



ANNUAL PROGRESS REPORT

(2nd Year)

Phalombe Malaria Communities Project

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Heading of intervention, site/area: Phalombe Malaria Communities Project, Phalombe District, Malawi

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Glossary of abbreviations

ADC	Area Development Committee
AIDS	Acquired Immune Deficiency Syndrome
AMF	Against Malaria Foundation
ANC	Antenatal Clinic
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CHAM	Christian Health Association Of Malawi
CU	Concern Universal
DBU	Development Broadcasting Unit
DHO	District Health Officer
FANC	Focused Antenatal Care
FBO	Faith Based Organisation
FGD	Focused Group Discussion
GIS	Geographical Information System
HBC	Home Based Care
HIMS	Health Information Management System
HIV	Human Immune Virus
HSA	Health Surveillance Assistant
IEC	Information Education Communication
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
LA	Lumefantrine- Artesunate
LLINs	Long Lasting Insecticide Treated Nets
MAC	Malaria Alert Centre
M&E	Monitoring and Evaluation
MICS	Multiple Cluster Indicator Survey
NICE	National Initiative for Civic Education
NGO	Non Governmental Organisation
NMCP	National Malaria Control Programme
PLHIV	People Living With HIV
PMCP	Phalombe Malaria Communities Project
PME	Project Monitoring and Evaluation
PMI	Presidents Malaria Initiative
PMTCT	Prevention of Mother To Child Transmission
PSI	Population Services International
RDT	Rapid Diagnostic Test
TFD	Theatre For Development
UK	United Kingdom
USA	United States of America
USAID	United States Agency for International Development
VDC	Village Development Committee
VHC	Village Health Committee

A. Main accomplishments

This section outlines the main accomplishments of the Phalombe Malaria Communities project during the 2009/2010 financial year which is the second year of project implementation.

Concern Universal (CU) is implementing the four-year 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 baseline. 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 made the following accomplishments during the second year in relation to the work plan as follows:

- i. During the second year (October 2009 to September 2010), the district recorded 186 deaths of children of under five years of age due to malaria from a total of 160,354 episodes of clinical malaria cases were recorded at health facilities and village clinics in Phalombe district¹. 218 deaths of children of under five years of age were recorded during 2008/2009 financial year from a total of 136,879 registered episodes of malaria cases. The project noticed an 8% reduction in mortality among children of less than five years during the year compared to the same time during the first year². The increase in number of clinical malaria cases registered at health facilities during the year could probably be attributed to increased awareness on malaria and improved health seeking behavior among the population (although this cannot not be ascertained objectively).
- ii. The project conducted 15 video shows on malaria case management in the district. The shows were attended by 2,600 women and 123 men that were reached with messages on adherence to malaria treatment and correct dosage of Lumefantrine- Artesunate (LA) for different age groups. Video shows have proved that they trigger interest and understanding among relatively illiterate audiences as such is a useful tool that is used to engage the audience into discussions on malaria issues. Video shows provide edutainment that facilitates internalization of malaria prevention messages.
- iii. The project made a total of 71,031 contacts with mothers/caregivers of children under five years with messages on malaria prevention and case management through 125 community campaigns and 12 road shows during the year. 53,765 mothers and care givers including 6,048 pregnant women were reached with messages on malaria prevention through health talks at health facilities. 18,974 mothers and 714 pregnant mothers were reached through home visits conducted by volunteers and Health Surveillance Assistants (HSA). A total of 15,000 people were reached with messages on use of ITNs during public cycle for life mass campaign that was organized in February 2010. On average over 94% of the target audience has been reached with malaria messages in the second year using different media.

¹ HMIS records

² Integrated Disease Surveillance and Response report (IDSR), Phalombe DHO, August 2010

