

Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



Summary

# of LLINS	Country	Location	When	By whom
20,000	Senegal	6 Sub-Regions (detailed below)	Aug-Oct 2009	Peace Corps

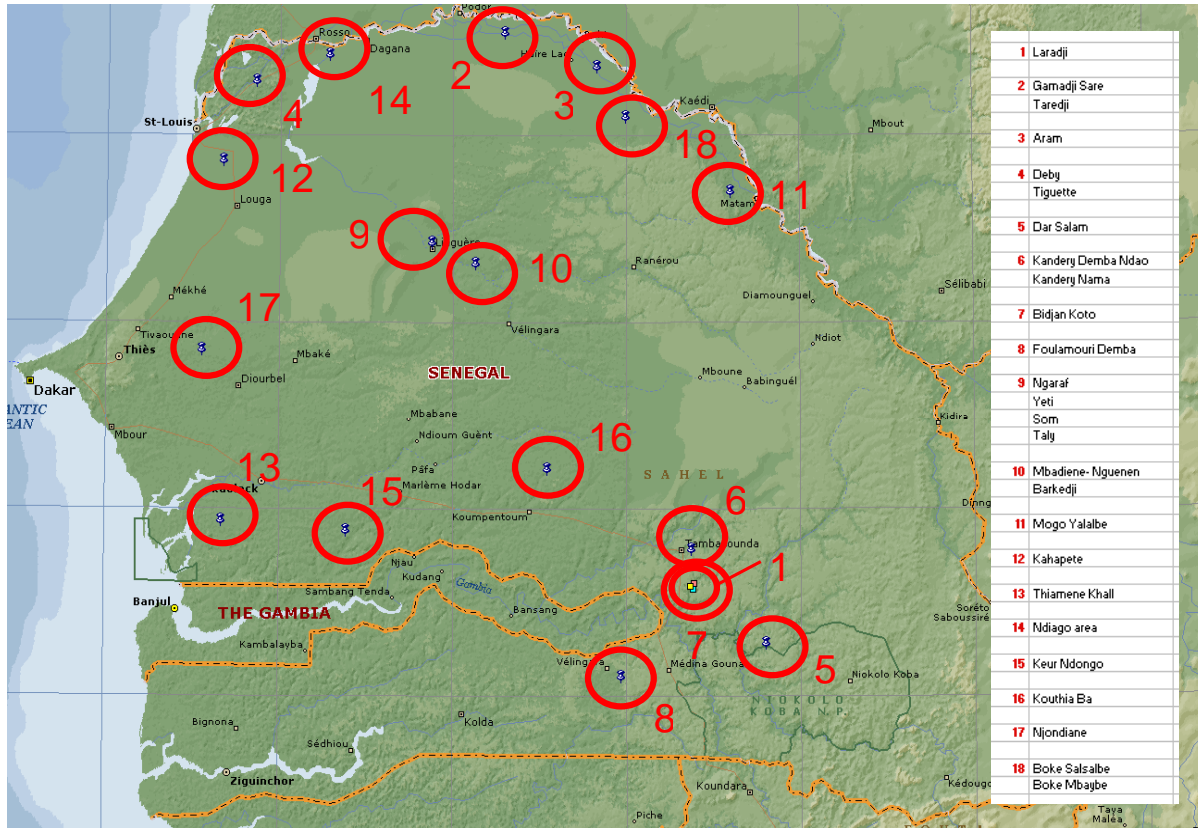
Further Information

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.)

Please see attached list.

