



Summary

# of LLINS	Country	Location	When	By whom
10,600	Ethiopia	Ankesha District	May 2007	UNICEF

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.)

In Amhara National Regional State, Awi Zone, Ankesha District in 10 Kebeles namely 1. Ayu, 2. Digieli, 3. Azena, 4. Shumeta, 5. Jeblla, 6. Konzena, 7. Sostu segno, 8. Chibachiba, 9. Tirba and 10. Zegra. Each will receive approximately 1,000 LLINs.

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

Nine of them are rural while one is urban. A total of 63,000 people live in the area.

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

Yes, the area is a high risk malaria area for the country. The area is a low land and it is reported that malaria cases are found through out the year.

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 area malaria is one of the top 10 causes of out patient visits and death.

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 is a blanket coverage for impact as per national strategy. Latest figures from Ankesha:
Ayu-11,790 people, Digieli-6,237; Azena-4,140; Shumeta-6,770; Jeblla-4,342; Knozena-7,902; Sostu segno-5,950; Chibachiba - 11,733; Tirba-6,476; Zegra-6,814
TOTAL = 72,154 people as of April 2007 count.
TOTAL estimated households = 14,431
Total number children under 5 = 12,989
Total number pregnant women = 2,880
Nets from Global Fund for these kebeles = 3,831 LLINs
Nets Available from SWIM for these kebeles = 10,600 LLINs
Total nets = 14,431 LLINs

This is enough to give every household 2 LLINs, as per national ITN policy and strategy. In Ethiopia this is called blanket coverage.

Average number of sleeping places in Amhara has been found to be 2 sleeping places per household (NETMARK KAP survey, 2006). Thus 2 nets per household estimated to protect 5 people. Therefore 14,431 LLINs expected to protect 72,155 people in above 10 kebeles (villages) or 100% coverage.

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

The ITN use in the area was less than 10%. Currently there is only a planned bed net distribution programme. As described above: Global funds (GFATM Round 5, Year 2 nets procured by UNICEF) will fill in remaining gap of 3,831 LLINs.

And all surrounding communities outside the ten SWIM kebeles have and will receive blanket coverage of LLINs supplied by the Carter Center, GFATM and UNICEF (CIDA). So SWIM is a part of the overall picture (national ITN program) of providing 2 nets to every malaria affected family in Ethiopia by September 2007.

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 area was chosen because of the high incidence of malaria and the existing strong information/education programme through community based IMNCI. The decision was made in consultation with the regional malaria programme.

Dr Tesfaye Tesema - UNICEF IMNCI coordinator
Dr Rory Nefdt - UNICEF Project Officer - health
Ato Yaregal Mebratu - Head, Ankesha District Health Office
Ato Solomon Gelaw, Head, disease Prevention Section, Awi Health Department
Project planning teams who developed micro-plans, incl. Carter Center & GFATM.

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. Their response was positive and they believe that it will bring an impact and are ready to support. Ato Yaregal Mebratu - Head, Ankesha District Health Office
Ato Solomon Gelaw, Head, disease Prevention Section, Awi Health Department.

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 community based IMNCI programme had been in place since 2005 in the area where communication and community mobilization activities on key family and community practices were conducted. One community resource person is responsible

for 50 households; all households are registered and are included in the activities.

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 bed nets will be distributed by the community resource persons (CRPs) through the district health office immediately after its arrival in the district. The CRPs are volunteer community members who had been conducting a communication and community mobilization activities for the past two years on 20 key family and community practices which include prevention and control of malaria. The nets will be distributed over a 2-3 week period.

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 community resource persons are trained to conduct monthly and quarterly reports on their activities. Thus after the distribution they will be taught on how to assess and report on the utilization. UNICEF conducts household surveys (already 9 conducted across Ethiopia). FMOH has also conducted several other surveys with GFATM support. But this is to assess LLIN utilization rates based on statistically randomly selected kebeles to control for biases. These surveys usually cover LLINs irrespective of source of ITNs (a One Plan, One Budget, One Program approach).

Our main indicator is "% children/pregnant women sleeping under ITNs the previous night", but also have "% households with nets hanging". No specific survey plan has been developed for the 10 SWIM kebeles, but it is possible to do one - we usually conduct surveys post 6-months LLIN delivery to households. Advantage of SWIM kebeles is that they have IMNCI implemented, so human resources are available for social communication work (to increase utilization rates of LLINs, especially by children and pregnant women) and link malaria treatment with prevention of re-infection through high LLIN utilization. They also can help conduct a household survey.

Yes, we can share all results with SWIM.

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.

Ato Yaregal Mebratu
Head, Ankesha District Health Office
Cell +251918779244

13. Please confirm the nets will be distributed [free-to-recipients](#), a requirement for us to fund nets.

Yes all ITNs distributed in Ethiopia by UNICEF, including GFATM, Carter Centre, are distributed for free to rural people. UNICEF does not charge for nets, nor does it support any programs that charge for ITNs.

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 confirm that you can have 40 pictures of SWIM nets being distributed in Ankesha.

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 try.

16. Please confirm you will send a [Post-Distribution Summary](#) when the distribution is complete.*

Yes, UNICEF confirms a post distribution summary will be sent to SWIM

17. Please provide your name, role and organisation and [full contact information](#).

Rory Nefdt, Project officer Health, UNICEF, rnefdt@unicef.org

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