- iv. The project received a donation of 9600 Long Lasting Insecticide Treated Nets (LLIN) from Against Malaria Foundation during the year. These nets have been distributed to 36 villages under Migowi health centre catchment area that has a population of 21,000. The free nets distribution has increased household ownership of LLINs in the area to over 98%. The project will conduct post- distribution monitoring and evaluation to assess the impact of LLIN distribution on malaria incidences. It is anticipated that the availability of more nets in the community will increase utilization and subsequently lead to a reduction in malaria cases.
- v. The project also established good relationship with National Malaria Programme and Ministry of Health. The then Secretary for Health, Mr. Chris Kang'ombe visited the project as the guest of honour during cycle for life campaign and he was accompanied by the Director of Preventive Health Services for Ministry of Health and the Director for National Malaria Control Programme. This campaign brought together 213 cyclists mobilised from the communities who cycled for a distance of 18 kilometers. Approximately 15,000 people who gathered at four main trading centres were reached with malaria prevention and case management messages through this campaign.
- vi. In a bid to enhance the capacity of indigenous organisations to actively participate in implementing malaria prevention activities, the project trained 53 Faith Based Organisation (FBO) members from 8 registered FBOs in Phalombe district in malaria prevention and control. The Project also trained 10 health workers in focus antenatal clinic (FANC) in order to improve their skills in provision of antenatal services. The project expects to achieve improved antenatal services after this training and increased attendance at ANCs and uptake of IPT 2.
- vii. The project has also trained five Prevention of Mother to Child Transmission (PMTCT) Counselors in malaria prevention in pregnancy. Pregnant mothers who are also HIV positive have a higher risk of suffering from malaria frequently that may lead to pregnancy complications. The training emphasized on the importance of early care seeking for any suspected malaria episode on pregnant mothers. This could enhance malaria prevention and reduce maternal deaths due to malaria during pregnancy.
- viii. During the reporting period, the project printed and distributed the following IEC materials: 600 posters, 600 calendars, 1000 T/shirts, 10,000 brochures. In addition the project also branded 10 walls at health centres with malaria prevention and control messages. The project embarked on wall branding because apart from being effective wall branding is a cheaper, most conspicuous and long lasting form of message dissemination.
- ix. The project commissioned a Mid-term evaluation of the project. An advertisement was made in the public print media calling for prospective consultants to make applications. Only two consulting firms made applications. Both were not found suitable due to a limited experience in the subject. The project contacted the consultant who conducted the baseline survey (George Bello). He showed interest to do the Mid-term evaluation and he has partnered with Dr Eric Umar of College of Medicine in Malawi. Data collection has been completed and it is being analysed. The project will send the Mid-Term evaluation report to USAID when it is completed.

Activity Implementation Matrix

	Indicators (include current measurement or result)	Key Activities (as outlined in the workplan)	Status of Activities (including outputs)	Comments
Objective 1 <i>Increased community awareness and knowledge on malaria prevention, treatment and case management</i>	<p><i>% of mothers with children 0-23 months who demonstrate knowledge on correct administration of LA</i> Year 2 target: 75% Year 2 actual: Not surveyed (NS)</p> <p><i>% of mothers/caretakers of children aged 0-23 months who have knowledge of basic symptoms of malaria</i> Year 2 target: 82% Year 2 Actual: (NS)</p>			
	<p>Number of local leaders members oriented on malaria prevention and treatment Year 2 Target: 60 ADC members 460 VDC members Year 2 Actual: 88 ADC members</p>	<p>1.1 Facilitate an external mid – term evaluation of the project.</p> <p>1.2 Orient ADC and VDC members on malaria prevention and control and community M&E</p>	<p>Terms Of Reference were developed and shared with USAID for further inputs. An external consultant was identified to carry out the evaluation.</p> <p>88 ADC and 467 VDC members were oriented in malaria prevention and case management and Participatory Monitoring and Evaluation (PME).</p>	<p>The evaluation commenced during the second week of October. Field data collection is completed and data is being analyzed. A draft report is expected during the second week of November. Both draft and final reports will be shared with USAID for comments.</p> <p>Health Surveillance Assistants (HSAs) facilitated the orientation meetings in their respective areas. ADC and VDC members made a request to be conducting quarterly review meetings in order to keep track of malaria issues in</p>

