



Summary

# of LLINS	Country	Location	When	By whom
9,500	Liberia	Sinoe County	Dec07 – Apr08	Merlin

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 distributed to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.)

Sinoe County:

Latitude	Longitude	Facilities	Number of nets
+4.9972821	-8.8877499	Tubmanville Clinic	2,430
+5.6936958	-8.4008458	Pynes Town Clinic	1,335
+5.1194565	-9.0699897	Butaw Clinic	1,310
+5.2941368	-9.0019170	Wiah Town Clinic	885
+5.3797358	-8.8496735	Juarzon Clinic	1,300
+5.5288576	-8.6330781	Chebtoh Clinic	740
+5.0085839	-9.0367031	FJ Grante Mem. Hosp (OPD)	1,500
		Total	9,500

See end of document for other areas not covered.

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

The facilities are located in a mixture of urban, peri-urban and rural settings.

Sinoe County:

Facility	Est. pop of catchment	Pregnant women pop.	<5 yrs pop.	Location
Tubmanville Clinic	5,991	300	1,018	Rural
Pynes Town Clinic	3,287	164	559	Rural
Butaw Clinic	3,234	162	550	Peri-urb
Wiah Town Clinic	2,182	109	371	Rural
Juarzon Clinic	3,213	161	546	Rural
Chebtoh Town Clinic	1,817	91	309	Rural
FJ Grante Mem. Hosp	15,000	500	1,700	Urban
Total	30,224	1,486	5,053	Mixed

The catchment population sizes listed above are extremely rough estimates. Sinoe County is very rich in minerals and there are several gold and diamonds mines operating in the county, as well as a large rubber plantation. Many of these operations employ migrant workers and are illegal enterprises. Because of this, the migrant

workers living in the area have not been included in the CHT population figures. It is thought that this migrant population may account for up to 20,000 additional people in the county. It is in light of this that Merlin is requesting 10,000 nets.

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

Yes - malaria is consistently the top cause of morbidity at all of the Merlin supported MoH health facilities.

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.

Re reported cases of malaria. For Sinoe figures not available for 2006 - Merlin only began supporting the MOH in Sinoe County in May 2007. For May - July 2007, malaria accounted for 37.6% of all morbidity at the 6 PHC clinics and 32.4% at FJ Grante Memorial Hospital

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.

It will be blanket distribution to all households in the catchment areas of the six clinics (3 LLINs per household) and selective distribution for pregnant women at the hospital OPD (2 LLINs per pregnant woman).

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

ITN use in the whole of Liberia is very low and nets are virtually impossible to access outside of the capital, Monrovia. There are no social marketing programmes in the country and very few organisations are distributing nets. In Sinoe County Merlin is the only health organisation supporting the MOH in delivering health care. The only existing distribution programme is through the MoH during national vaccination campaigns, but the MOH does not have the resources to distribute nets on a regular basis. There are approximately 200,000 nets available in the whole country through the Global Fund (Liberia's most recent GFATM bid for malaria funding was not successful).

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.

Merlin works in partnership with two national NGOs in Sinoe County. Equip-Liberia is implementing health activities to support the six PHC clinics and ELWA is supporting services at the hospital. Equip and ELWA will take responsibility for the distribution of the nets through the Community Health Workers (CHWs) that work in the catchment areas of the six supported MOH primary health care clinics and the Maternal and Child Health (MCH) staff at the hospital OPD. These facilities were chosen in collaboration with the County Health Team (CHT) and central MOH. Merlin's support is focused on the southeast region of Liberia, one of the most

remote, under-resourced and underdeveloped regions in the country.

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, the National Malaria Control Programme (NMCP) is very happy for Merlin to assist them in the procurement and distribution of LLINs.

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

A concerted program combining targeted distribution with Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) activities will be used in order to maximise impact. Training of trainers (ToT) workshops will be carried out by EQUIP & ELWA Clinical and MCH Supervisors for MoH clinic and OPD staff and community health workers (CHWs) on the importance of correct and consistent usage of bed nets. The facility staff and CHWs will then be mobilised and trained in the use, distribution, retention and maintenance of the nets.

