

Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
6,360	The Gambia	North Bank Region, 6 Districts: Lower Niumi, Upper Niumi, Jokado, L. Baddibu, U. Baddibu and Central Baddibu	Sep - Oct 2007	Gambia Red Cross National Society

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.)

These rural villages along the river belt of the Gambia are characterized by low income earning capabilities and poor environmental conditions.

Latitude/longitude of Lower Niumi: (to be added)
Total nets to Lower Niumi: 1,443

Settlement	Population 2003	Children <5yr (17.1%)	Pregnant Women (4.4%)	Number of nets <5	Number of nets Pregnant	Female Pop	70% of Vul. Groups
1 Amdalai	1425	244	63	49	13	61	50
2 Bakindick Koto	110	19	5	4	1	5	4
3 Bakindick Mandinka	953	163	42	33	8	41	33
4 Barra	4470	764	197	153	39	192	156
5 Berending	1440	246	63	49	13	62	50
6 Buniadu	691	118	30	24	6	30	24
7 Chamen	637	109	28	22	6	27	22
8 Fass Njaga Choi	2723	466	120	93	24	117	95
9 Jinack Nijie	538	92	24	18	5	23	19
10 Kanuma	1338	229	59	46	12	58	47
11 Kerr Jatta	704	120	31	24	6	30	25
12 Kerr Makick Sarr	338	58	15	12	3	15	12
13 Kerr Samba Njabeh	523	89	23	18	5	22	18
14 Kerr Sanyang	280	48	12	10	2	12	10
15 Koli Kinda	234	40	10	8	2	10	8
16 Mbollet Ba	1297	222	57	44	11	56	45
17 Mbollet Nding (Sam Mb)	413	71	18	14	4	18	14
18 Mbulum	384	66	17	13	3	17	13
Sub-totals	18498	3163	814	633	163	795	647
Total Nets to be distributed							1,443

Latitude/longitude of Upper Niumi: (to be added)

Total nets to Upper Niumi: 1,036

Settlement	Population 2003	Children <5yr (17.1%)	Pregnant Women (4.4%)	Number of nets <5	Number of nets Pregnant	Female Pop	70% of Vul. Groups
1 Albreda	1100	188	48	38	10	47	39
2 Bakalar	371	63	16	13	3	16	13
3 Bantang Killing	683	117	30	23	6	29	24
4 Fass Chaho	2526	432	111	86	22	109	88
5 Hamdalai Chebo (Kerr C)	346	59	15	12	3	15	12
6 Jufureh	592	101	26	20	5	25	21
7 Kerr Demba Colleh	518	89	23	18	5	22	18
8 Kerr Malick Nana	356	61	16	12	3	15	12
9 Kerr Ousman Busso	472	81	21	16	4	20	17
10 Kerr Saite Cham	192	33	8	7	2	8	7
11 Lamin	839	143	37	29	7	36	29
12 Ma-Demba Kunda	518	89	23	18	5	22	18
13 Medina Bafuloto	765	131	34	26	7	33	27
14 Medina Sachebo	409	70	18	14	4	18	14
15 Medina Sedia	1103	189	49	38	10	47	39
16 Nema Kunku	912	156	40	31	8	39	32
17 Pakau Njoku (Pakau Ba)	1179	202	52	40	10	51	41
18 Pakau-Nding	404	69	18	14	4	17	14
Sub-totals	13285	2272	585	454	117	571	465
Total Nets to be distributed							1,036

Latitude/longitude of Jokado: (to be added)