	467 VDC members			their communities. This activity has been embedded into the Village Action Plans to align malaria activities with the District Council development plans
	Number of quarterly meetings conducted Year 2 target: 64 Year 2 Actual: 53	1.3. Conduct quarterly review meetings with ADCs, VDCs, VHCs, CBOs, FBOs, HBCs and drama groups	53 representing 83% of all planned quarterly review meetings were conducted in the second year. A total of 275 health workers and 900 local leaders and volunteers attended the meetings.	The original plan was to conduct meetings at zone level ³ . The project later changed its strategy for these meetings to hold them at health facility level to allow more partners attend the meetings. This strategy increases the level of participation of stakeholders in the management of the project.
	Number and types of IEC materials developed or adapted and distributed Year 2 Target: 600 Posters/calendars, 1000 T/shirts 10,000 leaflets 3 bill boards, 20 wall brandings Year 2 Actual: 600 posters, 600 calendars 1000 T/shirts 10,000 flyers 0 bill board 10 wall brandings	1.4. Develop and distribute IEC materials on malaria prevention and case management	All IEC materials that the project developed in year 2 were distributed to communities and institutions such as health centres, schools and CBOs.	Distribution of IEC materials is carried out at health facilities during clinic sessions, at community campaigns, during road shows and during health education sessions. Institutions such as churches, CBOs. Bill boards were not erected due to the very high costs involved. 10 (50%) wall brandings were done at health centers instead of planned 20 identified walls due to increased costs of paints and other required materials in the year. The remaining 10 walls will be branded during the third year.

³ Two or three facilities form one zone

	<p>Number of community campaigns conducted</p> <p>Year 2 target: 184 campaigns, 20 road shows, 2 cycle for life events, 1 night of nets campaign</p> <p>Year 2 actual: 125 campaigns, 12 road shows, 1 cycle for life, 0 night of nets campaigns</p>	<p>1.5 Facilitate community campaigns to raise awareness on health seeking behavior, prevention and treatment.</p>	<p>A total of 125 (68%) community campaigns, 12 (60%) road shows and 1 (50%) cycle for life campaign were conducted during second year. Over 71,031 contacts with caregivers of under five children were made with malaria messages in 2nd year.</p>	<p>On average, 65% of the targets have been achieved under this activity. Although the project achieved two thirds of planned activities, the number of targeted population reached with malaria messages has exceeded the set target of 30,000 per year. The communities are fully participating in these campaigns and over 70% of participants are women / mothers. There is a need for the project to put in place strategies that would address gender disparities regarding male participation to the malaria campaigns. The idea has been discussed with the National Gender Coordinator of CU. Activities to address issues of gender in the malaria project have been included in the revised work plan for Year 3.</p>
	<p>Year 2 target: 3000 talks, 30,000 mothers/caretakers reached 350 material guides developed</p> <p>Year 2 Actual: 1201 talks, 53,765 mothers/caregivers reached, 350 material guides</p>	<p>1.6 Conduct health talks at under five clinics, schools, village meetings, church sessions on malaria prevention and case management</p>	<p>1201 health talk sessions were conducted and 53,765 mothers and care givers of which 6,904 were men were reached with malaria prevention and treatment messages.</p>	<p>Though target for number of health talk sessions was not reached for Year 2, the number of people reached has exceeded the target for people reached for the year by 45.7%. Health talks are being conducted at health facilities, outreach clinics, Village clinics, community meetings, home visits, schools and churches.</p>

	<p>Number of households visited Year 2 target: 20,000 house holds With U/5s, pregnant women and PLHIV Year 2 Actual: (18,974) 15, 617 home with u/5s 714 Pregnant women 132 PLHIV homes</p>	<p>1.7 Conduct home visits to raise awareness on ITN use and treatment, IPT and case management</p>	<p>18,974 (94%) home visits were conducted in year 2.</p>	<p>The visits are conducted to households that have children that are under five years, pregnant mothers and people living with HIV. Volunteers and CBO members play a very important role in this activity.</p>
	<p>Number of radio programs aired Year 2 target: 3 Year 2 Actual: 3</p>	<p>1.8 Develop and air community interactive radio programs on malaria prevention and case management</p>	<p>3 radio programmes on malaria prevention and advocacy produced but not aired due to lack of further support to the radio listening clubs. The clubs were supported by the Development Broadcasting Unit of the national radio station which phased out its support to the groups.</p>	<p>The radio listening clubs of Likulezi, Dziwe and Ming'ambo were involved in the production of the programmes but their funding phase came to an end in May 2010 hence rendering them unable to air the programmes. Development Broadcasting Unit (DBU) was the donor for the clubs.</p>
	<p>Number of video shows conducted Year 2 target: 46 Year 2 Actual: 15</p>	<p>1.9 Conduct video shows on malaria prevention and case management</p>	<p>15 video shows were conducted at health facilities. 2600 mothers and 123 men attended the shows.</p>	<p>Unavailability of appropriate infrastructure in the community from which the shows could be made limited the number of participants in this activity and the project team decided to conduct shows at Health Facilities only. Video shows stimulate interest among rural communities and can be used as teaching aids for health</p>

