



ANNUAL PROGRESS REPORT (1st Year)

Phalombe Malaria Communities Project

Date of submission: 30 th October 2009	Project number: GHS-A-00-08-00007-00
Reporting period: 1 st October 2008 to 30 th September 2009	

Heading of intervention, site/area: Phalombe Malaria Communities Project, Phalombe District, Malawi	
Funding Agency / organisation: USAID	Contact person: Ms Megan Fotheringham
Partner organisation in country of intervention: Concern Universal	Contact person: Samson Hailu

A. Main Accomplishments

Concern Universal (CU) is implementing the Malaria Communities Project in Phalombe District situated in the Southern Region of Malawi. The overall objective of the project is to reduce malaria associated mortality and morbidity by 50% compared to the level at the start of the project. The project's specific objectives are: (i) Increased community awareness and knowledge on malaria prevention, treatment and case management; (ii) Promotion of correct and consistent use and treatment of Insecticide-Treated Nets (ITNs); (iii) Increased access to Intermittent Preventive Treatment (IPT); and, (iv) Building the capacity of indigenous organisations in malaria management.

The project has made a number of accomplishments during the first year in relation to the work plan.

- i. With the support of Phalombe Malaria Communities Project, communities have increased access to vital information on malaria prevention and case management. In collaboration with partners, the project has facilitated increased access to ITNs by children that are under five years of age and pregnant women from Government and Christian Health Association of Malawi (CHAM) health facilities.
- ii. Currently, the number of women and caregivers that take their children to health facilities and village clinics that are managed by Health Surveillance Assistants (HAS), has increased by 10% within the year compared to the previous years, an indication that more and more mothers and caretakers are now beginning to seek treatment at health facilities once they notice that their child has fever. The increase in mothers adopting a positive care seeking behavior can be attributed to the fact that the project is reaching out to remote, isolated and marginalized communities with malaria prevention and control messages through community-based malaria campaigns and regular home visits that are carried out by trained community health volunteers and health workers.
- iii. During the reporting year, approximately 5,000 mothers were reached with messages on the importance of prompt care seeking for a suspected malaria episode for a child from a health facility; 2,500 pregnant women were reached with messages on IPT through health talks and home visits conducted by HSAs; and 166,000 people were reached with messages on use of ITNs and importance of treating ITNs during the open air mass campaigns that were conducted in the communities and seven major trading centres in Phalombe.
- iv. The project has successfully mobilized communities to actively participate in project activities in the project area. All local government decentralized structures such as the District Executive Committee (DEC), six Area Development Committees (ADCs), 46 Village Development Committees (VDCs) and 4,780 Village Health Committee (VHCs) members have been oriented in malaria prevention and case management and regular quarterly meetings were conducted to review project progress.

- v. A project monitoring system for IPT has been established and is in use. Thirty HSAs have been trained in community IPT for pregnant women and have since developed a strategy on how to implement community IPT in their respective communities.
- vi. The project team and district partner representatives have been trained in GIS/M&E system on malaria activities. The two systems have been linked and will enable the project to make database maps that can be easily interpreted and understood at community level by local leaders, health workers and the community at large.
- vii. The project, in collaboration with district stakeholders, has developed a malaria communication strategy. With technical assistance from the National Malaria Control Programme (NMCP), the malaria communication strategy was finalized and shared with stakeholders in the district. Key malaria prevention and control messages have been developed and adopted for production of Information Education and Communication (IEC) materials on ITN use, IPT and case management.
- viii. A baseline survey on Knowledge, Coverage and Practice (KPC) on malaria prevention, control and case management was conducted with assistance from an external consultant Mr. G. Bello, an experienced epidemiologist and researcher for Community Health Sciences Unit of Ministry of Health. Colleagues at USAID and Macro International have also provided valuable inputs in the design of the KPC survey and the interpretation of the survey results. A KPC survey report was shared with PMI partners and district stakeholders. KPC survey results revealed gaps on behavioural change and highlighted the need for IEC and Behavior Change Communication (BCC) to promote consistent use of ITNs and early treatment seeking for malaria by mothers and care takers using traditional methods of information dissemination. The project has mobilised and trained local traditional dancers and drama groups to disseminate malaria intervention messages. These messages focus on increasing and correct use of ITNs and net re-treatment, early attendance to antenatal care services by pregnant women and uptake of SP for IPT, and recognition of malaria danger signs and symptoms and prompt health seeking behaviour and correct treatment with LA.
- ix. The recruitment of project staff members was completed by January 2009. The project hired a Project Director, a Monitoring Coordinator, five Community Facilitators, an Accountant and two Drivers. CU recruitment procedures were followed during recruitment of the project staff and new staff members were hired through a transparent and competitive process and on merit. Orientation of staff members was carried out successfully. Procurement of vehicle, office equipment and motorcycles was done within the second and third quarters.