Total nets to Jokado: 847

Settlement	Population 2003	Children <5yr (17.1%)	Pregnant Women (4.4%)	Number of nets <5	Number of nets Pregnant	Female Pop	70% of Vul. Groups
1 Bakang	446	76	20	15	4	19	16
2 Chissay Majaw	774	132	34	26	7	33	27
3 Daru	164	28	7	6	1	7	6
4 Daru Hairi	301	51	13	10	3	13	11
5 Daru Lohen	189	32	8	6	2	8	7
6 Dasilameh	1064	182	47	36	9	46	37
7 Gissay	751	128	33	26	7	32	26
8 Karantaba and Manari F.	452	77	20	15	4	19	16
9 Kerr Abdou Fady	161	28	7	6	1	7	6
10 Kerr Gumbo	390	67	17	13	3	17	14
11 Kerr Jariga Jobe	1024	175	45	35	9	44	36
12 Kerr Ngorr	591	101	26	20	5	25	21
13 Kerr Omar Saine	821	140	36	28	7	35	29
14 Missara Alagie Karu	428	73	19	15	4	18	15
15 Munyagen	1353	231	60	46	12	58	47
16 Ndrammeh Joka	616	105	27	21	5	26	22
17 Tambana	772	132	34	26	7	33	27
18 Toro Alassan	566	97	25	19	5	24	20
Sub-totals	10863	1858	478	372	96	467	380
Total Nets to be distributed							847

Latitude/longitude of Lower Badou: (to be added)

Total nets to Lower Badou: 1,034

Settlement	Population 2003	Children <5yr (17.1%)	Pregnant Women (4.4%)	Number of nets <5	Number of nets Pregnant	Female Pop	70% of Vul. Groups
1 Bani	1172	200	52	40	10	50	41
2 Darusalam	290	50	13	10	3	12	10
3 Foday Biram	102	17	4	3	1	4	4
4 Gunjur	1104	189	49	38	10	47	39
5 Hamdalai	288	49	13	10	3	12	10
6 Jebel Satou	39	7	2	1	0	2	1
7 Kerewan	3989	682	176	136	35	172	140
8 Kerr Ardo	649	111	29	22	6	28	23
9 Kerr Banno	181	31	8	6	2	8	6
10 Kinteh Kunda /JY	924	158	41	32	8	40	32
11 Mbamori Kunda	225	38	10	8	2	10	8
12 Misira (Missira Ch)	59	10	3	2	1	3	2
13 N'jawara	826	141	36	28	7	36	29
14 Njie Kundaring	58	10	3	2	1	2	2
15 Panneh Ba	146	25	6	5	1	6	5
16 Saba	1945	333	86	67	17	84	68
17 Samba Musa	94	16	4	3	1	4	3
18 Suwareh Kunda	1164	199	51	40	10	50	41
Sub-totals	13255	2267	583	453	117	570	464
Total Nets to be distributed							1,034

Latitude/longitude of Central Baddibu: (to be added)

Total nets to Central Baddibu: 946

Settlement	Population 2003	Children <5yr (17.1%)	Pregnant Women (4.4%)	Number of nets <5	Number of nets Pregnant	Female Pop	70% of Vul. Groups
1 Birom Kunda (Sare)							
1 Samba Kumba)	54	9	2	2	0	2	2
2 Birom Penda (Maida)	201	34	9	7	2	9	7
3 Brikama	50	9	2	2	0	2	2
4 Busura	237	41	10	8	2	10	8
5 Chamen	192	33	8	7	2	8	7
6 Daru Rilwan	1194	204	53	41	11	51	42
7 Dobo (Bangaya, Banga K)	543	93	24	19	5	23	19
8 Mandory	723	124	32	25	6	31	25
9 Jammeh Kunda (Kerr J)	240	41	11	8	2	10	8
10 Karantaba	109	19	5	4	1	5	4
11 Kerr Katim Fula	201	34	9	7	2	9	7
12 Kerr Katim Wollof	334	57	15	11	3	14	12
13 Kerr Pateh Kore	1344	230	59	46	12	58	47
14 Kerr Shaikou Taal	345	59	15	12	3	15	12
15 Kinteh Kunda Marong K	647	111	28	22	6	28	23
16 Kuli Kunda Fula	74	13	3	3	1	3	3
17 Kuli Kunda Wollof	45	8	2	2	0	2	2
18 Maida Mody	113	19	5	4	1	5	4
19 Njaba Kunda	2325	398	102	80	20	100	81
20 Salikenne	3151	539	139	108	28	135	110
Sub-totals	12122	2073	533	415	107	521	424
Total Nets to be distributed							946

Latitude/longitude of Upper Badibou: (to be added)
 Total nets to Upper Baddibu: 1,055