	PCV	Village	Commune Rural	Health District	Population	Bednets Needed	Nets Allocated	Contact Name	Position
1	EM	Laradij	Missirah	Missirah	215	100		Thierno Sege	ICP
					215	100	100		
2	EC	Gamadji Sare	Gamadji Sare	Podor	4,000	2,000		Jules	ISC
	EC	Taredji	Guede Village	Podor	7,300	3,650		Jules	ISC
					11,300	5,650	5,650		
3	SG	Aram	Medina Ndiatibe	Pete	3,250	1,625		Aliou Ball	ISP
					3,250	1,625	1,650		
4	NS	Debj	Ross Bethio	Ross Bethio	1,319	660		Flemon Colj	Chef de poste
	NS	Tiguette	Ross Bethio	Ross Bethio	1,492	741		Flemon Colj	Chef de poste
					2,801	1,401	1,400		
5	KD	Dar Salam	Dialakoto	Dialakoto	324	162		Thomas Fall	ICP
					324	162	200		
6	MB	Kandery Demba Ndao	Dar es Salam	Kandery Nama	104	53		Syra Banora	Poste de Sante
	MB	Kandery Nama		Kandery Nama	878	401		Syra Banora	Poste de Sante
					982	454	450		
7	NM	Bidjan Koto	Missirah	Missirah	1,200	600		Thierno Sege	ICP
					1,200	600	600		
8	OK	Foulamouri Demba	Sare Colly Salle	Velingara	500	250		Marie Therese Sambou	ICP
					500	250	250		
9	DG	Ngaraf	Ouarkhoh	Linguere	300	150		Dr. Fatou Njage Sylle	
	DG	Yeti	Ouarkhoh	Linguere	150	75		Dr. Fatou Njage Sylle	
	DG	Som	Ouarkhoh	Linguere	150	75		Dr. Fatou Njage Sylle	
	DG	Taly	Ouarkhoh	Linguere	150	75		Dr. Fatou Njage Sylle	
					750	375	400		
10	CDF	Mbadiene- Nguenen	Ouarkhoh	Linguere	500	250		Dr. Fatou Njage Sylle	
	CDF	Barkedji	Barkedji	Linguere	8000	3000		Dr. Fatou Njage Sylle	
					6,500	3,250	3,300		
11	Bv	Mogo Yalabe	Nabadji Civol	Matam	776	388		Dr. Toure	ICP
					776	388	400		
12	RG	Kahapete	St. Louis	St. Louis	500	250		Becage Jage	Dispensaire
					500	250	250		
13	LC	Thiamene Khall	Diossong	Diossong	1000	500		Sulyman Niass	Matron
					1,000	500	500		
14	JS	Ndiago area	Ndiago	Guinguineo	1,200	600		Mamadou Sow	ICP
					1,200	600	600		
15	KS	Keur Ndongo	Kouthia Ba	Kouthia Ba	300	175		Maria	ICP
					300	175	200		
16	MH	Kouthia Ba	Kouthia Ba	Kouthia Ba	1,000	500		Maria	ICP
					1,000	500	500		
17	Tv	Njondiane	Ndiagene Filakh	Khombole	140	75		Mame Coumba Boy	
					140	75	100		
18	JB	Boke Salsalbe	Boke Diallobe	Pete	600	300		Adja Ly	Dispensaire
	JB	Boke Mbagbe	Boke Diallobe	Pete	500	250		Adja Ly	Dispensaire
					1,100	550	550		
					Total	33,838	16,905	17,100	

Relative locations of distributions:



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

Between 25-30 villages will be distributed to in 6 Sub-Regions of Senegal. All of the villages are rural. The total population of all the villages combined is some 40,000 people. Details are on the attached list.

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

Throughout Senegal, the number one cause of mortality is malaria. Kedougou, in the southeast of Senegal, has the highest prevalence rate. However, all of the targeted areas in this proposal need bednets desperately.

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.

This information is to be gathered community by community. PCVs will ascertain said information in pre-distribution stage so that it can be used for evaluation purposes.

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.

We intend to supplement (not duplicate) a national distribution occurring late June/ early July for children under 5. Meaning, we will address every other demographic in the hopes to achieve 'blanket coverage'.

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

There are existing bednet distribution programmes in these areas. See above concerning late June/early July national bednet distribution to children under 5.

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.

They were chosen by outstanding and motivated Peace Corps Volunteers in the field, on the basis of need for bednets in village, community organizational capabilities, and feasibility of distribution. See attached excel spreadsheet for contact information.

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.

I have spoken with USAID PMI representative Debbie Gueye concerning this distribution (she coordinates with the Ministry of Health National Malaria Prevention Program (PNLP) and multiple field partners).

She thought it to be a great idea as long as we do not duplicate the national campaign. Her tel: +221 77 713 8520; email: dgueye AT usaid.gov

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

Please see attached document 'Bednet Distribution'. This is the general format for PCV distributions.

