



Summary

# of LLINS	Country	Location	When	By whom
2400	The Gambia	Central River Division	Jun 2010/Jul 2010	Smilegambia

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.)

Bed net Counting in Sami

No	Name of Village	Population 2009 proj	Number of beds
1.	Jarume Koto	1, 361	743
2	Manna	338	210
3	Lamin Koto	642	200
4	Jamal Nyangado	366	200
5	Jamal Babou	273	200
6	Lamin Koto Badala	287	187
7	Jamal Tamsir Kah	536	130
8	Salikine	225	87
9	Jamal Tamsir Secka	85	63
10	Jamal Malick Barry	116	49
11	Jamal Berreh	93	32
12	Jamal Kebba Jobe	46	18
13	Kolikunda	306	181
14	Sotokoi	289	79
	Total		2369

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

This is a rural area of Sami district in the Central River Region of The Gambia. This is a high malaria endemic area of the country. The communities reside about one to two Kilometres alongside the river and lakes otherwise known as riverside or swampy areas. They are predominantly engaged in rice cultivation and animal husbandry. There is abundant stagnant water in the lakes and rice fields due to high rainfall and tidal water from the river. The environment is therefore conducive for a potential mosquito breeding almost throughout the year.

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

Yes this is considered a high risk malaria area. Close proximity to The River Gambia and near to rice fields exposes residents to risk. High incidence in the past with low support of good quality long lasting insecticide treated nets for some vulnerable groups such as children under five and pregnant women. As malaria is endemic in this area, everybody is at high risk. Therefore ITN intervention should cover not only the vulnerable but the entire population

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.

Exact statistics are very difficult to obtain. After extensive conversations with health teams in Jan Jan Bureh, the main clinic locally, it was agreed that the incident rate was very similar to that of Smilegambia's previous distribution in the adjacent region supported by Against Malaria. This is a very rural area where many cases of malaria go unreported with severe cases leading to death often not reported formally and frequently not accurately diagnosed.

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.

This distribution would be targeting the entire population at risk of malaria. It is blanket coverage.

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

Apart from the few people in the vulnerable groups (children less than five years and pregnant women) who may have benefited in getting LLNs from Reproductive and Child Health Clinic (base and outreach RCH clinics), ITN coverage is relatively low. However, those with conventional nets may have benefited from mass impregnation of nets with insecticide (KO- thrine) in 2008. Both LLNs and mass ITN usage are below 60%. This region was missed by Smilegambia distribution two years ago and there has been no recent distribution beyond that indicated above. No recent impregnation programme.

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 National Malaria Control Program (NMCP) is gradually expanding LLN coverage to the entire population at risk. Partners are encouraged to support this blanket coverage initiative. Smilegambia has been given a green light to cover this area. In 2008, Smilegambia has distributed 5,700 LLNs in some communities of Sami District. This is a continuation of

support to cover those areas which were not previously covered. Dr Mamo Jawla, patron of Smilegambia, in consultation with Mr Karanba Keita, former head of the Central River Regional Health Team in Bansang and Mr Malang Fofana, Head of NMCP, decided that LLNs should be distributed to affected communities in Sami district.

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 following have been consulted and have agreed to this proposal: 1. Mr Malang Fofana ([malangsfofana AT yahoo.com](mailto:malangsfofana@yahoo.com)) - Head of the National Malaria Control Program, 2. Mr Amadou Kanteh ([ambkanteh AT yahoo.co.uk](mailto:ambkanteh@yahoo.co.uk)), Public Health Officer, Regional Health Team CRD, Bansang, 3. Mr Sana Sambou ([sanamsambou AT hotmail.com](mailto:sanamsambou@hotmail.com)), Head, Epidemiology & Disease Control, Ministry of Health, Banjul

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.

Mr Momodou Lamin Manneh, Head of RHMT, Bansang, CRD. C/O of Mr Amadou Kanteh, PHO Tel: 00 220 985 81 50 (not able to obtain e mail but awaiting information)

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

Yes, nets will be free

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?

Nets will be shipped to be received by Gambia Red Cross, who have agreed to receive nets, and handed over to the NMCP. NMCP, Smilegambia Patron, Dr Jawla, & Mr Sana Sambou will receive the nets and transport them to RHMT CRD..

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.

RHMT in collaboration with the officer in charge of Janjan Bureh Health Centre will hold a sensitisation in the beneficiary communities, call heads of the villages and deliver the nets. Teams of volunteers will also assist the distribution. These will come from the targeted villages but also from an experienced group from the Kunting Association who supported the last distribution so successfully. This will be monitored by a team from RHMT, and Jan jan Bureh Health Centre

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

RCH base and outreach clinics will give continuous malaria health education before each clinic session begins. One to one malaria prevention methods will be delivered to malaria

victims during treatment. Emphasis will be on correct ITN/LLN usage. During sensitisation of beneficiary communities, ITN use and environmental management will be discussed. As in our last distribution local Heads will be called together to publicise the distribution. Educational talks will introduce the distribution to the communities with dramatic reconstructions used as a means of teaching effective use of the nets. Teachers in local schools will also be targeted to support this work.

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.

Yes

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

Yes, details of distribution and a summary report will be sent to Against Malaria Foundation.

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.**

Yes

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.**

Yes

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.**

Yes

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—
YOU!

THANK