



## Summary

# of LLINS	Country	Location	When	By whom
16,000	Cameroon	Tiko, South West region	Apr-Jun 2009	Drive Against Malaria, ACMS and NMCP/regional Bureau

## 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.)

Tiko is in the South West region of Cameroon. It is one of the 18 health districts in the region.

Health Area	Total population	children <5 yrs	Pregnant women	No of nets
Holforth	19,883	3,579	994	2,500
Kange	5,526	995	276	700
Likomba	16,256	2,926	813	2,000
Missellele	6,840	1,231	342	900
Mondoni	3,347	602	167	400
Mudeka	10,629	1,913	531	1,350
Mutengene	42,137	7,585	2,107	5,300
Tiko	22,549	4,059	1,127	2,850
<b>TOTAL</b>	<b>127,167</b>	<b>22,890</b>	<b>6,358</b>	<b>16,000</b>

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

It is a semi-urban town surrounded by rural villages.

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. It is designated high because in 2008 the data below show about a quarter of the patients who came to the hospital were suffering from malaria. The data also show that 33% of patients admitted in the health units were suffering from malaria.

This data is for the Tiko District Hospital (for Holforth and Kange) and the CDC Cottage Hospital (for Likomba, Missellele, Mondoni, Mudeka, Mutengene and Tiko)

<b>Total consultations</b>	170,911
Malaria cases	38,833
<b>% of persons diagnosed for malaria</b>	<b>23%</b>

<b>Total hospitalisation</b>	9,042
Malaria cases	3,012
<b>% of persons hospitalised for malaria</b>	<b>33%</b>

4. How many *reported cases of malaria* and *malaria deaths* were there in this area in 2007/08? If you do not have statistics please make a qualitative comment.

	<b>2006</b>	<b>2007</b>
Total number of consultation	76,255	130,200
Consultation due to malaria	26,173	42,843
Relative Morbidity, %	34%	33%

Total number of reported deaths in the health units	116	199
Deaths due to malaria	15	46
Relative Mortality	13%	23%

Source: Regional malaria control unit, South West Region.

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.

To children below 5 years and pregnant women.

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

There were two distributions in 2007 and 2008:

Distribution to Pregnant women 2008	
No of nets distributed in 2008	1,950
Number of pregnant women	6,358
Coverage	31%

Distribution to children below 5 years 2007	
Distribution to children 2007	9,250
Number of children <5 years	22,890
Coverage	40%

Yes there are existing bed net distribution programmes by the Global Fund and the HIPC initiative.

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.

This area is chosen because of the high morbidity and mortality due to malaria. See question 4.

Name of Person: Besong George Enow, Regional chief of unit for malaria control for the South West

**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 NMCP are aware and approve of it.

Dr Ndong A Besong Prosper, Permanent secretary National Malaria Control Programme, Yaoundé, Tel: (237)22 22 39 17  
Email: ndongprospere2003 AT yahoo.fr

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

- Social mobilisation to inform the entire population, the authorities, health personnel
- Training of actors to distribution techniques
- Planning meeting with all field actors
- Transportation and storage in different villages prior to the distribution
- The size of pregnant women: 5% of the total population
- The size of children < 5: 18% of the total population

**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 bed nets are going to be distributed by health centre personnel and community relay agent already trained in bed net treatment and distribution. Distribution will be done in distribution points manned by trained personnel. The distribution will be a focused effort and will take a period of 7 days. Each distribution exercise is accompanied by demonstrations especially on how to hang up the net with a short talk on malaria transmission. However the malaria control unit of the province have trained 80 community members in the Tiko health district who move from house to house to educate the population on malaria prevention techniques. We will also include the play with community members dressed as mosquitoes. In the past, this type of play has been done only at the regional level during the African malaria day of 2007.

**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 community relays will follow the effective usage in their various communities moving from house to house. Education on the importance of the use of nets will be associated during this verification mission by the community relays. The assessment will commence two weeks after distribution. Findings of will be communicated to you at the end of the assessment. Continuous education on the importance of nets hang up will be carried out this will help to increase net hang up. The trained community relays visit all the

beneficiaries in their various communities and make reports. The regional level selects some places and carry out supervision to confirm the reports. The data so acquired will be share with AMF/DAM.

**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.**

TIKO HEALTH AREA HEALTH COMMITTEE CHAIR PERSONS		
Health area	Name of Chair person	Tel No
Misselele	Kimbi Andrew	77476008
Kange	Ebong Thomas	74883953
Mondoni	Njang Andrew	79717219
Likomba	Neazeh Moses	79403301
Mutengene	Timah Emanuel	75165359
Mudeka	Sone Dele Pière	
Holfoth	Njah Moses	75318449
Tiko Town	Ndifon Valantine	99893080

**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- recipient.

**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.\***

Yes, at least 40 digital photos per sublocation will be taken during the distribution and sent to AMF.

**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, at least 5 minutes video footage will be provided from each sub location.

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

Yes, a post distribution summary will be sent to you after the distribution is finished.

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

Name: Besong George Enow.  
 Role: Regional Chief of Unit for malaria control  
 Regional delegation of health Buea  
 Tel: +237 33 32 22 62, Cell +237 77 38 58 10  
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\*Information on providing photos, video and a Post-distribution Summary is included in the attached document.

