

# Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
1,000	Ghana	Ho	Feb 23-27, 2009	Lutheran Church of Hope

## 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.)

Adidome (6°4'0" North, 0°31'0" East), 250 LLINS  
Nearby Villages:  
Kpogadzi, 250  
Vedome, 250  
Atiyinu, 250

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

These are rural villages.

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

This is a high risk malaria area.  
<http://www.who.int/malaria/wmr2008/MAL2008-Chap3-EN.pdf>

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.

Ghana had an estimated 7.2 million malaria cases in 2006, 3% of the total for the WHO African Region. There was no evidence of a reduction in malaria cases between 2001 and 2007. Reported deaths have increased in 2007.  
<http://www.who.int/malaria/wmr2008/MAL2008-CountryProfiles/MAL2008-Ghana-EN.pdf>

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 wish to provide blanket coverage of the villages.

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

In the villages I have visited in the past, there have been very few bednets hung in the homes. The pastors who go to these villages tell me malaria is a huge problem and that

LLINs are not frequently used. However, the literature even within the same organization varies. The Malaria fact sheet from the WHO suggests 19% coverage in Ghana (<http://www.who.int/malaria/wmr2008/MAL2008-CountryProfiles/MAL2008-Ghana-EN.pdf>) and the overview of malaria control activities suggests 5% coverage. (<http://rbm.who.int/wmr2005/profiles/ghana.pdf>)

**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 were chosen by our host Pastor Samuel A.K. Dunya, Director, GlobeServe Ministries, Int'l; Box CT 5672 Cantonments; Accra Ghana W/A.  
Cell +233(0)208319535; Office +233(0)21519393

**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 consulted with Dr. Constance Bart-Plange the manager of the NMCP in Ghana by email. She has directed me to <http://www.pmi.gov>. I have designed our plan based on information I found there, at the CDC, WHO-RBM, and the medical literature describing home management of malaria.

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The person I have had more direct communication with is Emmanuel Flagbey (emmanuel AT voicesgh.org) from the Voices for a Malaria Free Future. He does advocacy work for the NMCP. He plans to meet with us at one of the distributions.

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

This is actually a small proof-of-concept intervention by which we will train 3 women leaders from 4 villages (12 women) and 12 church pastors that will be attending a leadership conference in Ho. The training consists of learning about the cause of malaria, preventive measures, treatment of fever in children, referral of complicated malaria, and networking with active RBM/NMCP projects.

Many villages are surveyed by the pastors prior to our arrival for churches to be started. The 4 villages that have been chosen for our group to go to were from this larger group. These 4 were chosen for their need of malaria education and bednets. The exact number of the people living in the villages is not known to us. The community resource persons who have completed the training knows her village well enough to determine the number of beds each family has.

This will be one or two. Names will be collected as the bednets are distributed.

**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.**

After training in the village of Ho, we will accompany the women to the villages. The villagers will gather at the request of the chief. After introductions between the chief, elders and visitors, the women will give a short lecture on the cause of malaria and how prevention can occur.

We from Iowa also will assist in any questions that may come up as the women teach their village about malaria. This will be followed by a play demonstrating "mosquitoes" played by people biting a sleeping person and that person will get a "fever". The person will next have a bednet and the "mosquitoes" will hit the net and die. This will be followed by a demonstration on how to hang a bednet. Bednet distribution will occur in lines with the trained community resource persons from that community collecting names of the receivers of bednets.

Nets will be distributed regardless of faith. As in Q5, this will be a blanket coverage of the villages.

**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 women leaders will assess level of usage at one month, three months and six months. The leaders will ask the villagers who do not have nets hung up if they can arrange to help them do so.

Additional training and troubleshooting will be completed in the fall when Lutheran Church of Hope returns for more leadership summit meetings. We will generate a report for AMF and for the Voices for a Malaria Free Future group after our fall trip.

**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 the Health Service for the Adaklu Anyigbe District is Dr. Tim Letsah. His contact is +233020812005 or 2330243154197. Pastor Sam Dunya has been in contact with Dr. Letsah who knows of and approves our distribution.

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

Yes. The nets will be distributed free to recipients.

**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.\***

We will be glad to do this.

**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 we will.

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

Yes. We actually plan follow up and ongoing leadership training.

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

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