Activity Implementation Matrix

Project objectives	Indicators	Key Activities	Status of Activities	Comments
<p>Increased community awareness and knowledge on malaria prevention, treatment and case management</p>	<p>Number of local leaders and VHC members oriented on malaria prevention and treatment</p> <p>Year 1 Target: 460 local leaders 4,600 VHC members</p> <p>Year 1 Actual: 478 local leaders 4,780 VHC members</p>	<p>1.1 Conduct KPC survey</p> <p>1.2 Conduct traditional leaders (ADCs and VDCs) and VHC orientation meetings on malaria prevention and treatment</p>	<p>KPC baseline survey conducted and report disseminated to all stakeholders including PMI partners.</p> <p>478 ADC/VDC members oriented; 46 sessions of orientation meetings conducted; 4,780 VHC members oriented in malaria prevention and treatment</p>	
	<p>Number of types of IEC materials developed or adapted and distributed</p> <p>Year 1 Target: 600 Posters, 250 T/shirts 10,000 flyers 3 bill boards</p> <p>Year 1 Actual: 600 posters, 250 T/shirts 10,000 flyers 1 billboard</p> <p>Number of primary target group that receives copies of at least 3 types of IEC materials from the project.</p> <p>Year 1 target: 3,000 Year 1 actual: 4,283</p>	<p>1.3. Develop and distribute IEC materials on malaria prevention, treatment</p>	<p>600 posters; 10,000 flyers and 250 T/shirts developed and are being distributed to various target groups and sites</p> <p>1 bill board artwork developed and awaiting erection at Phalombe.</p>	<p>There was a delay with the design of billboards and identification of sites where they should be erected. Artworks have been developed and this work will be completed by the first quarter of the second year. Only 1 (instead of 3) metal billboards will be erected due to very high costs. However, a number of smaller billboards made of bricks will be erected in strategic locations throughout the District in Year 2.</p>

	<p>Number of community campaigns conducted Year 1 target: 46 Year 1 actual: 28</p>	<p>1.4. Facilitate community campaigns to raise awareness on health seeking behaviour, prevention and treatment of malaria.</p>	<p>28 awareness campaigns conducted; 166,000 people reached with ITN treatment and use messages</p>	
	<p>% of mothers with children 0-23 months who demonstrate knowledge on correct administration of LA Year 1 target: 60% Year 1 actual: Not surveyed (NS)</p> <p>% of mothers/caretakers of children aged 0-23 months who have knowledge of basic symptoms of malaria Year 1 target: 75% Year 1 actual: NS</p>	<p>1.5 Conduct health talks primarily at under-five clinics on general case management of malaria including messages about LA and treatment for young children.</p>	<p>1,087 mothers reached with malaria prevention and treatment messages 4,283 care givers of under-five children reached.</p>	<p>A second survey will be carried out at the end of Year 2 to measure progress on those indicators that require a survey approach</p>
<p>Promote correct and consistent use and treatment of ITNs</p>	<p>% of mothers with children age 0-23 months who slept under an ITN most of the time or all the time during the most recent pregnancy Year 1 target: 37.5% Year 1 actual: NS</p>	<p>2.1 Demonstrations on correct use and treatment of ITN.</p>	<p>78 demonstrations conducted on correct use of ITNs</p>	
		<p>2.2 Support malaria health week interventions at community level on malaria prevention and control.</p>	<p>Supported one malaria campaign for ITN treatment. 56,742 (52%) ITNs were treated during the malaria week campaign.</p>	<p>Supply of K.O. tabs was under estimated. This only covered ITNs that were distributed free at health centres leaving out nets that were procured from private shops.</p>

