

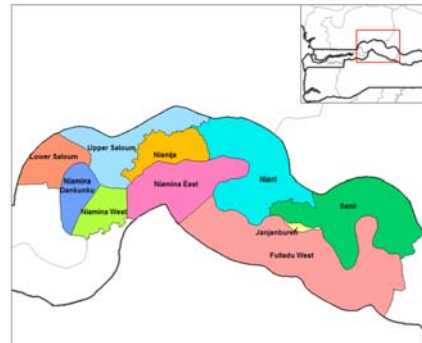
Summary

# of LLINS	Country	Location	When	By whom
5,700	The Gambia	Central River Division (including MacCarthy Island and Sami District)	Sep-Oct 07	SmileGambia, with NMCP

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 Central River Division is one of 5 divisions that make up The Gambia. The Central River Division is the second furthest division from the more developed and populated area of the coast. Within the division there are 10 districts. Sami district has been selected under advice from the District Health Team along with the island located town of Jan Jan Bureh on McCarthy Island which suffers a high incidence of malaria due to swampy riversides as well as large areas of irrigated rice fields which provide potential mosquito breeding sites. There are about 72 communities within Sami District ranging in size from a few tens to over a thousand. (Population figures available). Projected population by District Health teams for 2007 are 21,788 for Sami District and 2,489 for Jan Jan Bureh/McCarthy Island (Jan Jan Bureh being the principal centre of population on the island).



The proposed consignment of 5,700 LLINs will be jointly received at the port of entry in The Gambia by Mr Malang FOFANA, Manager of the National Malaria Program and Dr Mamo JAWLA, Patron Smile- Gambia and WHO Country Adviser on malaria. The nets will be transported to the Regional Health Team (RHT) at Bansang. In collaboration with RHT, nets will be placed at the following locations for distribution to the target groups:

Jan Jan Bureh dispensary to be received by the Nurse in-charge and the community elders (chief of district & Head of town) to be informed and involved in the distribution for transparency. 1,500 LLINs for this area

Kunting village health post where the village health worker, Kunting Youth Association and community elders will be involved. Dr Jawla is from this village and he will coordinate the distribution. 2,500 LLINs for this area.

Karantaba dispensary nurse in-charge will receive the remaining 1,700 nets and community elders and village heads will support the distribution.

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

Primarily a rural area. The population of Central River Division as a whole is 189,409.

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

Malaria is endemic in The Gambia and the rainy season is the worst time when the incidence is high. The Central and Upper Divisions in the eastern part of the country experiences the highest burden of malaria (50%-70% of all cases). In CRD there are a lot of tributaries, swamps and irrigation rice fields with stagnant clear waters which create conducive environments for mosquito breeding. The burden of malaria is very high in these communities. About 60% of all outpatient consultations are due to malaria as are a significant proportion of childhood deaths although many of these go unreported.

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.

Central River Division has two main dispensaries and a number of 'circuits' that visit communities. The dispensaries that include the areas proposed published the following morbidity data for 2006:

Jan Jan Bureh Dispensary:
Malaria in pregnancy - 367
Under Fives Malaria - 4,138
Malaria in children Above 5yrs - 4,076

Sami Karantaba Dispensary:
Malaria in Pregnancy - 222
Under Fives Malaria - 3,057
Malaria in children Above 5 yrs - 4,188

Obviously these figures include repeat incidence for some people during the year. Also it is relevant to note that Jan Jan Bureh is a town with close proximity to a clinic unlike the Sami clinic with a spread out rural population.

Mortality figures are more unreliable to collect as only a small number of deaths are reported. The closest hospital at Bansang reports 11 deaths (9 children and 2 adults) for

citizens of Sami District and no deaths from Jan Jan Bureh for 2006. The District Health team are clear that many deaths take place at home and often go unreported or are reported with cause of death unsure.

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.

This proposal targets children less than five years, pregnant women, people living with HIV/AIDS (PLWHA) and differentially able people living in Sami District and Jan Jan Bureh in Central River Division. The goal of the project is to reduce malaria related morbidity and mortality in these most vulnerable groups (particularly pregnant women and children under five years of age).

