



## Summary

# of LLINS	Country	Location	When	By whom
40,000	Sierra Leone	Waterloo Rural District	November 2009	Sierra Leone Red Cross

## 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 distributed to these specific locations. Location changes will only be considered, and may be refused, if due to exceptional/unforeseen circumstances.)

The distribution will take place in the Waterloo Rural District on the Freetown Peninsula:

Name of Community	Estimated number of U5s	Name of Health Facility and Storage	No. of LLINs required
Grafton	974	Grafton MCHP	1,000
Hastings	3,449	Hastings CHC	3,500
Rogbangba	372	Rogbangba MCHP	400
Limba Corner	407	El-Shaddai Clinic, Limba Corner	400
John Thorpe	1,115	John Thorpe MCHP	1,100
Waterloo	5,016	Waterloo CHC	5,000
Lumpa	25,077	Lumpa CHP	28,600
<b>Total</b>			<b>40,000</b>

See map attached for locations.

Data is on the way for the Lumpa distribution that will allow the sub-locations in this sub-distribution to be shown in detail.

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

Waterloo is a peri-urban suburb of Freetown and is 18 miles from the town centre.

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

All of Sierra Leone is high risk for malaria. The map via this link shows that malaria transmission is stable and endemic 75% of the time:

<http://www.mara.org.za/pdfmaps/SieDistribution.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.**

Malaria is the leading cause of morbidity and mortality among the entire population. Mortality attributed to malaria is 38.3% among children aged 5 years and below and 25.4% to all ages (Sierra Leone Government, Ministry of Health and Sanitation Plan of Action Measles - Malaria Plan for Integrated national campaign November 2009).

Malaria mortality and morbidity:

- Incidence of clinical malaria cases (reported) 34.9/1000 (2007)\*
- Number of reported malaria episodes 438,070 (2006)
- Child under 5 mortality 267 (2005)
- Infant mortality (per 1000) 158 (2005)

This is national data. Data specific to Waterloo Rural District is not available.

**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.**

The target group is children 0-59 months and pregnant women as per the National Integrated Campaign target populations.

The beneficiary group are U5s, however the pre and post campaign will highlight that pregnant women are a priority group for net use. Campaigns do not target pregnant women as this would require proof of pregnancy which is tricky.

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

In 2006 there was an integrated measles and malaria campaign which distributed 875,000 LLINs. Based on preliminary results from the Togo mortality survey and net durability study it is estimated that less than half of these nets are still providing effective protection. A rainy season ownership and utilization survey undertaken in 2007 by CDC indicated that 55.6% of children under 5 years and 49.7% of pregnant women were sleeping under ITNs. The CDC data is for Sierra Leone as a whole.

The 875,000 nets were distributed one net per child and a maximum of 2 per mother to children U5 nationally in 2006, it is not known exactly how many of these nets were distributed in the Waterloo Rural District but a ball park figure could be worked out using 2009 data and an estimated 2.5% annual population growth rate over 3 years.

Given the data from Togo after 3 years many of the 2006 nets would not be effective, blanket coverage through routine services cannot be guaranteed. A free distribution campaign such as the one being carried out in 2009 is one of the key ways to guarantee that this target group receives and uses a net.

**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 locations are in areas where Red Cross teams will be carrying out the LLIN distribution in which the district requirement for nets is close to the number being provided by AMF therefore social mobilisation in the area can focus on the one type of net. Dr Samuel Smith. Dr Smith's email address is samueljuana AT yahoo.com.

**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 distribution campaign is being led by the National Malaria Programme. Dr Sam Baker, National Malaria Control Program manager, sambaker79 AT yahoo.com .

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

At national level there is a pre distribution sensitisation campaign via briefings meetings and workshops planned aimed at political, religious and community leaders and media personnel. At district level sensitisation is aimed at council members and community and religious leaders. An information, education and communication campaign will disseminate key messages through posters, rural radio and TV spots translated into several tribal languages. The Red Cross plan to conduct pre campaign door to door sensitisation.

**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 bednets will be distributed as part of a nationwide integrated malaria, measles, vitamin A and mebendazole campaign targeted with one net per child, to all children up to 59 months of age. There will be a mixture of static, outreach and mobile distribution sites depending on terrain and location.

**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 Sierra Leone Red Cross Society will be undertaking door-to-door Hang Up activities ensuring that nets are hanging and being used correctly. Within 8 weeks of the end of the campaign a survey will take place using the WHO 30 cluster survey methodology looking at the effectiveness of all interventions and the campaign's communication strategy. Following this a rainy season survey will take place between May and October 2010 to measure ownership and utilisation of LLIN's from the campaign.

**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.**

MoH Western Area Health Manager, Dr Samuel Smith.

**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 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 confirm we will provide at least 40 digital photos per sub-location.

**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 confirm we will provide at least 5 minutes of video footage from each sub-location.

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

Yes we will.

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

Raymond Alpha, Malaria Focal Point, Sierra Leone Red Cross Society, raymondalpha2006 AT yahoo.com

Point of contact regarding this proposal: Katie Eves, katie.eves1 AT gmail.com Cell: +221 77 529 43 58

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