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.

Please see attached document 'Bednet Distribution' for distribution description. The distribution will be a focused effort working alongside the Ministry of Health and USAID so as to not duplicate efforts. For each village, the actual distribution should not take more than two to three days. PCVs will be conducting education outreach programs concerning the cause, transmission, signs and treatment of malaria.

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?

3 weeks after distribution, PCVs will return to assess usage and identify all nets which have not yet been utilized. We anticipate developing recognition programs for communities with high levels of net usage. In addition, 6-12 months after

the distribution, PCVs will return to households to assess level of usage.

In each household, for every sleeping area, a villager will be held responsible for 'taking' care of the nets. Upon the PCVs return, these villagers will be asked questions concerning the net received during the distribution. We should be able to provide you with the findings. If net hang-up is not sufficient, more education activities will take place.

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.

Please see attached 'Approved AG Nets'.

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

Yes, they will.

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.

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.

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.

Kristopher White, Peace Corps Volunteer Leader, Health Program, Peace Corps Senegal.
Email: kmpp82 AT yahoo.com; Tel: +221 77 733 77 98

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

Bednet Distribution: Steps and Timeline

- 1) Acquire SDAL information for every Communité Rurale
 - a. Obtain a rough population estimate for each communité Rurale
 - b. Divide population estimate by 2 to calculate roughly the number of bednets needed per communité Rurale
 - i. This rough estimate is only needed in order to submit a bulk request for nets – ie it does not have to be exact

- 2) Visit Regional Hospitals
 - a. PCVs must inform health workers and government officials concerning any large activity/project
 - i. Discuss where and when project will take place; receive permission to visit Poste De Santes, ask health workers questions, etc

- 3) Visit Poste de Santes
 - a. Record population estimates directly from the Poste de Sante
 - i. This is to get more accurate data than the ‘rough estimate’ based off of communité rural numbers.
 - ii. This also allows PCVs to develop a distribution strategy including which villages to use as ‘drop points’ and which villages will be more logistically difficult than others to distribute in.
 - b. Record malaria prevalence data from each Poste de Sante
 - i. This is necessary as without this information PCVs will not be able to properly evaluate distribution effectiveness

- 4) Logistics of Transporting Bednets
 - a. Get nets to Dakar
 - i. Find then organize with your funders/sponsors to ship bednets to Dakar
 1. Leave ample time for this step as the Dakar port has a constant ‘waiting line’
 - b. Transport Nets from Dakar to Regional Capital/Center of Distribution
 - i. Ask for bednets from sponsor 6 months ahead of distribution period
 - ii. Coordinate with Peace Corps Admin in Dakar to see if PC Cars can be used AND/OR collaborate with local transportation organizations/NGOs
 - iii. Unforeseen obstacles will arise, allow ample time to be able to accommodate/adapt
 - c. Find storage space for bednets, they might arrive early

- 5) Strategically locate ‘Drop Points’
 - a. Before bednets arrive, ‘Drop Points’ should be chosen to expedite the bednets efficiently from a regional central location to each ‘Drop Point’
 - b. Each ‘Drop Point’ will act as a base camp at which the bednets for a designated area will be stored prior to and during distribution days.
 - c. Each ‘Drop Point’ should have several satellite villages within reach.
 - i. Transportation to each satellite village should be known in advance of distribution days (eg. bike, sept place, boat, motorcycle, etc), including distance and time
 - ii. Designate a central location within each satellite village at which the bednets will be distributed