				talks, provides edutainment; Visual aspect is easily internalized by the audiences; has proved to be very effective since people associate video with entertainment
	Number of advocacy meetings conducted with opinion leaders Year 2 target: 5 Year 2 Actual: 2	1.10 Conduct advocacy meetings with opinion leaders in malaria prevention and treatment	2 advocacy meetings were conducted in the year to discuss two major advocacy issues that came out from the community during campaigns and FGDs with pregnant mothers.	The major issues were to do with abuse of ITNs and factors that hinder uptake of two doses of SP for IPT in pregnant mothers. Advocacy issues depend on the community perspective at that time and this means the advocacy meetings depend on the number of issues raised.
	Number of press conferences held Year 2 target: 2 Year 2 Actual: 1	1.11 Conduct press conference with media fraternity on issues of advocacy in relation to malaria prevention and treatment	One press conference was done on Television Malawi in preparation for the Cycle for Life campaign.	The panel raised public awareness on malaria prevention, case management and treatment.

<p>Objective 2:</p> <p><i>Promote correct and consistent use and treatment of ITNs</i></p>	<p><i>% 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</i></p> <p>Year 2 target: 78%</p> <p>Year 2 actual: Information will be available after analysis of Mid Term Evaluation data</p> <p><i>% 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</i></p> <p>Year 2 target: 78%</p> <p>Year 2 actual: : Information will be available after analysis of Mid Term Evaluation data</p>			
	<p>Number of drama groups or band groups re-oriented/trained in theatre for development on use of ITNs</p> <p>Year 2 target: 12 drama groups 6 bands</p> <p>Year 2 actual: 13 drama groups 0 bands.</p>	<p>2.1 Reorient drama groups and bands to reflect demand creation and use of ITNs</p>	<p>13 drama groups representing 108% were trained in TFD.</p> <p>The project currently works and supports a group of women that sing malaria songs.</p>	<p>Local band groups are not properly organised compared to drama groups in Phalombe and in most cases the groups operate seasonally. The project will review the District Malaria communication strategy to carefully look at how the bands can be organized and fully involved. However the project currently works with a group of women that sing malaria songs. A copy video documentary of the group will be sent to USAID during the next quarter.</p>

	<p>Number of participatory drama performances conducted</p> <p>Year 2 target: 184</p> <p>Year 2 actual: 112</p>	<p>2.2 Conduct participatory drama performances in the community.</p>	<p>112 (61%) drama performances were conducted in Phalombe communities in year two. Approximately 68,000 people were reached with malaria messages through participatory drama performances</p>	<p>Drama performances are conducted at community gatherings and under five clinics at outreach clinics. The drama clubs use TFD approaches to engage the audience in constructive discussions on issues regarding malaria prevention and control. This approach is key to soliciting advocacy issues on malaria prevention and treatment.</p>
	<p>Number of net replacement campaigns conducted</p> <p>Year 2 target: 2 campaigns, 70% worn out LLINs replaced</p> <p>Year 2 actual:</p>	<p>2.3 Conduct net replacement campaigns and disposal</p>	<p>Note done due to inadequate supply of LLINs in the district at the moment.</p>	<p>However the project sourced 9600 LLINs from Against Malaria Foundation (UK) which have been distributed to 36 villages in one catchment area of Migowi with a population of approx. 21000.</p>
	<p>Year 2 target:</p> <p>6 bands</p> <p>6 songs</p> <p>Year 2 Actual:</p> <p>3bands</p> <p>6 songs</p>	<p>2.4 Conduct song competition on malaria prevention and ITN use</p>	<p>3 bands were engaged and 6 songs have been produced and will be put on DVD.</p>	
	<p>Number of households inspected for proper ITN use</p> <p>Year 2 target: 20,000hhs</p> <p>Year 2 Actual:</p>	<p>2.5 Conduct household ITN use inspection</p>	<p>16,463 households inspected for ITN use during home visits</p>	<p>This activity is conducted during home visits. The results show that 32% of the ITNs being used are torn and not effective for safeguarding against mosquito bites. The project recommends that there should be another targeted community based distribution exercise of 30,000 LLINs in the district to replace the torn nets</p>