Settlement	Population 2003	Children <5yr (17.1%)	Pregnant Women (4.4%)	Number of nets <5	Number of nets Pregnant	Female Pop	70% of Vul. Groups
1 Bambali	1144	196	50	39	10	49	40
2 Banta-su	73	12	3	2	1	3	3
3 Bassick	292	50	13	10	3	13	10
4 Bereto	125	21	6	4	1	5	4
5 Daffa (Ndanfa)	163	28	7	6	1	7	6
6 Dai Mandinka (Dai)	172	29	8	6	2	7	6
7 Daru Barakatu (Daru)	193	33	8	7	2	8	7
8 Daru Rhaman (Daru)	43	7	2	1	0	2	2
9 Dasilameh (Challa)	190	32	8	6	2	8	7
10 Dibba Kunda Fula (Polga)	300	51	13	10	3	13	11
11 Dibba Kunda Ndakaru	268	46	12	9	2	12	9
12 Dibba Kunda Ngooku	59	10	3	2	1	3	2
13 Dibba Kunda Wollof	777	133	34	27	7	33	27
14 Dunta Malang	41	7	2	1	0	2	1
15 Duta Bulu	357	61	16	12	3	15	12
16 Illiassa	950	162	42	32	8	41	33
17 India	522	89	23	18	5	22	18
18 Jajaari	659	113	29	23	6	28	23
19 Jalaba	174	30	8	6	2	7	6
20 Jeriko Fula and Jeriko W	296	51	13	10	3	13	10
21 Ngeyen Sanjal	2103	360	93	72	19	90	74
22 Njaien	119	20	5	4	1	5	4
23 No-Kunda	2135	365	94	73	19	92	75
24 No-Kunda Fula	100	17	4	3	1	4	4
25 Pallen Wollof	1086	186	48	37	10	47	38
26 Sare Kunda	1191	204	52	41	10	51	42
Sub-totals	13532	2314	595	463	119	582	474
Total Nets to be distributed							1,055

TOTAL NETS: 6,361

Children Under 5: 2,789

Pregnant Women: 718

Vulnerable Groups: 2,854

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

North Bank Region is a rural area and the inhabitants are local farmers. The target population has a total of 172,835 people who live in rural areas; however, the target population of the above named communities is 81,555. Out of the total population, 17.1% and 4.4% are children under 5 and pregnant women respectively. Children under five years, pregnant women and vulnerable groups will be the main beneficiaries of the LLIN distribution. A total of 2789 child under five years, 718 pregnant women and 2,854 Vulnerable groups will be issued LLINs.

The National LLINs distribution by NMCP and partners support by Global Fund is yet to start. Therefore, GRCS will target

only 20% of Children under 5 and pregnant women in each selected community and provide NMCP with the statistics and records of beneficiaries to enable them to reach others who did not benefited from our distribution.

The vulnerable groups we specifically mean differentially able people, people with HIV/AIDS, Old people of 70 years (5% of the total population, the percentage used by NMCP). GRCS will work with support groups in reaching People Living with HIV and AIDS in selected communities. The old age people will be issued with LLIN based on the availability of national documents (the provision of either birth certificates, ID Cards, Passports, Voters Cards and others) which indicate their date/year of birth.

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

There is a warm climate encouraging rapid vector breeding and increased vector population found in all of the above districts. This is due to:

- Water stagnation due to lack of drainage and indiscriminate dumping of refuse
- Congestion/poor and shanty living conditions in household
- High poverty
- Rice cultivation field just 400m away from the villages in almost all the districts.

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.

In the Gambia, malaria is one of the leading causes of morbidity and mortality, especially among children under 5 years (<1yr are the highest at risk) and pregnant women. Twenty percent (20%) of antenatal consultations and 40% of under-five visits in Maternal and Child Health services are due to malaria (desktop 2005). Although the economic burden of malaria has not been fully determined, there is no doubt that the disease accounts for considerable loss days of productivity among the adult population, absenteeism from schools and workplaces and increased household expenditure on health. Malaria is therefore not only a health problem but also a developmental one. The linkage between malaria and poverty is well recognized and is consistent with the overall government strategy on poverty reduction.