- d. PCVs should consider where they are going sleep, eat, wash clothes, etc during distribution campaign
- 6) Relais Training
- a. Relais must be trained to survey numbers of sleeping areas in each household for every village
 - i. The definition of household, sleeping area and family is very loose in Senegal. Proper training in asking appropriate questions and looking for the right signs are CRUCIAL.
- 7) Assessing Bednet Need
- a. PCVs/Relais should survey all villages
 - b. Only people sleeping CURRENTLY in each compound should be counted
 - c. If bednet is 3 years old or 'younger' and in good condition, it does not qualify to be replaced
 - d. The results of the relais census should be the most accurate population data you receive and will enable you to allocate numbers of nets going to each village
 - e. One representative should be responsible for each sleeping area
 - i. For example, if a mother sleeps with her 3 daughters on a matt outside, then she is the person responsible (the representative) for 4 people
 - 1. Each representative will be responsible for making sure the net is properly used and will talk with a PCV/Relais when they re-visit villages for evaluation purposes.
 - ii. For each household, there should be a 'Household' representative elected to collect bednets on distribution day. Each 'Household' representative should record all 'Sleeping Area' representatives within their compound.
 - 1. On distribution day, 'Household Representatives' should arrive with their list of 'Sleeping Area' representatives, and knowledge of the number of women/men/girls/boys in their compound. He/she should have their birth date or ID number as well.
 - iii. Relais/PCVs should record number of sleeping areas, the names of 'sleeping area' and 'household' representatives, and number of women/men/girls/boys in each compound for later use during distribution day and evaluations.
- 8) Calculating Number of Bednets Needed for Each Village
- a. Add 10% to the sum of the number of sleeping areas without bednets
 - i. This 10% accounts for inevitable unforeseeable obstacles
- 9) Transport Bednets to 'Drop Points'
- a. Organize appropriate transportation for upcoming village distribution
- 10) Distribution Day
- a. Distribute bednets at the previously designated central location in each satellite village
 - b. The Chief of the village (or other respected elder) should be present
 - c. 'Household' Representatives should arrive and take bednets
 - i. PCV/Relais should ask representatives how many women/men/girls/boys sleep in their sleeping area

1. If there is a discrepancy between what the representatives state and the data previously recorded, PCV/Relais should visit household immediately to rectify error
 - ii. PCVs/Relais should cross check ID number/birth date with previous data recorded.
 - d. Bring permanent markers to write the Year and ID number/Name of 'Household' Representative on each bednet. This will significantly reduce the number of bednets that could be sold on the black market
- 11) Evaluation
- a. PCVs/Relais should re-visit all villages to see if bednets still exist, have been hung properly and/or are properly cared for.
 - i. PCVs/Relais should find each 'Sleeping Area' representative to discuss
 - b. PCVs/Relais should compare malaria prevalence data 6 months and 1 year after the bednet distribution to the malaria prevalence data recorded before the distribution
 - i. Due to the seasonal variance in malaria prevalence, comparing malaria prevalence 6 months after distribution in most regions would not be concrete proof of change, though a good indicator. However, comparing malaria prevalence 1 year after a bednet distribution, on the same month of the year as the previous distribution, would provide empirical evidence on the effect of the bednet distribution

Comments/Suggestions:

- 1) Each Departement should have an SDADL office. If you don't know where it is, you could ask at the ARD. The ARD may also have powerpoint presentations with extensive health statistics and maps.
- 2) Local/regional World Vision offices (Kolda) have very comprehensive population statistics, broken down by age, health indicators, etc.
- 3) When organizing transportation from Dakar to your Regional capital, if working with organizations/NGOs barter well and try to get the sous-prefet or other government official to argue on your behalf to reduce prices.
- 4) Each Poste de Sante should have a list of relais that work in their catchment zone, for trainings call in all relais and assess competency.
- 5) The better the initial training for Relais is, the more accurate the data gathered will be and the distribution will be more seamless. Using role-plays and having structured questionnaires is key to a solid foundation concerning trainings.
 - a. Extensive discussion concerning 'sleeping area' should be had to clarify any misunderstandings. A matt, stick-bed, cot, mattress, cement slab, etc can be considered a 'sleeping area'; however, Senegalese might not consider this so and therefore miscalculate when conducting surveys.
- 6) Taking the ID numbers/birthdates may seem invasive, but it is intended to cut down on the amount of people over-requesting nets. Our net should not end up on the black market, we want them over people's beds. That said, IDs are mistrusted and in many cases not available in the Senegalese context. If someone comes in without an ID they should not be turned away, the reason the chef du village is present is

specifically for these issues. If someone comes in without an ID, turn to the chef du village and ask "Does he have 5 people in his family like he says, sleeping in 3 different sleeping areas therefore needing 3 nets?". In most cases, the chef du village will know if the person is lying or not.