



Summary

# of LLINS	Country	Location	When	By whom
10,000	Cameroon	Bafut	Nov-Dec 2007	Population Services International (NMCP/ACMS)

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.)

ACMS in partnership with National Malaria Control Program, PLAN Cameroon and Helen Keller International within the context of Expanded Bundled Impact Program carried for child survival project would use AMF/WSM donated LLINs to ensure the protection and full coverage of children under five in Bafut health district through free distribution of LLINs during the Health week in December 2007.

The Expanded Bundled Impact programme activities are centered on prevention of childhood diseases and problems through IEC on health issues, promotion of healthy attitudes for mothers and training of health personnel on integrated management of childhood illnesses (IMCI). Unfortunately there is limited funds to provides health commodities to the beneficiaries.

It is a rural area located at about 20 Kms northeast of Bamenda the provincial head quarters of the North West province with about 60 multicultural communities carved into 9 health areas. The requested 10 000 LLINs will be distributed per health area as followed:

Akofunguba (1150); Buwe-Bukari (550); Mambu (1150); Manji (1400); Mankanikong (1150); Mbakong (1500); Mforya (1150); Mundum (780); Nsem (1170).

Longitude: 010E06, Latitude: 006N05

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

Bafut is a health district located in the North West province of Cameroon. It has a population of about 85,482 persons among whom are 15,387 children under the age of five. It is a rural area where farming is the main occupation and more than 50% of people live under poverty level.

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

Yes, it is a high risk malaria area for belonging to a region of perennial Plasmodium falciparum transmission. The disease is endemic in this region with 12 months transmission. Malaria is known to be the leading cause of morbidity and mortality in Bafut and yet efforts to tackle the deadly disease there remain limited particularly among children under five and pregnant women.

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.

Malaria remains the primary cause mortality among children under five. Study carried out by the NMCP (2004) reported a malaria related morbidity rate of 54% among children under five in Bafut. Study carried out early this year in Bafut district reveals that only 5% possessed an INT in their house.

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 distribution of nets will target only children under five who are more vulnerable due to their low immunity. And also due to the fact that they are yet to be targeted by any intervention.

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

A recent study carried out under the Expanded Impact Program on child Survival and financed by USAID indicated that only 10.1% of the population slept under ITNs the previous night in the North West province with 15% attributed to children aged 0-23 months in Bafut health district.

The price of net remains a major obstacle to its acquisition. Sporadic distribution ITNs was done by Plan Cameroon and according to the chief medical officer, an estimate of 4,300 nets were distributed through this channel making it a net coverage of about 5% in Bafut health district while 75% of the population remains uncovered.

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 decision to target this area was made by ACMS in partnership with the NMCP and PLAN Cameroon.

Many factors contributed to this situation:

- There is an ongoing Integrated Management of Childhood Illnesses (malaria included) program in the area
- Malaria is highly endemic in the area
- The extreme poverty of people of the area who can not afford to pay for nets even at cost.

The choice Bafut is agreed upon by:

- Dr Okalla Abodo Raphael Therese: Permanent Secretary of National Malaria Control Program (NMCP), Ministry of Public Health Cameroon.
- Dr SHU ATANGA Joseph: National Coordinator , Expanded Impact Child Survival Project (EIP), PLAN Cameroon.
- Dr YOUMBA Jean Christian, Interim Permanent Secretary and Director of Family Health Department, ACMS/PSI Cameroon.
- Dr Sylvestre DONGMO, Chief medical, Bafut Health district-BAFUT

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 NMCP is presently planning to ensure the coverage of at least 80% of the vulnerable group by 2010 but nets availability and accessibility remains the greatest obstacle to achieve this goal. Having acknowledged the contribution of AMF/WSM towards the fight against malaria in Cameroon through its previous donation of 10,000 LLINs for free to children under five in Batouri, the NMCP highly welcome the idea of the present request.

Our Contact person in the NMCP is Dr Okalla Abodo Raphael Therese: Permanent Secretary of National Malaria Control Program (NMCP), Ministry of Public Health Cameroon. E-mail: gtc_rbm AT yahoo.fr , Tel: +(237) 22223917 or +(237) 99591599

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 population of Bafut is of about 85,482 persons among whom are 15,387 children under the age of five who are the target. But the program of free distribution of ITNs to children under five is yet to reach this group. Also the objective of the NMCP is to cover 80 % of this group by 2010.

Taking into consideration the population increase and knowing that in some houses two children could share a net, we therefore hope to cover at least 80 % of children under five (about 10,000) with the requested WSM LLINs by giving one LLIN per child per household having only a child and one per two children in a household having more than on child.

Following this assumption, there is need for 10,000 LLINs.

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 distributed to children under five in health facilities, through the joint effort of the NMCP, ACMS, Plan Cameroon, and HKI during the Health week within the month of December 2007. The nets distribution will be accompanied by

mass communication campaign carried out by ACMS. The distribution activities will take one week.

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 monitoring and evaluation system put in place by the Expanded Impact Project carried out by ACMS, Plan and HKI and which involves District medical officers, Local NGOs and CBOs will allow having regular information from field intervention. Also a post-distribution follow up study will be carried out by ACMS to determine the hand -up percentage of Nets by the target. This will be done a month after the distribution using Lot Quality Assurance Sampling (LQAS) methodology.

The LQAS method is a very simple, rapid and cost effective way to measure coverage at aggregate level so as to quantify result for an entire catchment area suitable for reporting purpose. The LQAS method will help us to measure the coverage of Bafut with AMF nets.

Result of the post-distribution follow up will be shared with WSM. Regular Communication campaign and ACMS field promoters continuous activities will help to reinforce the increase of Nets use by target.

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.**

Dr Sylvestre DONGMO, Chief medical, Bafut Health district-BAFUT; provincial delegation for public health; North West province ; Republic of Cameroon.
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13. Please confirm the nets will be distributed free-to-recipients, a requirement for us to fund nets.

The 2007- 2011 National Strategic Plan on Malaria stipulates that nets distribution mainly to the vulnerable group including children under five and pregnant women should be free of charge. ACMS and partners abiding with the national policy of malaria control agreed that the AMF/WSM requested Nets will be distributed free to children under five in Bafut Health District.

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.***

Similar activity was carried out after the last distribution of 10,000 AMF/WSM nets in Batouri. It will also be done for the requested nets for Bafut. Our previous experience will help us plan better for more expressive digital photos per each health area. These photos will of course be sent to AMF/WSM for appropriate use.

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.*

A video footage from each sub-location will be provided to WSM after the nets distribution. The video team will move alongside with the cameramen in each health area. At the end of the operation the recorded CDs will be shared with AMF/WSM.

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

A post distribution summary will be sent to AMF/WSM when the distribution is completed as it was done previously after the WSM nets distribution in Batouri. The promptitude in doing this will be taken highly into consideration.

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.