



Summary

# of LLINS	Country	Location	When	By whom
1,000	Senegal	Bandafassi	Jun-July07	NetLife Africa

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.)

Villages will be chosen by number of malaria cases and local risk factors that present to the Poste de Sante in Bandafassi. The nurse covering the surrounding +50 villages will help decide which villages are in the greatest need.

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

Very rural. The average population per village we cover is about 200 people.

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

The outskirts of Dakar and the rural areas around sources of water have the highest risk. We choose the rural areas, because of the more pronounced lack of health care resources that can extend to southeast Senegal. Since curative measures against malaria can be so difficult to attain, the prevention of malaria becomes so important here. This is also the area of Senegal with the most rain, most stagnant water, and most opportune breeding ground for mosquitoes.

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.

In 2004, a sample village with a population of about 400 had 34 consults come in to the local military camp to request medical care. This is an underestimated number due to the fact that some villagers go to another health post, and most of who die, do not leave the village.

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.

Number of nets per village will be based on local censuses of married women in the villages. This provides access to the nets for children and husbands. Single men and village elders will be addressed on a village to village basis. Based on

local population, this works out to be about 1 net per 3 people.

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

In a typical village, the richest people may have nets. In a sample village of a population of 400, about 10 people have nets. The ministry of health had been doing an excellent job of making the nets cheaper (1,000 cfa or about 2 dollars a net), yet the nets are not being decentralized. With various opportunities for corruption from Dakar to the other side of the country, the nets haven't been making it to these more rural areas. If they make it to a large health post village, word gets out in that village, and they get bought up. We work from the outlying villages inward to help cover the lacking villages.

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.

Andrew Sherman of Netlife was a Peace Corps Volunteer in this area. He has local connections to village health liaisons, village chiefs, health post nurses and local politicians. For the educational sessions that accompany our distributions, we can speak directly in Pulaar, the local language. Also, groups of theatrical village performers have been already trained to perform educational skit and teaching sessions about malaria prevention, symptoms, treatment, and maintenance of nets.

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.

Pending.

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

Local censuses have already been performed by area nurses. In general, married women receive the nets. If a village has a large population of bachelor men or elders, a program is discussed with village leaders about charging a very, very small price for the nets (100 cfa) to raise money to buy additional nets. A village leader in our last distribution actually came up with this idea, and it worked amazingly well.

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 exact numbers are determined, the nets will be transported to each individual village. A town meeting of sorts is gathered. Our local troop of performers perform a skit about a pregnant woman and husband, both dealing with

issues of malaria. After, the village agent de sante communautaire (ASC), goes through the step by step process of taking care of nets, emphasizing the importance of proper usage. Then, each married woman is read of our list to acquire their net. If there are discrepancies found after the list has been read, we discuss possibilities with village leaders.

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?

We will continue to monitor sample village statistics from the local health post in Bandafassi and the military camp in Patassi. We contact and receive feedback from present Peace Corps Volunteers in country and discuss compliance, durability and general incidence levels of malaria cases. Netlife also plans at returning to this area every two years to monitor villages and health posts for new information.

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.

Pending.

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

Confirmed.

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.*

Confirmed.

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.*

Confirmed.

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

Confirmed.

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.