QUESTIONS SPÉCIFIQUES POSÉES ONT ÉTÉ RÉPONDUES. PAS TROP DE RÉPONSES. LES RÉPONSES D'EMAIL AU ROB MATHER À RMATHER@BTINTERNET.COM MERCI !

1. Veuillez décrire les endroits et les villages spécifiques pour recevoir des moustiquaires et le nombre à chacun? Veuillez fournir les informations de longueur/largeur. Note importante : Si la distribution est approuvée, l'approbation sera pour que les moustiquaires soient distribuées à ces endroits spécifiques. Des changements d'endroit seront seulement considérés, et peuvent être refusés, si en raison des circonstances d'exception/unforeseen.

Islands of Loos are about 10 km of longer. They are archipelagos gathering mainly the islands of Kassa, Fotoba, Tamara, and Roume. They are located at about ten kilometers from Conakry, in the Atlantic Ocean.

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

It's a sub-urban area. Total population is 6632 habitants, including 298 pregnant women and 1058 under five children.

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

Yes, Malaria is the main cause of morbidity and mortality.

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.

In 2006, reported cases of malaria where 1287. Majority of the affected persons where transferred to the main hospital in Conakry. No statistics available of death numbers, among them.

Nationwide Morbidity is 13/1000.

In Guinea, malaria is the main cause of deaths.

In Conakry district which include the intervention area (archipelagos composed of the islands of Kassa, Fotoba, Tamara, and Roume, the death due to malaria is 198/1000.

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.

Distribution is planed for all the population of theses archipelagos with a priority for children under five years and pregnant women.

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

**By observation, it is noticeable that the level of use is very low.
An evaluation will be conducted before the start of the distribution to both assess need and evaluate the level of ITN use.
There is no specific programme for this area.**

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.

**Because, like all the islands, those of Loos archipelagos are high-risk areas of malaria. In those islands has never benefited of a community ITN distribution.
The decision was taken by the 3 Rotary clubs and health authorities, following an initiative advocated by Almamy I.S. Barry, Director of Communications of UNICEF in Guinea and coordinator of the sub-commission against Malaria of the Rotary Club Conakry "Dean".**

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.

**- The Coordinator of National Malaria Programme was first consulted and he agreed. He is Dr Moussa Keita, B.P. 6339, Conakry,
Tel : +224 64 29 16 64, Email : msskeita@yahoo.fr
- The health director city of Conakry, Dr Tata GAKOU, B.P. 585, Tel + 224 60 55 39 26 E-Mail : gakoutata@yahoo.fr
- Dr Mahy Barry, National Health Director, Ministry of Public Health B.P. 585, Conakry, Boulevard du Commerce, Tel 60 25 22 99. E-Mail : mmahyb@yahoo.fr**

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

**As indicated, a pre-evaluation will be done to find figures and qualitative information's on malaria knowledge among population, the level of possession and use of bed net/ of ITN, confirm targeted groups ((total population, women, pregnant women, women in age to give birth, children under sleeping or not under an bed net/under an ITN.
A communication activity will be implemented through radio with a specific focus on interpersonal communication.
Actual figures are as follow :
- Pregnant women = 298
- Under five children = 1058,
(Source is the Health Direction of Kaloum Town in collaboration with the Chief of Kassa (The biggest targeted island) health centre.
These figures were obtained via a projection of targeted population in those islands made during latest immunization campaigns of women and children.**

10. Please describe how the bed nets 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 ITN will be distributed directly to recipients: pregnant women, mothers of children under 5 years and heads of families. From these recipients a duly signed receipt will be delivered. It will contain all the information on the identification and location of recipients.
The Guinean Red Cross, the most reliable humanitarian organization on goods and food distribution with a large experience, will proceed to the distribution and the supervision of the ITN's under the follow up of Rotary clubs members and ministry of health staff.
This ITN distribution will be done via this innovative unique project. It will be supported by strategic communication activities, with emphasis on Interactive interpersonal communication (door to door, counselling, focus group discussions). These communication activities will be**

carried out before the distribution, during the pre-evaluation, during and after the distribution, through briefings / educational and participative awareness (Including questions and answers to target populations).

The distribution will be widely publicized by the press, radio and television.

The distribution will take place during the African Day against Malaria C, April 25, 2008. It will last for one week.

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?

Evaluations will be made before and 3 months after distribution. Their will target the recipients with the following purposes: Quantify the needs; determine the percentage/numbers of nets possession and particularly the level of nets utilization.

Stat-View, a specialized agency in survey and evaluation, managed by a fellow Rotarian will run these pre and post evaluation. The results will be transmitted to you, ASAP. Adequate measures, as regards communication in particular will be taken to increase the effective use of the ITN's, if ever the evaluations revealed a weak 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.

**- The health director of the town of Kaloum, Dr Lansana Dramé, B.P. 585,
Tel. + 224 60 34 80 32 E-Mail : med20502001@yahoo.fr**

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

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 that at least 40 digital photos per sub-location will be taken during distribution and will be sent to you in order to be posted in your website and for the reports to donors.

In addition, we will ensure a large media coverage of the distribution by the main Radio, TV and newspapers of Guinea.

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.*

Yes. A video footage from each sub-location will be provided and sent to you.

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

We confirm that you will receive a full report on the distribution

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

1/ Dr Aliou Diallo, Coordonnateur de la sous-commission de lutte contre le Paludisme du Rotary Club Camayenne, Promoteur Médical, B.P. 2658 Conakry,

Tel. + 224 63 40 22 40 E-Mail : medicpromo@yahoo.fr

2/ Dr Thierno Moussa Diallo, Directeur du Centre Médico-Communal de Ratoma, B.P. 5677, Coordonnateur de la sous-commission Lutte contre la paludisme du Rotary Club Ratoma, Tel + 224 60 21 48 00 ; E-Mail : dr_tmdiallo@yahoo.fr

3/ Almamy I.S. Barry, Coordonnateur de la sous-commission Lutte contre la paludisme du Rotary Club Conakry «Doyen», Administrateur Communication, Unicef, BP 222, Conakry, Guinée, Tel. + 224 64 29 19 34 / 60 29 91 59, Sat Fax : (+874) 762.708.086

E-mail : Bureau : abarry@unicef.org / Privé: ibrahimasbarry@yahoo.com

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

Ends—

THANK YOU!