	<p># of demonstrations on correct use and treatment of ITNs carried out at health centres Year 1 target: 65 Year 1 actual: 78</p> <p># of pregnant mothers who attended demonstrations at antenatal clinics Year 1 target: 3,000 Year 1 actual: 3,782</p> <p>% of ITNs treated during one campaign Year 1 target: 47.7% Year 1 actual: 52%</p> <p># of drama groups or bands reoriented/trained in theatre for development on use of ITNs Year 1 target: 12 Year 1 actual: 12</p>	2.3 Reorient 12 drama groups and local bands to reflect demand creation and use of ITNs	12 drama groups oriented in TFD and are holding drama performances in the community	
Increased access to IPT (by pregnant women)	% of mothers of children age 0-23 months who received at least 2 doses of IPT for malaria during the pregnancy with the youngest child (<2yrs old) Year 1 target: 57.5% Year 1 actual: NS	3.1 Inform pregnant women & mothers through ANC, TBAs, IEC materials, talks etc about the importance of IPT	3,782 pregnant women reached with IPT messages	
		3.2 Conduct health talks on IPT	280 health talks conducted 3,782 pregnant women reached with IPT messages	This is an on-going activity, hence more talks have been done than targeted

	<p>% of pregnant mothers reached with IPTp messages Year 1 target: 10% Year 1 actual: NS</p> <p>% of women attending antenatal clinic that cite IPT as a necessary treatment during pregnancy Year 1 target: 10% Year 1 actual: NS</p> <p>% of TBAs trained to counsel pregnant women to obtain treatment Year 1 target: 100% Year 1 actual: 100%</p> <p>An IPT monitoring system established Year 1 target: 1 Year 1 actual: 1</p>	<p>3.3 Train 36 HSAs in malaria case management and IPT</p> <p>3.4. Establish a monitoring system for IPT in each health facility in collaboration with HSAs</p>	<p>38 HAS's trained in community IPT and case management</p> <p>A robust monitoring system established in collaboration with local government partners (MoH) and CHAM</p>	
Build the capacity of indigenous organisations in malaria management	<p>% of VHC members trained in malaria diagnosis, treatment, prevention and control, and malaria cycle Year 1 target: 2,300 (50%) Year 1 actual: 4,780 (100%)</p>	<p>4.1 Conduct training sessions to train VHC members in malaria prevention and case management</p>	<p>4,780 VHC members oriented in malaria prevention and treatment</p>	<p>More than targeted VHC members trained. 10 additional VHCs were formed through community elections in ten villages that had no VHCs</p>
	<p>% of HBC volunteer groups trained in malaria</p>	<p>4.2 Conduct 23 training sessions to train volunteers & HBC members in malaria</p>	<p>230 CBO members trained in malaria prevention and case management</p>	

	<p>prevention, control and treatment</p> <p>Year 1 target: 23 (50%)</p> <p>Year 1 actual: 23 (50%)</p> <p>% of TBAs trained in malaria prevention interventions including IPTp and correct and consistent use and treatment of ITNs</p>	<p>prevention and case management</p>	<p>8 training sessions conducted</p>	
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B. Factors that Impeded Progress

One of the impediments to the success of malaria prevention and control efforts was inadequate supplies of KO-Tabs for ITN re-treatment during the ITN dipping campaign. This has in a way hindered the success of Objective 1 of the project. Therefore, the project will explore options to source 55,000 KO –Tabs 1, 2, 3 from NMCP in order to conduct a mop up ITN treatment campaign for the remaining registered ITNs.

There were also stock outs of SP in three health facilities between May and June 09 which had an effect on IPT uptake thus posing a challenge to the achievement of Objective 3 that strives to increase coverage on IPT. The issue was taken up to the DHO in order to make available supplies of SP to the affected health centres.

In a few communities it was noted that some patients were not adhering to treatment course for LA. These patients attributed the behavior due to the fact that they were used to taking only three tablets of SP previously and now it is very difficult for them to take more than 20 tablets or give 8 tablets to under-five children to treat malaria. The project has intensified carrying out of community-based campaigns emphasizing on the importance of adherence to malaria treatment.

The project also experienced staff turnover with two of the five Community Malaria Facilitators resigning after a few months of service each. One of the two positions has already been filled and the second will be filled in a couple of weeks. CU will now prepare a reserve list of suitable candidates for the position so that future vacancies will be filled within the shortest possible time.