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 to 20% of children under 5 years of age and pregnant women and 70% of vulnerable groups in the area. This is to cover the outstanding balance of 20% not covered by NMCP Global Fund supported project. The distribution will be carried out through routine Community Integrated Management of Childhood Illness (IMCI) programmes in the region.

These villages lie along the river ring of the Northern part of the Gambia characterized mainly by a swampy environment. They constitute groups of peasant farmers with limited income

so that priority is not given to purchase of bed nets for their young children but rather on food and other livelihood activities.

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

The region has registered the lowest rate of ITN use of 19% as indicated in the 2004 Malaria Situation Analysis Survey. A majority of households have at least one bed net with child per household ratio of 1:5. Ninety (90%) of households did not have any knowledge about the sale of mosquito nets in their communities while 66% of the households know about the availability of insecticides for sale in their communities.

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 villages targeted were chosen because they are the most underserved areas in the country which also face food insecurity issues due to low harvest because of poor rain fall. People of this region are mainly peasant farmers as their main source of income; the little earned income is mainly spent on household food security rather than on malaria prevention. Due to the high cost of LLINs, communities lack the financial resources to secure one net per family. This has contributed to the high death toll of children under one in this region due to malaria (4% in infants).

This decision is made by the National Society in consultation with the National Malaria Control Program. This resulted for the National Society to cover the 20% gap of Children under 5 and Pregnant women and to widen by reaching many vulnerable groups within the six districts.

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.

This proposal was developed in line with the National Malaria Policy of the Department of State for Health and implemented by the National Malaria Control Program that is to encourage free distribution of treated mosquito nets to the most vulnerable (children under 5 and pregnant women) and other vulnerable groups.

Following a partnership meeting with NMCP and other partners, it was decided that the National Society to focus on covering the gap of 20% of children under 5 years, pregnant women and other vulnerable groups.

Mr. Malang Fofana
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National Malaria Control Program (NMCP)
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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 Gambia Red Cross Society supports Government in the implementation of Community-Based Integrated Management of Childhood Illness (IMCI) programme in the six districts targeted. Volunteers involved in the distribution will simultaneously implement the program through the National Society strategy on House-to-House home visits and the Maternal and Child Health (MCH) out-reach activities of the Department of State for Health. The sizes of the target population and the number of nets to be distributed have been based on the calculations outlined in Question 2.

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 Gambia Red Cross Society (GRCS) volunteers will be the sole distributor of the LLINs at the village level. Before the distribution takes effect, while volunteers are conducting routine house-to-house activities on IMCI, they will simultaneously identify the number of children under one and pregnant women in each household. Volunteers will keep record of target beneficiaries (under one and pregnant women). This will facilitate the distribution because all beneficiaries are ear-marked and enables the distribution to take a shorter period. The house-to-house information collection will take two weeks and will involve 100 volunteers. The distribution will last for one and a half month.

GRCS will collaborate with the key stakeholders such as National Malaria Control Program, Department for State for Health and Social Welfare, and the community leaders in maximizing the coverage, distribution and use of the LLINs. The partnership between these institutions will enable a mass opportunity to have access to LLINs and receive information on malaria prevention and control.

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 M&E team will conduct survey on the effective use of LLINs and the incidence of malaria in the region as part of the exit activities. Proper use of LLINs at household level will be monitored by the Red Cross volunteers in the region during their routine home visits in the Community IMCI programme. A month after the distribution, the routine monitoring on the hang-up percentage will start. This will enable us to establish the level of net usage. The survey on hang-up percentage result will be communicated by email with all the reports and to all stakeholders. The result of the survey on hang-up will determine whether there is the need to conduct additional sensitization to encourage usage.

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.

Baba Njie
Regional Health Officer
North Bank West Health Management Region
Department of State For Health, North Bank Region
Telephone: Mobile (+220) 9948040
Email: njiebanjie600 AT hotmail.com, njiebaba AT yahoo.com

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

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.*

In each of the communities identified, digital photos of distribution showing target beneficiaries will be sent to the donors.

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.*

We would love to do so, but because the cost is high and we not having our own media unit, we will not be able to provide video footage.

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

In addition to sending you the report, we will also send in the post distribution summary.

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.