



Summary

# of LLINS	Country	Location	When	By whom
8,000	Ghana	Upper East Region Ghana	May-Aug08	ERD/NetsForLife/Anglican Diocesan Development and Relief Office (ADDRO)

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.)

These villages are all in the Upper East Region of Ghana:-

- Sapeliga in the Bawku West district: 1,500 LLINS
- Kobore in the Bawku West District: 1,000 LLINS
- Tomonde in the Bawku West District: 1,500 LLINS
- Sakote in the Talensi/ Nabdam District: 1,000 LLINS
- Pwaligu in the Talensi/ Nabdam District: 1,000 LLINS
- Tamperi in the Garu/ Tempene District: 2,000 LLINS

The latitude/longitude of these villages:
11 degrees 03 minutes north, 0 degrees 20 minutes west

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

The beneficiaries communities are all rural.

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

Malaria is the number one killer in the country. It is a leading cause of morbidity and mortality in Ghana. These villages are considered high risk for malaria because of the acute flooding they experienced recently. The poor sanitation situation has worsened, thus, it has created favorable conditions for breeding of mosquitoes. Apart from that, in the flood affected communities poverty is very high and hunger is affecting many people. In a situation like this people's natural resistance is reduced making them more vulnerable to diseases like malaria. It is in the light of this and in response to their request that ADDRO is making a request for 8,000 Long Lasting Insecticide treated Bed Nets to support the most vulnerable.

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 beneficiary villages, average:
Reported cases: 2,151
Deaths: 8
Source: Ministry of Health 2006

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.

Selected Vulnerable Groups. These will include children under 5 years, pregnant women and the chronically ill. These category of people are considered most vulnerable who are present at the district and community levels.

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

34.5%. Yes: Ghana Health Service with support from UNICEF.

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.

Malaria is more endemic in these communities in contrast to the rest of the villages in the various districts. It is for this reason that these villages are chosen by ADDRO in consultation with the district health directorates for the nets distribution programme.

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 officer and the Zonal malaria control programme officer, for the northern zone, are fully aware of our operations and their offices are very positive of the Bed nets distribution programme.
Mr. Sylvester Segbenyah, NMCP Zonal Coordinator for Northern Ghana, Ghana Health Services. P.O. Box 493, Korle-Bu, Accra, Ghana. Tel.: +233 21 311372

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

Our pre-distribution activities include community mobilization, sensitization and education. The number of the target population is the most vulnerable - children under five, pregnant women the elderly and the terminally ill.

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 distribution will be done by trained communities volunteers and committee members under the supervision and monitoring of ADDRO project officers. Committees have been

formed by the local priest in each case, made of dedicated church volunteers who work together as malaria support volunteers and provide support for each other. The distribution dates are from May-September 2008. The method that Nets For Life (NFL) uses is a focused distribution following education sessions and each net is carefully monitored and evaluated to "instill the net culture". This method has been designed by Dr Don de Savigny Swiss Tropical institute, and has successfully resulted in communities really understanding the need to make 'malaria prevention' their priority. Efforts will be made to expedite distribution but this is a very rural scattered population. The distribution will be a focussed effort with an education component.

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?

1. The Nets For Life M&E (Monitoring & Evaluation) work in this area is absolutely vital - as campaigns in the area over the last 3 years have distributed nets but the usage rate is estimated at 34.5% (source President's Malaria Initiative latest Malaria operational plan). Pre-distribution education, distribution, follow up on correct net usage at 9 month 18 month, 24 month intervals is routine. Preaching by clergy, youth group, mothers union meetings and awareness in the schools will all provide the network of support following the distribution. Please see year one M&E results of NFL attached
2. Follow up verification on the use and care of Nets
3. Sample house monitoring visits on the use of Nets
4. Organize periodic community durbars on the use of Bed Nets
5. Organize drama on the dangers of not using Bed Nets - ongoing.
6. Participation in Nets For Life's routine monitoring and evaluation over 3 years - please see attached survey.

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. Joseph Amankwa
Regional Health Directorate
Ghana Health Service, Private Mail Bag
Bolgatanga
Upper East Region
GHANA
Tel: +233 72-22335: Cell: +233 244727958
Email address not known but requested

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

We confirm the nets will be distributed at no charge to the beneficiary.

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 - with photos from each of the sub-locations clearly labelled.

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.*

We will provide at least 5 minutes of video footage per sublocation.

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

We confirm we will send a post-distribution summary.

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

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