<p>Objective 3</p> <p><i>Increased access to IPTs (by pregnant mothers)</i></p>	<p><i>% of mothers of children age 0-23 months who received at least 2 doses of IPTp for malaria during the pregnancy with of the youngest child (<2yrs old)</i></p> <p>Year 2 target: 85%</p> <p>Year 2 actual: Information will be available after analysis of Mid Term Evaluation data</p>			
	<p>Year 2 Target: 12 FGDs 225 Pregnant mothers attending</p> <p>Year 2 Actual: 15 FGDs 290 pregnant mothers attended</p>	<p>3.1 Conduct focus group discussions with pregnant women about the importance of IPT using IEC materials</p>	<p>15 Focus group discussions with pregnant women conducted hence more pregnant women attended the discussions</p>	<p>FGDs were conducted at health facility catchment area level. Findings show that most pregnant women believe in cultural and traditional beliefs related to pregnancy. They fear loss of the baby/fetus due to witchcraft if they expose the pregnancy as early as the first three months which is a requirement for starting ANC. Long distance to health facility and poor health worker attitude came out strongly as factors that contributes to low attendance at ANC and low uptake of 2nd dose of SP amongst pregnant women.</p>

	<p>Number of pregnant mothers reached with IPTp messages Year 2 target: 120 talks, 3000 Pregnant mothers reached Year 2 actual: 62 talks, 6,048 pregnant women reached.</p>	<p>3.2 Conduct 120 health talks on the importance of IPT for pregnant mothers attending ANC</p>	<p>62 (51.6%) health talks conducted and 6,048 (202%) pregnant women reached through health talks at ANCs.</p>	<p>This is an on – going activity, hence more talks have been done than targeted.</p> <p>Though the project managed to conduct 50% of the planned talks, a 100% above the targeted audience was achieved in the 2nd year</p>
	<p>Year 2 target: 30 HSAs Year 2 actual: 0</p>	<p>3.3 Train HSAs in malaria case management and IPT</p>	<p>Not done</p>	<p>The project trained 30 HSAs in the first year in community IPT. This year the activity was put on hold pending MoH approval to allow HSAs to conduct IPT activities in the community. The reproductive health Unit is against engaging HSAs to conduct community IPT because this causes pregnant women not to attend ANC at health facility for safe delivery. The trained HSAs in IPT are conducting community monitoring of IPT in communities. This activity will be reviewed based on recommendations from the ministry of health.</p>
	<p>Number of HWs trained in FANC Year 2 target: 10 Year 2 actual: 10</p>	<p>3.4. Train health workers in Focus Antenatal Care (FANC) for pregnant women</p>	<p>10 health workers (nurses and clinical officers) were trained on Focused Antenatal Care approach during the year.</p>	<p>The training has improved skills and service delivery in antenatal care focusing on monitoring IPT uptake by pregnant mothers. This has also increased attendance at ANC by pregnant women. Pregnant women are able to notice</p>

				quality of care given by the trained health personnel as compared to non trained personnel in FANC
Objective 4 <i>Build the capacity of indigenous organisations in malaria management</i>	Number of Home Based Care volunteers trained in malaria diagnosis, treatment, prevention and control, and malaria cycle Year 2 target: 15 groups Year 2 actual: 22 groups	4.1 Conduct training sessions for HBC volunteers in malaria, control and treatment in PLHIVs	22 HBCs trained in malaria prevention and control and message dissemination	More than targeted HBC members trained. Additional VHCs were formed through community elections in ten villages that had no VHCs
	Number of TBAs trained in malaria prevention, control and treatment Year 2 target: 30 Year 2 actual: 0	4.2 Conduct 1 training session to train TBAs in malaria prevention, ITN use, treatment and referrals	The activity was postponed because Ministry of Health and Population Services could not allow TBAs to practice.	MoH policy has been revised that changed the role of TBAs from that of service delivery to that of referrals only hence no need to train them. However TBAs are included in quarterly review meeting sessions to remind them of the importance of referring pregnant women to health facilities for ANC services.
	Number of FBO members trained in malaria prevention, control and treatment Year 2 target: 10 Year 2 actual: 8	4.3 Orient FBO members in malaria prevention, control and message dissemination.	8 out of 10 FBOs were trained. A total of 53 members attended the training.	There are 8 FBOs that are registered by the district assembly in Phalombe district hence the training was done for only those FBOs that are registered.
	Number of community malaria information libraries established/supported with malaria information. Target: 10 Actual: 4	4.4 Establish malaria information centres	4 NICE libraries were supplied with IEC materials on malaria during the year	An assessment of the state of the libraries in the district revealed that only 4 community libraries established by NICE were functional at the time of the assessment. The other 6 libraries had ceased to operate by this time due to funding and management problems.

