

# World Swim For Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
5,200	Ghana	Kumasi, Tamale, Wenchi	Jun07	His Nets

## Further Information

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

This will be our third delivery to Ghana, and **His Nets** will make these deliveries from two locations. **TEAM 1** will use Kumasi (the largest city in central Ghana) as its base and make deliveries in the Ashanti Region; **TEAM 2** will work out of Tamale (the largest city in northern Ghana) as its base and make deliveries in the Northern Region.

Both regions have large numbers of villages that desperately need treated bed nets. **His Nets** works with the "Ghanaian Public Health Service" and with the "All Africa Baptist Fellowship" to assist us in knowing the location of people who have the greatest need for treated nets.

The June, 2006 distribution in Ghana was in four districts: Agona, Ejisu, Juaben, and Obuasi. In addition to health clinics, we also distributed nets at Bekwai Hospital, Kumasi Children's Hospital, Children's Ward of the University Hospital, and Ahmadyia Hospital. We made distributions at four orphanages: Ashan, Kumasi Children's Home, Boadi Orphanage, Besease Orphanage, and Sekyere Rahabilitation and Orphanage Center. We also made distributions at the following churches: Nkawie Baptist, Toase Baptist, Mpasatia Baptist, Sepease Baptist, and Fumesua Baptist.

We are presently working on the June 2007 distribution schedule. The schedule will, in part, be determined by how many nets we have to give away. We will return to those districts we assisted in 2006 because there were sometimes not enough nets to go around. For instance, at the Agona District we brought 300 nets and there were approximately 800 families needing nets.

At this time we are making plans for 2007 with the "Ghanaian Public Health Service" and the "All Africa Baptist Fellowship." We are wanting to distribute a total of 5,200 nets in 2007.

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

It will be a combination of urban and rural. *TEAM 1* will probably do a 50/50 split between the city of Kumasi and the rural areas surrounding this metropolitan area. *TEAM 2* will probably do a 30/70 split with the majority of nets going to rural areas in the North, where poverty and infection are greatest.

The number of people who live in these regions are as follows: Ashanti Region - 3,187,607 (17.3% of total population - 2000 census). Northern Region - 1,854,994 (10.1% of total population - 2000 census)

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

According to WHO, Ghana is weighted as the #1 country in West Africa with the highest incidence of malaria. The region with the greatest number of reported cases of malaria (774,641 in 2003) is the Ashanti Region. The largest city in this region is Kumasi; this has been the distribution center for the past two distributions and we plan another distribution in 2007.

The second region we have targeted is the North Region with a smaller population (1,854,994 in 2000 census); with 291,496 reported cases of malaria in 2003. This region has a wider diversity of tribes, greater poverty, and less health care available. Tamale would be our distribution center in this region and we have contacts with persons in that city.

Reported cases of malaria only represent a small fraction of the actual number of malaria episodes because the majority of people suffer with symptomatic infections and are treated at home and are not reported.

WHO rates the Ashanti region as the region with the greatest number of reported cases; the North region is rated as #4 with ten regions represented in the whole country.

## 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.

WHO gives the following data for the years 2000 to 2003:

Subgroup	2000	2001	2002	2003
Total	3,349,528	3,383,025	2,830,784	3,552,869
Under 5	1,303,685	1,316,724	996,923	1,421,148
5 & Older	2,045,845	1,066,303	1,863,861	2,131,721

Reported malaria deaths in 2003 were 3,245

## 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.

*His Nets* targets pregnant women and families that have children under the age of five years. These are the groups we seek to serve in hospitals, clinics, and in regional deliveries that are arranged by the Ghana Public Health Services. However, we do a blanket coverage in orphanages and in churches. The reason we target pregnant women and families

where the children are under the age of five is because this population is at greater risk.

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

ExxonMobile Ghana Ltd launched an ITN voucher programme in 2004 where they targeted pregnant women in the Greater Accra and Kumasi metropolitan areas. The project resulted in over 76,000 vouchers redeemed for ITNs in ExxonMobil fuel stations. The government of Ghana offers ITNs at a reduced price to residents. The reported number of nets distributed in 2003 were 85,030.

**His Nets** provides all LTNs we distribute at no cost to the recipients. We distributed 1,800 LTNs out of Kumasi in 2005; 2,600 LTNs out of Kumasi in 2006.

Two national surveys were done in Ghana in 2003 (reported by WHO) and the survey estimates less than 5% of the population possesses a ITN.

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

T Thomas chose these two areas because of the incidence of malaria & because of previous knowledge of the need. We also have support in these areas thru the Public Health Service and with the All Africa Baptist Fellowship.

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

We have contacted Ghanaian Health Officials and actually employ some of them to provide education to the recipients. Their response to our efforts has always been one of gratitude and appreciation.

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

This will be our third distribution of nets in Ghana. The size of the target group and the location of distribution is determined by His Nets and recommendations from the All Africa Baptist Fellowship and the Ghana Public Health Department.

**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?**

- a. The bednets will be distributed by His Nets representative directly into the hands of recipients (primarily pregnant women and to families with children under the age of five).
- b. The projected dates for this distribution will be during June 2007 when the Ghanaian government has a national emphasis eliminating malaria and when the summer rains create the greatest danger.

c. This will be a focused effort where we work in conjunction with the All Africa Baptist Fellowship in churches and in hospitals, clinics, and orphanages with the Ghana Health officials.

d. The education component is conducted during the distribution in the tribal language of those receiving the nets. The Ghana health department provides educators that we pay to take care of this need.

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

*His Nets* has employed the services of Ghanaian Public Health Officials to do a follow-up survey work after each distribution. In turn, they send a report to *His Nets* to describe the impact on malaria before and after our distributions.

A questionnaire is used as an interview guide that consists of 12 questions. Unfortunately, the sample is small (30 respondents in 2005). Overall, the respondents do little to protect themselves except using treated bed nets, and they report a drastic reduction of the number of times they go to the hospital with malarial symptoms. They also reported that malaria incidence has gone down since the distribution of the bed nets.

Other findings:

50% started using treated bed nets on the day of distribution

16.7% started using their nets after delivery

13.3% used their nets for children alone

20% planned to use them after delivery

Effects:

66.7% reported that they were protected from mosquito bites

16.7% no longer went to the hospital with malarial symptoms

16.7% do not see or hear the buzzing noise of mosquitoes

All the respondents had knowledge of malaria and the disease was prevalent among them.

**12. Please give the name and contact information for the head of the district health management team for the/each area.**

Information to follow.