

Summary

# of LLINS	Country	Location	When	By whom
4,200	The Gambia	Jarra and Kiang, Lower River Region(LRR)	Sep-Oct 2007	TAYAM

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 distribution is proposed to take place in LRR (annual growth rate for the area is 1%).

District	Name of Village	Pop. Projection 2007	<5 Gap	Preg. Women Gap	Other vulnerable groups	Total nets required
Jarra East District	Jarra Sukuta	556	19	5	56	80
	Pakaliba	1026	36	9	103	148
	Bureng	1491	52	13	149	214
	Wellingara ba	1464	51	13	146	210
Jarra Central	Jappineh Marikoto	1186	42	11	119	172
	Jappineh Tembeto	706	25	6	71	102
Jarra West	Sankwia	1564	55	14	156	225
	Soma	11492	402	99	1149	1650
	Jenoi	1119	50	10	112	172
	Pakalingding	2119	74	19	212	305
Kiang West	Jattaba	875	31	8	88	127
	Kantong Kunda	578	20	5	58	83
	Manduar	606	21	5	61	87
Kiang Central	Kwinella Niakunda	1139	40	10	114	164
	Kwinella Sansankono	759	27	7	76	110
Kiang East	Geniere	924	32	8	92	132
	Kaiaf	1532	54	14	153	221
TOTAL			1031	258	2914	4203

NB: The other vulnerable group who are not targeted by the National program is catered for in this proposal; hence we used 10% of the population to represent the group. This category includes Orphans, Differently able persons and other economically marginalised groups. We have been working with Faith based organisations that have branches in the region whom we can work with to get this groups for they normally support them.

NMCP also advise to use 17.5% to target under five populations and 4.5% for pregnant women. Out of that we are also to target for the gap which is 20% of the groups (under fives and pregnant women).

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

All the villages or settlements listed are in rural Gambia of Lower River Region. The total population of the places listed twenty nine thousand one hundred and thirty six (29,136) people.

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

Yes, records or statistics from CIAM (Centre for Innovation Against Malaria) and NMCP (National Malaria Control Program) indicates that these are endemic areas for -malaria with high Mosquito Population. It is estimated that every 1000 people living in these areas or regions 200-400 are diagnosed with malaria. Epidemiologically it is high risk area because it has potential mosquito breeding sites such as rice fields.

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 this local government area, health records indicates that malaria causes about 4% of deaths in infants and 25% of deaths in children 1- 4 years of age. In 2005 the area had 335 admissions and 11 deaths among children below age five. 87 pregnant women were admitted with 3 deaths recorded (source NMCP strategic plan 2002-2007). Malaria accounts for 40% of under five attendance to Maternal and Child Health Service.(Integrated Disease Surveillance Report (IDSR) 2005 of The Department of . State for Health and Social Welfare).

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 would be done to Vulnerable groups of the selected communities listed above, and these are Children under five years of age, Pregnant Women, and Economically marginalized/differently able persons.

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

There were programmes in this area but they have winded up leaving gaps to be filled. Currently the national ITN program is planning to go country wide but there are no sufficient resources to cover the whole vulnerable population, Additional resources are therefore needed to give higher ITN coverage across the vulnerable population.

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 are chosen based on their existing malaria prevalence rates and we also have groups that we work with in the selected communities. Jenoi has been included now because it is believed to have a high mosquito population due to swamp rice cultivation which serve as potential breeding sites for malaria mosquitoes. The decision was taken by the Project Director of TAYAM Mr. Burama Mendy in consultation

with the National Malaria Control Program Manager Mr. Malang Fofana.

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. NMCP was consulted. They showed interest and provided us with information regarding the up dates of malaria in the region chosen. Mr. Malang Fofana, the National Malaria Control Programme Manager, Tel. +220 4391194. In fact we are working as partners in the implementation of the Global Fund Malaria Project in Western Region of The Gambia.

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

These things will be done to ascertain the size of the target groups or population of the vulnerable in the area:

- Using TAYAM Volunteers to do registration of the vulnerable population in all the villages listed before distribution in order to establish the needy.
- A base line survey to find out the number of the vulnerable and their level of ITN use.
- Development of registers, tally cards and monitoring tools that would be used during distribution and post distribution for accountability purposes.

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.

Two TAYAM volunteers at each distribution site.

This strategy has the following advantages over the RCH team distribution though it involves some cost but it is more efficient than the first strategy:

- Distribution is fast and easy to account for the nets.
- Distribution can be done at all the villages.
- Long queues are avoided reducing the time taken to receive a net.

Nets will be distributed within 1 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?

Distribution would take place along side vigorous sensitisation and awareness creation using village meetings to talk to people about the importance of the consistent use of ITNs. Monitoring of ITN use would be done after distribution through visiting house holds by volunteers supervised by TAYAM. We would establish a quarterly reporting mechanism.

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 Head of RHT Lower River Division is Mr. Nyally Sambou
Tel. +220 5531222.

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

It has been a norm in The Gambia that when nets are received free, they should be distributed free to the people to which they are brought for. In addition average Gambian parent would find it difficult to pay for Long Lasting Insecticide Treated nets.

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 the photos.

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 will be able to provide video footage.

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

All the records and reports on the distribution would be sent to you within one month of completion of the exercise.

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

TAYAM is a registered local NGO complementing the efforts of the Department of State for Health (DoSH) in the fight against malaria. TAYAM was established in June 1997 as a Voluntary Youth Association and has since been in the forefront to fight against malaria in the country. Our contact details are

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