



Summary

# of LLINS	Country	Location	When	By whom
250	Ghana	Kojina, Western Region	Feb 2011	Ghana Health and Education Initiative

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.)

250 ITNs to the village of Kojina.

Sefwi Bekwai, located about 2 miles away, is the largest town for which longitude and latitude can be determined:

Latitude: 6.12 / 6.2000000000 ; Longitude: 2.20 ; - 2.30000000000

(according to google maps)

Sefwi Bekwai, Western Ghana. Link:

<http://maps.google.com/maps?f=q&hl=en&geocode=&q=sefwi,+bekwai,+Ghana&sll=37.0625,-95.677068&sspn=31.922255,59.501953&ie=UTF8&ll=6.227934,-2.326355&spn=0.625252,0.929718&z=10&iwloc=addr>

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

Rural, ~500

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

Malaria is the greatest health burden to children in the Bibiani District, located in the rural Western region of Ghana. We consider this a high risk community, as it is located in a heavily rainforested area, providing opportune grounds for mosquito breeding and thus the health burden of Malaria. This is based on climate, overall health burden as confirmed by midwives, doctors, and district health professionals in the Bibiani District.¹

¹ Based on 2007 Needs Assessment/Baseline Data approved through UCLA IRB under ID #G07-02-043-01

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.

Malaria is the number one cause of both outpatient visits and hospital admissions in the Bibiani District, with 30,806 cases and 1,844 hospital admissions in 2004 (Bibiani Government Hospital Annual Report, 2004). Mortality statistics are not available. According to Mr. Anim, the Medical Assistant who provides care to over 15,000 people, "malaria is the greatest health problem facing our community, especially young children." (interview, February 2008).

We plan to collect data from clinic records of malaria cases, although we have serious concerns about how useful they are as a measure of malaria incidence. This is because the clinic serves multiple villages, usually does not diagnose using RDT, and the village population comfortable visiting the clinic fluctuates over time depending on the available practitioner. Many cases are self-diagnosed and treated in pharmacies. The clinic is also in the midst of redesigning the data they collect.

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

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

In our survey in the neighboring village of Humjibre in December 2009, net usage was 23% in the entire population and 34% in children under age 5.

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.

Preliminary research conducted (in one village) in this region in June 2007² indicates less than half of this high risk population has access to ITNs and only 14% of those with access use an ITN regularly. Given the rural location and limited resources in the area, the primary source of access and/or existing bednet distribution programmes come from bi-annual child wellness campaigns, coordinated by the government and National Malaria Control Programme.

Key informant interviews from this June 2007 study further suggest that this distribution is not sufficient, and that further resources are needed (i.e. bednets and education programmes) to assist the government in their efforts.

² The study conducted in June 2007 was approved through UCLA IRB under ID #G07-02-043-01

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.

We have discussed our work with the National Malaria Control Programme, and they are also aware of our research focus, as is Kwame Nkrumah University of Science and Technology, located in Kumasi, Ghana, who approved our work through their human subjects committee prior to the baseline study conducted in the summer of 2007.

Contact:

*SYLVESTER SEGBAYA **
National Malaria Control Program
Ghana
tel: 233-244-976-013
email: ssegbaya@yahoo.com

* I don't know Sylvester's specific position within NCMP.

NCMP has been notified of this specific distribution proposal, as we cannot follow through with the distribution without nets. Therefore, as stated they are aware and support our work in the village of Surano, and will be involved with overseeing any further activity in the district.

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.

Dr. Amoabeng, District Health Director, Bibiani District Administration, PO Box 108, Bibiani, Western Region, Ghana.

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

They will be distributed for 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?

Prior to any net distribution, we collect baseline ownership and usage data. For the village of Kojina, we will also collect basic census data.

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 bednets will be distributed based on a Community Health Worker model that has been successful in our experience. Community Health Workers, led by a community leader and supervised by GHEI's Program Director and Health Program Coordinator, will be employed for this effort. The CHW (working individually or in teams of two) will approach each house in the entire village, ask if they would like to learn about malaria and receive nets, will then educate all members of the household using a previously piloted flipchart

developed locally, determine the number of sleeping areas and hang all nets for the families.

It would take our team of 6 CHW's approximately 3 weeks working full time to distribute bednets to Kojina.

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

Household members learn about malaria during a 15 minute small group in-home presentation by our community health workers.

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.

We will not do immediate data collection, but will do regular follow-up at the households monthly to support household members.

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

We will send a post distribution summary.

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.**

We will send 60 digital 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.**

We will send 20 mins of video footage

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.**

We will conduct post distribution surveys annually in line with the rest of our evaluations in other villages. We will, however, have continual support to households.

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

Diana Rickard, MD , Executive Director, Ghana Health and Education Initiative (GHEI), 5243 Yarmouth Ave, #28, Encino CA 91316; [drick001 AT gmail.com](mailto:drick001@gmail.com); 310 570 0916.

*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