The reimbursement payment system that was in place during the first half of the year caused cash flow challenges but USAID has addressed the issue by changing the system to advance payment and the change has been really helpful and appreciated.

C. Technical Assistance

The project engaged an external consultant to carry out a KPC baseline survey. Mr. George Bello was assigned to lead the survey. Mr Bello is an experienced epidemiologist and researcher affiliated to Community Health Sciences Unit of the Ministry of Health. Project staff and stakeholders benefited through gaining knowledge and skills in conducting interviews, sampling and relating the indicators with the questionnaires of the survey. Staff and stakeholders were trained in survey design, data collection, checking and understanding of the survey results. The recruitment of the consultant was done in consultation with USAID.

CU staff and stakeholders received technical assistance and training for the designing, data collection and entry of GIS mapping data using GPS machine. Mr Wellington Kafakalawa provided the technical assistance to the project staff and stakeholders. He has a Masters Degree in Geo-Informatics (GIS and Remote Sensing), obtained from International Institute for Geo-Information Sciences and Earth Observation (ITC), The

Netherlands. This GIS monitoring system has been linked to the malaria M&E system. The training and data collection was conducted between 23rd and 28th September 2009 in Phalombe District. The GIS mapping system will assist the project to produce M&E malaria intervention maps that are easy to interpret and understand, especially for the some of rural people who have low level of literacy.

Project Director attended training in message design and development of the malaria communication strategy that was organized by NMCP in May 2009 at Andrews Hotel in Mangochi. Ms. Carol Larivee of Communication for Change (C-Change) Program, Academy for Educational Development, provided technical guidance towards the development of the communication strategy.

The project also sought technical assistance from the NMCP while developing the malaria communication strategy for Phalombe District. The NMCP approved that strategy and it is now in use.

D. Specific Information Requested

The project was requested to come up with baseline data on ITN use and IPT for children aged 0-23 months and mothers with children aged between 1 and 23 months old. This is a recommended age group in the PMI indicators hence the need for the project to have baseline information on it. The project requested the consultant, Mr. George Bello, for the KPC baseline survey to re analyse the data and provide this information. This was successfully done and results have since been incorporated into the project M&E indicator matrix.

The project also requested USAID for assistance to identify a consultant to provide technical assistance to the project to review its M&E system. USAID provided a list of M&E experts who have been contacted by the project to provide the service. Consultancy proposals are being sent to CU from the prospective consultants for final selection. The review will be carried out during the first quarter of the second year.

E. PMI Team Collaboration In-country

Collaboration between CU and the PMI team has been very good and enriching to the project. Project representatives attended all PMI partners' meetings during the reporting year. The PMI partners' meetings are chaired by Ms Katherine Wolf, from the USAID Mission in Lilongwe, Malawi and each partner organization was given an opportunity to present project progress. The forum also provided an opportunity for partners to collaborate and fill necessary gaps in their activities in relation to the malaria prevention and control strategies, goals and policy. During the meetings, the NMCP was represented and provided technical information that is vital for linkages and implementation of malaria activities by partners. Some of the activities that the project has been fully involved with the PMI team are:

- The project was introduced to the NMCP through the PMI team in Lilongwe. Following this introduction, the Project Director and CU Country Director organized a meeting with the NMCP and HEU officials, Mr. John Zoya, Mr. Hector Kamkwamba and Mr Daniel Maseko in Blantyre in February 2009. Issues regarding project goals and strategies were discussed and the NMCP officials included CU into the PMI team that was going to develop the country malaria communication strategy. Also issues pertaining to the project's KPC baseline survey results were discussed during the meeting.
- In March 2009, the project was represented at a malaria message designing workshop organized by NMCP for PMI partners in Mangochi. This workshop laid a foundation to the development of the national malaria communication strategy in May 2009 in which the project was also involved.
- During malaria week campaign, the project worked with the DHO and NMCP to treat ITNs with the new K.O. TAB 1,2,3. The project assisted in resource mobilization, community mobilization and supervision of ITN treatment campaign in July 2009. NMCP supplied the district with K.O TAB that was used to treat the ITNs, while Phalombe DHO coordinated all logistics, human resources and trained personnel on how to implement the ITN treatment campaign.
- The project also with assistance from PMI partners in June 2009 developed a five – year district malaria communication strategy for Phalombe for 2009 to 2013.