There are approximately 2,466 households in the catchment areas of the six clinics, each of which will receive three LLINs (as per Liberia's National Malaria Control Programme Strategy). Pregnant women are estimated to make up 5% of the total catchment population, this is equivalent to 750 women in the hospital OPD catchment area. Two LLINs will be distributed to each pregnant woman when attending the hospital OPD for antenatal care (ANC) services.

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.

LLINs will be distributed as part of the integrated primary health care (PHC) services that Merlin is already implementing to support the MOH. At FJ Grante Memorial Hospital, OPD staff responsible for MCH will distribute two nets to each woman attending the facility for ANC services. The importance of preventing malaria through LLINs will also be included in the daily health education talks held at each facility. CHWs will sensitise the catchment communities on the importance of and use of LLINs and identify families who are not attending the hospital for ANC and therefore have not received nets. In the clinic catchment communities the CHWs will also be responsible for distributing the nets to each of the households.

The clinics and OPD are open five days a week, 8 hours a day and ANC services are available during all opening hours, therefore the bednets will be distributed on any given day between up to the end of March (the end of the current project cycle for Merlin's integrated PHC project).

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?

Follow-up home visits will be made by the CHWs to ensure the correct usage of the nets. A formal follow-up survey will be carried out within 6 months of the end of the distribution period (e.g. Sep 2008). The findings from this survey will be shared with AMF. Refresher training on the importance of using LLINs and their correct usage will be provided to the MOH staff and CHWs. More emphasis will be placed on malaria prevention and net usage during the morning health talks and consultations if nets are not found to be correctly used.

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.

Liberia's has a decentralised health care system, each county has a County Health Team, which is headed up by a County Health Officer, all of which work in partnership with Merlin. Since: Dr Massoquai, County Health Officer, + 231(0)6 608 806

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

Yes, all Merlin supported facilities provide all services (including distribution of LLINs) free of charge.

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, this is possible.

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.*

Yes. Funds will have to be found to purchase a camera.

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

Yes.

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

Mitra Feldman, Health Programme Development Officer,
Merlin Liberia, Catholic Junction, Tubman Blvd. Oldest Congo Town, Monrovia, Liberia. +231 (0) 6 835 081 healthdev AT merlin-liberia.org; c/o Merlin (Liberia) 12th Floor, 207 Old Street, London EC1V 9NR UK (there is no functioning postal service in Liberia so anything sent by post must be delivered to Merlin's UK office and hand carried or shipped to the Liberia office).

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

Ref Q1. Areas not covered by this distribution:

Montserrado County:

Latitude	Longitude	Facilities	Number of nets
+6.2324058	-10.6824872	Kendeja Clinic	1,500
+6.3010942	-10.6909533	Pipeline Clinic	3,000
+6.3176630	-10.7278362	Gardnersville Clinic	2,910
+6.3248379	-10.7301413	RHF Clinic	2,100
+6.3160332	-10.7986379	Slipway Clinic	2,100
+6.2850144	-10.7735163	PUC Clinic	1,500
+6.4105585	-10.7969368	Banjor Clinic	1,500
+6.4281359	-10.8129630	Kpallah Clinic	1,200
		Total	15,810

Grand Gedeh County:

Latitude	Longitude	Facilities	Number of nets
+5.6006643	-8.1536478	Putu Pennoken Clinic	573
+5.6149992	-8.3210336	Putu Jarwodee Clinic	382
+5.7544458	-8.3482393	Gorbowrogba Clinic	450
+5.9368267	-8.2436723	Kumah Town Clinic	450
+5.7641978	-7.8550405	Ziah Town Clinic	1,765
+6.2273944	-8.0413690	Janzon Clinic	874
+6.1933908	-8.2939821	Zai Clinic	715
+6.2268462	-8.4401375	Zleh Town Clinic	635
+6.1624561	-8.5668070	Polar Town Clinic	777
+6.4090307	-8.5557177	Toe Town Clinic	748
+6.0777590	-8.1245637	Martha Tubman Mem. Hosp.	3,600
		Total	10,969

