

# Against Malaria Foundation

LLIN Distribution Programme – Detailed Information



## Summary

# of LLINS	Country	Location	When	By whom
1,000	The Gambia	The Wallalan Hamlets, Central and Upper Baddibu	March 2010	NMCP & MRC, The Gambia

## 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.)

No	Name	District	POP, 2003 census
1	Biram Kardo Ya	Central Baddibu	135
2	Cheedi Laibe Ya	Central Baddibu	3
3	Cheedi Wollof	Central Baddibu	55
4	Ker Gumalo	Central Baddibu	145
5	Sare Illo Buya	Central Baddibu	27
6	Ker Katim Fula	Central Baddibu	54
7	Ker Katim Wollof	Central Baddibu	74
8	Ker Pateh	Central Baddibu	113
9	Sare Samba Sowe	Central Baddibu	139
10	Laliya	Central Baddibu	111
11	Nyerbayo	Central Baddibu	106
12	Biran Gido Ya	Upper Baddibu	112
13	Gallo Ya	Upper Baddibu	95
14	No Kunda Fula	Upper Baddibu	192
15	Bantang Killing	Upper Baddibu	213
16	MBanta	Upper Baddibu	129
17	Wallalan	Upper Baddibu	299
18	Yuma	Upper Baddibu	212

The villages lie to the East of Farafenni on 13°35N between 15°42 to 15°52W.

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

These are rural villages with an estimated total population of 1537 in the 2003 Gambian census. The population may have

increased slightly in the last 6 years but in most rural areas of the Gambia populations are decreasing. The proposal aims to provide one nets per sleeping place/bed which and these are usually shared by two. Thus 1000 nets will be sufficient. Any excess nets will be added to those distributed by the National Malaria Control Programme (NMCP) at mother and child clinics.

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

The risk of malaria transmission in the rural areas of The Gambia, where approximately half of the population live, is considerably higher than that in the urban areas near the coast. This is largely due to the extended breeding sites for Anopheles along the river and its tributaries.

These villages lie with mosquito breeding sites on two sides, the Bao Bolong tributary to one side and the floodplains of the river on the other. The villages were originally selected for the first clinical trials of the impact of bed nets and insecticide treated bednets on malaria as the infection rate was high.

**4. Baseline malaria case information. How many reported cases of malaria and malaria deaths were there in this specific area in the most recent period available? We are looking for data from health clinics in the area. Month by month information is strongly preferred. We are NOT looking for regional level/national level information. Please cite your source. Baseline malaria case information forms the basis of comparison post-distribution.**

There have been no surveys in this specific rural area for over 10 years. Overall, the most recent data from The Gambia shows a decline in malaria from 1999 to 2007 in and in Farafenni, the nearest health facility to these villages with laboratory facilities to diagnose malaria, shows that in 2007 approximately 20% of paediatric fever cases are parasitized (Ceasay, et al , The Lancet 372: 1545-54, 2008).

Although malaria may be declining, from 40% in 2003/4, this is still a heavy burden and the burden may be higher in these hamlets than in the population consulting at the hospital.

**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.**

"Blanket coverage" for maximum impact.

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

The NMCP distributes LLIN via mother and child clinics all over the country. The programme is aiming for blanket coverage in their new malaria control policy but as yet lacks the funds to implement this. Although net use is quite high in this area, and indeed much of rural Gambia, few nets are ITN and the majority are in very poor condition.

**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.**

All those involved malaria control, and especially those at the AMF, know that our major tool to control infection is the ITN. This is to a large extent due to pioneering work undertaken in The Gambia in the Wallalan Hamlets at the end of the 1980's. Bednets have been part of Gambian life for well over a century, but the addition of insecticide to their fabric greatly increases protection against malaria. This point was first demonstrated in these hamlets (Snow et al, Trans R Soc Trop Med Hyg.82: 838-42,1988). Today the NMCP of The Gambia promotes ITN use and distributes nets mainly via the MCH clinics. The NMCP is very keen to implement their policy of blanket net use ("Nets for All") and are including this in their Global Fund proposals. However, these are not yet successful. Thus the current request for help in providing nets to the Wallalan Hamlets has several aims:

- To recognise their key role in collaborating with medical research
- To promote the new policy of "Net for All"
- To increase awareness of net use during the peak of the malaria season.

