

Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
700	The Gambia	Barrow Kunda, Wuli District	Dec 2009	Suto Yediya (sutoyediya.org)

Further Information

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

Village: Barrow Kunda (Wuli District; Upper River Division)

Latitude/Longitude: 13° 30' N/ 14° 15' W

Projected Number of Nets: 600

Approximate Population: 1,700 (source: World-Gazetteer.com)

Please note we anticipate purchasing 100 additional nets through the donations of friends and family members of current Peace Corps volunteers in The Gambia. These nets will be targeted to the village of the respective Peace Corps volunteer.

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

This is an entirely rural region with a number of small and medium sized villages. Barrow Kunda is considered a medium sized village relative to its neighbours. The approximate population of the Wuli District is 36,678 (source: World-Gazetteer.com).

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

Yes. The Wuli district is among the most remote ("up country") areas of The Gambia, many hundred miles from the national capital (Banjul). It is also almost 20 miles from the regional economic hub, Basse Sante-Su, with derelict and often impassable roads separating the area from medical services. During the rainy season (June - October) there is significant pooling of water within and surrounding the villages, leading to a heavy mosquito burden. Based on the prevalence models from MARA/ARMA (www.mara.org.za/pdfmaps/GamDistributionGrad.PDF), this is among the highest malarial risk areas in Sub-Saharan Africa.

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.

There is no data available for malarial prevalence or mortality in Barrow Kunda. Based on data from the Global Fund (<http://www.theglobalfund.org/programs/countrystats/?CountryId=GMB&lang=en>), the projected number of annual malaria cases in Barrow Kunda is 280. Based on anecdotal evidence while living in the village in 2005, there are approximately 5 deaths per year due to malaria in the village.

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 of a targeted village.

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

Based on discussions with local health workers and community leaders, there has not been a bednet distribution in recent memory. Less than half of the population sleeps under bednets and very few of these nets are insecticide treated.

A recent, well-publicised article in the British medical journal *The Lancet* (www.sutoyediya.org/uploads/1/8/1/4/1814544/lancet.pdf) hailed the increased use of LLIN's and malarial medications in The Gambia, but this article did not include medical data from the up-country regions of the country, where medical supplies and personnel are few and far between.

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.

The decision to target Barrow Kunda was made by Suto Yediya in consultation with the National Malaria Control Programme, United States Peace Corps administration and community organizations in the Wuli District. The village was chosen because of its poor access to the regional health infrastructure and lack of a bednet distribution in the past several years. The village was also chosen for this first distribution by Suto Yediya because we have local contacts in the village, with community leaders that are excited for this project and willing to work to make it a successful endeavour.

Nfamara Jawneh/ Secretary General of the Barrow Kunda Beakanyang Kafoo (+220 986-8882)

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.

We have consulted with the program manager for the Gambian National Malaria Control Programme and he has enthusiastically pledged to collaborate with our efforts.

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 already opened channels of communication with village leaders and the health official posted in Barrow Kunda. About a month before we arrive with the nets, we will ask that preliminary information about the bednet distribution be given to villagers during the monthly maternal/child health clinic.

We will develop an anti-malarial educational program prior to travelling to the Gambia that we will present prior to the actual distribution. This educational program will be primarily targeted towards the women in the village because of their role as managers of the household in Gambian society.

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 delivered up-country from Banjul to Barrow Kunda with transportation provided by the United States Peace Corps. Prior to the distribution, an educational campaign will be conducted (see above). A brief census of the village will be taken with the help of the local community health nurse and Peace Corps volunteer to determine how many bednets will be distributed to each household. On the day of the distribution a demonstration of the proper use of a bednet will be performed by a prominent villager as well as a lesson on the malarial infection cycle in the local language (Mandinka).

Nets will be distributed with the goal of providing blanket bednet coverage for the village. The time period for all net distribution activities (including pre and post-distribution education and information gathering) is 10 days.

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?

Several days after the distribution we will do a survey to determine the hang-up percentage of nets and provide further instruction on net maintenance. This 2009 distribution is the inaugural effort for Suto Yediya, and we plan on returning to the Upper River Division of The Gambia the following year. During our second distribution in 2010 we will make a return to Barrow Kunda to collect data on net use and to see if there was any change in malaria prevalence or mortality in the rainy season following our net distribution.

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.

Forde Toure, Community Health Nurse, Barrow Kunda Region
Barrow Kunda, Gambia, +220 992-3024

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

Yes, 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 will send at least 40 digital photos from each sub-location.

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 will send 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.*

Yes, we will send a post-distribution summary documenting our distribution, education and follow-up activities.

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

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