Grand Bassa County:

Latitude	Longitude	Facilities	Number of nets
5.71507	-9.83345	Little Kola Clinic	481
6.55085	-9.36711	Desoe Town Clinic	796
6.22933	-10.04872	Compound No 2 Clinic	1,409
5.85781	-9.82273	Compound No 4 Clinic	834
5.76176	-9.69348	Foster Town Clinic	809
6.41639	-9.45833	Gardour Clinic	1,558
6.0127	-10.19835	Little Bassa Clinic	852
6.26667	-10.335	Owensgrove Clinic	1,490
6.21053	-10.27284	Bokay's Town Clinic	1,598
374795.32	676420.59	Lloydsville Clinic	906
387534.69	667816.44	St. John Clinic	1,563
400347.05	664120.11	Tubmanville Clinic	988
412614.35	679802.01	Compound No 3 Clinic	2,038
+5.8852833	-10.0341533	Well Baby	1,133
+5.8841700	-10.0460433	Liberian Government Hospital	5,672
		Total	22,127

Ref Q2. Areas not covered by this distribution:

Montserrado County:

Facility	Est.pop of catchment	Pregnant women pop.	<5 yrs pop.	Location
Kendeja Clinic	15,000	750	2,550	Peri-urban
Pipeline Clinic	30,000	1,500	5,100	Urban
Gardnersville Clinic	29,100	1,455	4,947	Urban
RHFC Clinic	21,000	1,050	3,570	Urban
Slipway Clinic	21,000	1,050	3,570	Urban
Kpallah Clinic	12,000	600	2,040	Peri-Urban
PUC Clinic	15,000	750	2,550	Urban
Banjour Clinic	15,000	750	2,550	Urban
Total	158,100	7,905	26,877	Mixed

Grand Gedeh County:

Facility	Est.pop of catchment	Pregnant women pop.	<5 yrs pop.	Location
Toe Town Clinic	7,482	374	1,272	Rural
Polar Clinic	7,765	388	1,320	Rural
Gorbowrogba Clinic	4,500	225	765	Rural
Kumah Town Clinic	4,500	225	765	Rural
Putu Pennoken Clinic	5,732	287	974	Rural
Putu Jarwodee Clinic	3,821	191	650	Rural
Janzon Clinic	8,735	437	1,485	Rural
Zleh Town Clinic	6,353	318	1,080	Rural
Zai Town Clinic	7,147	357	1,215	Rural
Ziah Town Clinic	17,647	882	3,000	Rural
Martha Tubman Mem.Hosp.	36,000	1,800	6,120	Urban
Total	109,682	5484	18,646	Mixed

Grand Bassa County:

Facility	Est.pop of catchment	Pregnant women pop.	<5 yrs pop.	Location
Foster Clinic	8,092	405	1,376	Rural
Gardour Clinic	15,577	779	2,648	Rural
Little Bassa Clinic	8,520	426	1,448	Rural
Compound #3 Clinic	20,381	1,019	3,465	Rural
Owensgrove Clinic	14,898	745	2,533	Rural
Bokay Clinic	15,978	799	2,716	Rural
St. John Clinic	15,626	781	2,656	Rural
Tubmansville Clinic	9,881	494	1,680	Rural
Lloydsville	9,056	453	1,540	Rural
Well baby	11,328	566	1,926	Urban
Comp#2	14,092	705	2,396	Rural
Comp#4	8,343	417	1,418	Rural
Desoe	7,960	398	1,353	Rural
Little Kola	4,805	240	817	Rural
Liberia Government Hosp. (OPD)	56,719	2,836	9,642	Urban
Total	221,256	11,063	37,614	Mixed