F. Other Relevant Aspects

The project conducted a joint supervision with the DHO and CHAM to 12 health facilities in Phalombe in August 2009. The supervision report has been shared with stakeholders and has assisted in identifying gaps and challenges in some health facilities that were presented to relevant partners and the health facility management staff for improvement. Major issues that were noted include the following:

Case management;

- Two health facilities registered stock outs of the 2x3 LA in March 2009
- One case of adverse side effects of LA was report from one health centre
- Two cases of treatment failure with LA were reported at two health centres

IPT in pregnancy

- Some health facilities were not practicing DOT for IPT due to unavailability of DOT materials at the health facilities.

ITN distribution

- A few centres were not recording in stock cards the ITNs returns that were issued to health personnel for distribution at outreach under-five clinics. This was viewed as a potential risk for abuse of ITNs by health personnel.

BCC/IEC

- Of the IEC materials found at the facilities: those on IPT were predominant

- Posters were the major type of IEC material followed by leaflets
- Though the posters were available some were not pasted on walls strategically for mothers and pregnant women to read/see them.
- 30% - 40% of posters had messages written in English, a language not suitable for rural communities due to low literacy levels.

The Ministry of Health trained 39 HSAs in management of village clinics in Phalombe District. This has assisted in malaria diagnosis and prompt treatment of fever and malaria amongst under-five children at community level in the district. This development has assisted to curb occurrences of complicated malaria cases.

Training of VHCs and CBOs has assisted in enhancing home visits and conduct health education directly to family members, a thing that has increased understanding on malaria issues by community members.

G. Published Papers or Presentation at Major Conferences or Events

The project has not as such published any papers. However, the KPC survey report was presented at a national workshop and it attracted a lot of interest particularly around BCC issues. A district malaria communications strategy that the project facilitated was also presented at a national workshop.

H. Stories

ALLAN MCHAWA TRANSFORMED AFTER ATTENDING VHC TRAINING ON MALARIA

My name is Allan Mchawa, 29 years old from Njovu village. I am a member of Zanjo VHC. I am married with two children (boys), aged 3 years old and 4 months old. I came here to attend this training organized by CU in malaria prevention, control and treatment. I am happy that I have attended this training because in my village there are a lot of problems concerning malaria. One of the problems people face in my area are the distance from my village to the health centre is long and this forces people to seek treatment from witch doctors or take traditional medicines once they are attacked by malaria. My village is close to Lake Chilwa and there are a lot of mosquitoes in the village. There have been a lot of deaths in my village because of malaria and the recent one happened on 27th August 2009. A three-year old child died because he was taken to hospital late.

The knowledge I have gained through this training will assist me to disseminate messages to people in my village that together we can make malaria history and that malaria deaths in our village can be prevented. I will disseminate these messages through village meetings and I will also use some gatherings by the Village Head such as village courts to disseminate malaria messages. I am happy that now we will work closely with our Village Headwoman who was fully involved in the training and I believe mobilization of people in my village will be simple since I will have the support of my local leadership.

Photo – 1: Allan Mchawa (centre) during group discussion sessions during one of the VHC training in Njovu Village, Phalombe, MALAWI. (Photo by Edward Kamvakonola, Community Malaria Facilitator, Concern Universal)

Photo – 2: Jessie and Glory with their mosquito net (Photo by Esther Chirambo, Community Malaria Facilitator, Concern Universal)



NO MORE FREQUENT MALARIA ATTACKS TO JESSIE AND GLORY



Jessie (2) and Glory (4) are clever girls who have learnt to use an ITN every night to prevent themselves from malaria. Their mother, Maurine aged 29 made sure that she collected a net from Phalombe Health Centre for her children. ‘I have taught my girls how to unfurl the net for correct use. Even when I am not at home, they know how to use the net and always remember to use it every night. Since my children started sleeping under an ITN ten months ago, they have never experienced any malaria attacks. Before I discovered the trick, my girls were frequently suffering from malaria and they were frail, but now they are very healthy and happy’. Jessie attends pre-school classes and Glory is in the first class of primary school. They are both doing fine in school.

**MAP OF PHALOMBE DISTRICT:
Showing health facilities**