High poverty levels in many households make it difficult for households to buy nets and insecticides in order to use ITNs regularly. The proposed strategy to improve this situation is to provide LLINs at no cost to these targeted groups in the selected communities through: Reproductive Health Clinics, community based structures such as Village Development Committees, Community Health Workers and other community based volunteers.

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

Traditionally before 1986, net ownership was low and the nets were not treated with insecticide. An average of 83% of households has at least one net and the average net user rate is about 50%. Previously WHO support to The National Malaria

Programme and UNICEF's Accelerated Child Survival programme has significantly contributed to increases in ITNs in the communities. The Global Fund for ITN promotion should increase net ownership amongst vulnerable groups, however, the precise time scale of this is unclear. (It is known that this will not provide sufficient coverage for these groups) It should also be made clear that use of LLINs is rare in these communities and that the condition of existing nets is often very poor.

Kuntaur	District	Population in 2003	District net count	Net usage
	Lower Saloum	13,524	2,663	19.7
	Upper Saloum	16,111	6,117	38.0
	Nianiya	8,205	4,277	52.1
	Niani	22,242	9,414	42.3
	Sami	19,157	7,190	37.5
Janjanbureh				
	Niamina Dankunku	6,000	2,769	46.2
	Niamina West	6,630	3,479	52.5
	Niamina East	19,034	10,963	57.6
	Fulladu West	71,669	21,030	29.3
	MacCarthy Island	3,466	900	26.0

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.

Sami District and Jan Jan Bureh were chosen because Mr Kevin Bailey (Director of Smile Gambia) has worked with school partnerships in this region since 1992 and has assisted in coordinating this project. One of the challenges of the school partnership was malaria disease burden amongst school children. Mr Bailey discussed this issue with school authorities, some community elders in Kunting and Jan Jan Bureh and held discussions with the following:

Central River Regional Health Team Officer, Mr Karanba Keita, The National Malaria Control Programme Manager, Mr Malang Fofana, WHO Disease Prevention & Control Adviser Dr Mamo Jawla and The Director of Centre for Innovation Against Malaria Dr Ayo Palmer.

After through consultations and discussions a unanimous decision was jointly made by all the stakeholders in Jan Jan Bureh and Sami District to provide LLINs.

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.

The National Malaria programme has been fully informed as have the Regional Health Team. Both teams have met for discussions coordinated by smile Gambia and supported by Dr Jawla (ex head of National Malaria Programme and now WHO Country Adviser on Disease Prevention and Control, responsible for malaria Tuberculosis and HIV/AIDS). Dr Ayo Palmer was also consulted for her opinion.

The following can be contacted on their telephones:

- Central River Regional Health Team Officer, Mr Karanba Keita, +220 567 42 29
- The National Malaria Control Programme Manager, Mr Malang Fofana, +220 439 11 94, email: malangsfofana AT yahoo.com
- WHO Disease Prevention & Control Adviser Dr Mamo Jawla, +220 990 29 98
- The Director of Centre for Innovation Against Malaria Dr Ayo Palmer, +220 996 11 11

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

Combined population of Sami District and Jan Jan Bureh (McCarthy Island) is predicted to be 24,277 during 2007.

23% of these will be under 5 and 3.5% pregnant women. This gives a target group of 6,434. Add to this an estimated 500 nets to include HIV/AID and differentially able people (exact figures not available) would give a total of 7000 nets. The proposal suggests that these LLINs will offer protection for other members of families not identified directly through shared use. (I emphasize that condition and age of existing nets is variable and use of LLINs almost non existent)

[A very similar need exists in the bordering district of Niani (population of 20,000) supported by the same health team. To aid economy of scale a similar programme could be supported within the existing structures in this area. This would double the number of nets required to 14,000 and require further evidence and data not included in this proposal.]