**8. Have you consulted with the country's National Malaria Programme 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 proposal is submitted by:  
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Mr Balla Kandeh, Head of Vector Control  
National Malaria Control Programme  
Kanifing Institutional Layout  
Kanifing, The Gambia  
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**9. 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.**

Regional Health Director  
Mr Baba Jeng,  
Regional Health Office  
Farafenni NBR  
The Gambia

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

Nets will be distributed at no cost to the participants.

**11. Please describe all pre-distribution activity, including how the size of the target group and number of nets required will be ascertained and how the local community and leaders will be involved in this phase of the work?**

The number of nets required has been assessed from the 2003 census data (please see 2 above).

The Regional Health Director (RHD) of North Bank Region and District Health Teams (DHT) of Central and Upper Badibu will be informed of the planned distribution as soon as the nets have been purchased.

To prepare for net distribution, a household level bed and residents survey will be conducted in all the villages by public health officer (PHO) and community health nurses (CHN) responsible. They will collect, for each compound, the name of the compound head, the number of people living in the compound, the number of beds and if there are more than 5 beds, the name of the household heads. The data will be used to prepare lists for distribution and for random selection of compounds / household for the post-distribution surveys.

Nets will be received in country and cleared by the Department of State for Health. Once in country, the nets will be delivered to Illyasa Health Centre and be held under the responsibility of the PHO.

Soon after the nets arrive in the country, the pre-distribution village meetings will be held in two central villages to inform the community leaders of the reasons behind the net distribution and the timings. The meetings will be lead by members of the DHT and NMCP, under the direction of the RHD.

**12. Please describe how the bednets will be distributed and by whom. Please give detail. Please indicate over what time period (typically, the number of days or weeks) the distribution will occur.**

The nets will be transported to the villages from Illyasa HC in two batches at the agreed times. All packages will be cut open before distribution to reduce the possibility of resale. In a central location in each village the PHO or the CNH will supply nets to the compound head, or household head if the compound has more than 5 beds, according to the survey list. All recipients will sign or fingerprint the list to confirm receipt. The village health worker and traditional birth attendant of each village will assist in the distribution process. Distribution will be completed in two days.

**13. Please describe the malaria education component of the distribution. Please give a detailed answer.**

Malaria education will be given at the pre-distribution village meetings and at distribution as detailed in the Gambian Malaria Strategic Plan. This includes the need for everyone, and not just the most vulnerable, to protect themselves from malaria, the role of the vector and why the ITN work, when and how to use the ITN and recognizing malaria and the importance of prompt treatment.

**14. Please confirm: a) you will conduct immediate post-distribution follow-up to assess the level of usage (hang-up %) of the nets; b) this take place within four weeks of the distribution; c) you will provide us with the findings.**

a) a post-distribution survey will be made on a random sample of 20% of the nets by the PHO and CHN.

In addition two focus group discussions will be held to assess understanding of ITN use, especially on use by everyone and not just the young children. These will be conducted by an independent social scientist.

- b) these will take place within 4 weeks of distribution
- c) the findings will be provided to AMF

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

A post-distribution summary will be written, illustrated and sent to AMF.

**16. Please confirm you will send us, post-distribution, at least 60 digital photos per sub-location\*, taken at the distribution/s, to be added to our website as we report on the distribution to donors.\*\***

This is a small scale donation comprising of one sub-location. We will take the required number of photos. In the village meeting before distribution community consent will be sought to take and use photos and video film. Verbal consent will also be sought from each subject photographed or resident of houses for room photos.

**17. Please confirm you will provide at least 15 minutes video footage from each sub-location. It does not need to be 'broadcast' quality and can be taken with a handheld digital video camera.\*\***

This will be provided.

**18. Please confirm: you will carry out longer-term Post-Distribution Reviews (PDRs)\*\* to assess the level of usage (hang-up %), correct usage and condition of the nets; b) this will take place 6, 18, 30 and 42 months after the distribution of the nets; c) you will provide us with the findings.**

a) Post-distribution surveys random sample of 20% of the nets by the PHO and CHN [3days per diem and fuel] near the time points requested, please see b0 below .

At one of the time points, during the malaria season the FGD will be repeated

b) These will take place at approximately 6,18,30 and 42 months post-distribution, but timed so as to fall in the malaria season (July to November).

c) The findings will be provided to AMF

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

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\*Sub-locations are mutually agreed and are typically a portion of the total distribution ie A 20,000 net distribution, for photo and video reporting purposes, might be divided into 5 sub-locations.

\*\*Information on the provision of photos, video, Post-distribution Summary and Post-Distribution Reviews is included in the attached document.

Ends—

**THANK YOU!**