	Number of PMCT/Counselors trained Target: 4 Actual: 5	4.5 Train PMCT/Counselors in malaria prevention, control and case management	5 PMCT counselors were trained during the year	This training has improved the counselors' skills in handling pregnant women who either have malaria or are at risk to suffer from malaria. Knowledge on malaria prevention and prioritization for access to ITNs and IPT for pregnant women who are HIV positive is being emphasised during counseling sessions.
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B. Factors that impeded progress

Dry spell

The occurrence of a dry spell during the last growing season had caused farmers to plant maize/corn twice and continuously work in their fields. This situation diverted their attention from attending malaria campaigns. The project has intensified conducting home visits especially by village health committee members and CBOs members. This activity is done in the late afternoon after farmers are back from their gardens. In addition, campaigns are conducted in the afternoon to allow more people to attend.

Fuel Shortages

Fuel shortages that were experienced in Malawi between November and December 2009 and also between September and October 2010 had a significant effect on project operations. This situation slowed down field operations for the project team. The most affected activity was community malaria campaigns and monitoring. HSAs at community level intensified on health talks to overcome this challenge. They managed to reach out to more pregnant mothers as well mothers or care givers of under-five children.

Poor health worker's attitude towards patients

During community campaigns, the issue of poor health worker attitude was been mentioned by communities as hindering access to services at health facilities. This factor discourages communities from developing a proactive care seeking behaviour for malaria treatment at health facility. The project has also noted that health centre committees for the health centres in question are not fully functional. Therefore the project in close collaboration with the DHO will embark on re-organising these committees and strengthen them in order to resolve issues regarding to health worker – patient relationships. One approach that will be employed is to involve health centre committee members in quarterly review meetings and community campaigns where such issues are discussed. Also during focus group discussions with pregnant mothers they indicated that one of the major factors that hinder their attendance to ANC is poor attitude of health workers. The project conducted an advocacy meeting with chiefs and district executive committee members to brief them on the findings of the FGDs and lobby for a solution to the problem. Cross examination with Health Workers revealed that poor health worker attitude is as a result of pressure of work and fatigue due to understaffing at health facilities. Meanwhile DHO for Phalombe is trying to address issues related to understaffing at health facilities. The staffing situation seems to improving.

Inadequate availability of IEC Materials

National Malaria Control Programme and Health Education Unit produce and print few IEC materials on malaria prevention and control. These materials are not readily available as they are in short supply.

The Phalombe DHO and CU have previously developed and replicated some IEC materials and distributed to communities. However these materials were not sufficient to meet the community demand.

Stock-outs of ITNs and LA

Ministry OF Health and Population Services is presently distributing ITNs to targeted groups such as Under five children and pregnant mothers through health facilities. This is not enough as most community members are left out without ITNs hence leading to low coverage of ITNs ownership. PMCP with a donation of 9600 ITNs from AMF distributed the ITNs to 36 villages of Migowi health centre catchment area using the universal coverage⁴ approach recommended by National Malaria Control Programme.

In addition, during the year, some health facilities in the district experienced stock outs of LA especially in the period between July and September 2010 due to inadequate supplies from central medical stores.

C. Program changes/adjustments

The project was engaged in the distribution of 9600 LLINs that were donated by AMF. The project had to adjust its budget and activity plan to accommodate this activity. The project paid for shipping costs, customs clearing, community mobilization and distribution. This activity has added value to achievement of specific project objective number two.

