Against Malaria Foundation
LLIN Distribution Programme – Detailed Information

Summary

<table>
<thead>
<tr>
<th># of LLINS</th>
<th>Country</th>
<th>Location</th>
<th>When</th>
<th>By whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,000 to 5,000</td>
<td>Ghana</td>
<td>Pokuase</td>
<td>Apr-May08</td>
<td>WomensTrust</td>
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</tbody>
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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.)

   The nets will be distributed in the town of Pokuase, Ghana, West Africa. Pokuase is 15 miles north of Accra on the Kumasi Highway. Long/lat: 5° 42' N and 0° 18' W.

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

   Pokuase is an urban village of about 20,000 people in the Ga West District in the Greater Accra Region. The Ga West District headquarters is in Amasaman, a town about a mile north of Pokuase. Government is decentralizing in Ghana and Amasaman is the bureaucratic hub of our district.

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

   All of Ghana is high risk for 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.

   There were 11,583 cases of malaria in Amasaman second district (including Pokuase) in 2006. In 2005, there were 4,769 cases. This information was provided by Dr. Cynthia MacLean, the District Director of Health of the Ga West District Health Directorate in Amasaman.

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 nets would be for the very vulnerable group of children under age 5. Two years ago nets the government distributed nets to newborns through 2-year-old children. No nets have been distributed since then. We expect to distribute to children under the age of five. If the government comes through with nets for the newborn to two year olds as they have said they might (they said they would do it last
September and have not yet done so) we will concentrate on the 2 to 5 year old population.

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

2,000 bednets have already been distributed to newborn through 2 year old children, but there is no continuing program. That was two years ago.

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.

WomensTrust works in Pokuase to socially and economically empower girls and women living in poverty through access to microfinance, healthcare, and education. With a relationship with the New Hampshire Nurse Practitioners Association and budding relationships with the Nursing Department of Colby-Sawyer College and University of Massachusetts/Worcester Graduate School of Nursing, we are exploring the viability of a bednet distribution program to complement our healthcare initiative.

In August 2006, in a conversation with WomensTrust Executive Director Susan Kraeger, Pokuase’s community nurse, Victoria Owusu, identified bednets to protect against malaria for children 5 years and under as a pressing need in Pokuase. She stated that several years prior, 2000 nets had been distributed for children under two, but that 5,000 more nets were needed for the 5 and under children not covered by that program.

Victoria was chosen last year as the best community nurse in all of Ghana. She is particularly dedicated, and Pokuase officials encouraged her to come to the town two years ago with the promise of building her a clinic and housing facilities. To date, the town has not delivered on either, and Victoria works out of a 15’ x 15’ office space in the Area Council Building in Pokuase where she is the first line of medical inquiry for Pokuase’s 20,000 residents. Painfully under resourced, she is delighted to be working with the volunteers WomensTrust brings to Ghana for screenings and clinics for the conditions she helps us identify. To be able to provide nets would be a wonderful gift both for Victoria and the children of Pokuase.

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.

Dr Cynthia Kwakye MacLean, District Director of Health of Ga West District Heath Directorate, PO Box Am189, Amasaman, telephone 233-244-121272 is the local representative of the National Malaria Programme. She is thrilled at the distribution.
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 number of necessary nets has been determined by executive director Susan Kraeger in conversation with nurse practitioner Linda Messenger, and community nurse, Victoria Owusu. Victoria is of course, familiar with the medical needs of Pokuase people. Susan and Linda have both traveled to Pokuase and become familiar with the area and its needs. Victoria has stated that 5,000 nets are needed to cover the two-year+ to 5 year-old children that are not currently protected.

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.

Bednets will be distributed under the direction of Victoria Owusu, community nurse in Pokuase, during her well baby clinics on Wednesdays at the Presbyterian Church hall and at the Pokuase Area Council Building with the help of part-time nurses and health extension workers that assist her. WomensTrust may have staff in Ghana at the time of the distribution to assist.

Each week between 200 and 250 women gather with their infants and toddlers at the Presbyterian Church in Pokuase – the only space that will hold them all at one time – for the well baby clinic. The children are weighed and vaccinated, and the women receive instruction on well baby care. This weekly clinic is repeated every Wednesday for a different group of women and their children. We have implemented screenings in concert with these clinics, and would use them as a primary distribution site.

We would utilize the conference room of the local Area Council Building where our Pokuase office is located, to carry out the rest of the distribution of the nets. Over 650 women pass through our office weekly. It is a centrally located building in Pokuase and makes good sense for us to use it for distributing the nets.

We are planning to announce the net availability from the pulpit of churches – we have to use verbal announcements as a large majority of the women of childbearing age and their elders are functionally illiterate so leaflets do not work.

We would estimate a month to effectively distribute the first 2,000+ nets.

WomensTrust is quite well known to the women of Pokuase as providers of health screenings – hypertension and anaemia – as well as distributors of necessary vitamins and medication during those clinics. It will not be out of the ordinary that we are providing malaria nets at either of those two sites as we have used them both in our screenings. We would plan to use no more than these two distribution sites at this time.
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?

Victoria and the district health officer in Amasaman are committed to a survey to determine the percentage of recipients using the bednets after three months. Findings will be disseminated to you. They have also committed to a continuous organization to increase net hanging. WomensTrust will also plan to have a representative in Ghana shortly after the distribution process begins – 2 to six weeks – for post distribution follow-up and assessment. It is our hope that the student who identified Against Malaria for us will be able to be in-country to see this project through to its completion.

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 Cythia Kwakye MacLean – District Director of Health. telephone: +233-244-121272 or email: cindykwakye AT yahoo.com Dr. Cynthia oversees Pokuase as part of her jurisdiction and is delighted that we are in a position to be able to get nets into the hands of the children of Pokuase. She and Pokuase’s nurse Victoria are THRILLED that nets will be available through WomensTrust.

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

Yes. It is our intent to secure the funding for 5,000 nets through a special fund raising initiative so that the nets are free to the 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 all carry cameras to Ghana, and our Ghanaian office staff has cameras, as well. I will be sure to share the Namibia documentation with them so that they can better understand what you are looking for. With the caveat that none of us are professional photographers, we will also comply with your request for video.

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. Our staff have a digital video camera. We will make sure that the process of distribution is documented to the best of our ability. I can promise you it will not be professional, broadcast quality video!
16. Please confirm you will send a Post-Distribution Summary when the distribution is complete.*
   We will.

17. Please provide your name, role and organisation and full contact information.
   Susan Kraeger, Executive Director WomensTrust, Inc. Post Office Box 15, Wilmot, NH 03287 +1 603 526-4366. In Ghana: Gertrude Ankrah, Program Coordinator WomensTrust Pokuase, +243 819179

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