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 nets will be collected in Banjul by representatives of NMCP, Regional Health Team (RHT) and Smile Gambia patron . Nets will be transported and distributed with support from NMCP and RHT through the routines set up and in existence throughout the region. Nets are expected to arrive in country by mid September and distribution will last for about six weeks up to end of October.

Pre distribution announcements will be through radio (both national & local) stations and Reproductive & Child Health Clinic sessions. This will be strengthened by meetings with the chiefs & village heads at the district level as well as community elders at the village level. During these meetings, general education for communities is planned as well as education and instruction at the point of distribution during clinics and at household level for the differentially able people and those living with HIV/AIDS.

Incentives for volunteers, payment for radio announcements and fuel for meetings and distribution will be provided and supported by Smile Gambia. The distribution of nets will be complemented by the implementation of Behavioural Change Communication strategies at community level to promote the use of LLINs.

Mass Media Campaign

In The Gambia many individuals gain health knowledge through radio and television and the majority tune in regularly (88% and 56% respectively). Television coverage is now countrywide but only one station (TV Gambia). Radio coverage is countrywide with a variety of stations (community and national: private and public).

Many also learn about health matters through radio. The Centre for Innovation Against Malaria (CIAM) in collaboration with The National Malaria Campaign has piloted an innovative soap opera radio programme called Bolonghodala (Power of Radio) that has been shown to have a significant impact on knowledge gain and change in reported behavioural practices. This project will support and promote the introduction and use of LLINs in the identified areas through the use of radio, television, video shows and radio listening groups.

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 Regional Health Team will consider this as part of their work and support post distribution follow up. Year on Year comparison of data will continue. The joint NMCP & WHO monitoring team in collaboration with RHT will plan two visits to these areas to monitor net usage and make a feedback to Smile Gambia.

Smile Gambia is committed to support the increase workload of this team with funding for increased time and transport (planned extra motorbike for health team) to assist with follow up visits to report on and support continued use of LLINs.

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 address of the National Malaria Control Programme is: Mr Malang Fofana, telephone +220 4391194, +220 9944355, email: malangsfofana AT yahoo.com. The address of RHT is Mr Karanba Keita, telephone +220 567 42 29, +220 990 39 83,

Patron of SmileGambia: Dr Mamo Jawla, WHO office, Kotu Layout, PMB 170, Banjul, telephone +220 990 29 98, email: jawlam AT gm.afro.who.int.



Regional Health Team members involved in planning meetings:

Momodou L Darboe - Divisional Public Health Nurse
Amadou Kanteh - Divisional Public Health Officer
Alpha Mbala - Nutrition Field Officer
Musa Camara - Senior Administrative Officer.

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

The LLINs to be distributed are at no cost to the beneficiary target groups. The WHO, UNICEF & Global Fund for malaria and some NGOs are similarly doing the same in their various programmes and projects in the country. The government, in recognition of these free gifts has waved all duties and tariffs on mosquito nets. When net consignments are received, the radio and TV announcements and media press releases always indicate the quantity and the provider of nets and the beneficiary groups for public consumption.

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.***

As part of publicity, when nets will be received at the port of entry (sea/airport) public and private media personnel will be invited and photographs and video shots will be taken

for public information. Similarly this will be done to provide feedback to 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.*

During meetings with district chiefs, village heads and community elders as well as during community awareness creation photographs and video shots will be taken for public knowledge and to provide feedback to the donors. The expenditure on these will be built in the distribution cost.

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

The reports including photographs and video shots of distribution and post distribution monitoring trips will be prepared by RHT Bansang and will be made available to Smile Gambia within two weeks after completion of each activity.

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

1. Mr Karanba Keita, Head, Regional Health Team, Central River Region, Tel: +220 567 42 29. The RHT has no email facility now. Send his mails to C/O Dr Mamo Jawla's email: jawlam AT gm.afro.who.int

2. Mr Malang Fofana, Head, National Malaria Control Program, +220 439 1194, 9960553, Fax: +2204393831, email: malangsfofana AT yahoo.com as a supervisor of above.

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