The project planned to train 30 Traditional Birth Attendants in malaria prevention and control especially promotion of IPT uptake amongst pregnant mothers. This activity did not take place due to the fact that MoH revised the role of TBAs as such they no longer attend to pregnant mothers in the community. Conducting training for TBAs could have conflicted with the MoH policy. The government has now reversed this policy and the project will revisit its plans.

Quarterly review meetings were originally planned to take place at VDC level, with all CBOs, Drama groups, FBOs, HBCs in attendance. The project changed this approach and decided to conduct these review meetings at Health Facility level involving representatives from the structures mentioned above including health and extension workers in those respective areas. This approach assisted the project to make a saving on the activity budget by 30% whilst ensuring achievement of the intended results.

The project planned to erect 3 billboards and 30 wall brandings with malaria messages in year 2. Due to high costs of erecting billboards and increased costs of paints and other required materials for wall brandings, the project managed to paint

⁴ Universal coverage approach recommends that one ITN should be used by two people in a household

10 wall brandings with malaria messages and postponed the erection of billboards. The project will complete making wall brandings during the third year.

D. Monitoring and evaluation activities

In collaboration with partners, the project engaged a consultant, Dr. Don Mathanga to review the project M&E system and build the capacity of project staff and partners in M&E for malaria prevention and case management viz-a-vis behavioural change interventions. Among other things it has been recommended that the project should;

- Develop a robust project M&E plan
- Strengthen the district HIMS to make the data sources reliable
- Align PMI indicators with RBM indicators

The project also developed IPT monitoring system for the district and reviewed data collection tools. Mid- term evaluation for the project was planned to take place towards the end of the second year. The project developed terms of reference for the evaluation and sourced proposals from prospective consultants. The proposals were reviewed and sent to USAID missions for final comments and approval. The Consultants have finalized the proposals by incorporating USAID comments. The evaluation exercise has been slated to start mid October 2010.

E. Technical assistance

Project Director and Programme Manager attended a training in Social Behavioural change and Communication (SBCC) and Project Design Monitoring and Evaluation (PDM&E) respectively in Nairobi Kenya, which was organized by USAID for Malaria Communities Project grantees from East, Central and North Africa. Ms. Carol Larivee, of Communication for Change (C-Change) Program, of Academy for Educational Development was the lead facilitator for the workshop. The workshop was conducted between 26th October and 31st October 2009. The knowledge gained from the workshop is being applied during implementation of PMCP project especially on message development and design of IEC materials.

During the workshop, Programme Manager and Project Director had an opportunity to meet Ms Meagan Fotheringham and Patricia (from the office of acquisition and assistance of the USAID in Washington DC). The project acknowledged the high level of support that USAID provided during the first year. It was also mentioned during the meeting that though this is the first grant CU had received from USAID, the support by USAID was appreciated and eased CU's understanding of USAID procedures. It was learnt during the meeting that the office of acquisition and assistance had played a greater role in negotiating for a change in funding system; from the re-imburement to the advance system.

Monitoring Coordinator attended a workshop on Multiple Indicator Cluster Survey (MICS) results dissemination in Luchenza in November 2009. This workshop was attended by all district assembly officers, Senior Chiefs, Traditional Authorities (T/As) and representatives from NGOs. MICS results for Phalombe district are being used to measure project progress

by referring to the bench marks on malaria and child health indicators. MICS is one of the major national health indicator surveys approved by Malawi Government as reference point for health indicators.

The project seeks to have latest information from ministry of health regarding policy on Community IPT. The question is ‘should Health Surveillance assistant provide IPT services at community level or not?’ This information would assist the project to plan strategically for community IPT activities especially capacity building trainings for HSAs in community IPT.

Through DHO and PMI partners meetings the project has sought for a consideration by ministry of health to extend Village Clinic services to adults as well. This would enhance malaria treatment and control in communities that are far away from health facilities and increase treatment seeking behavior by community members.

The project engaged an M&E consultant from Malaria Alert Centre (MAC), Dr. Mathanga to assist the project in reviewing the M&E system and train the project team. The report has been finalised. The project staff and partners will in third year review the recommendations in the report for implementation purposes.

F. Specific information requested

The project has called on ministry of health and the Department of Environmental Affairs to provide information to DHO and its partners on environmental impact assessments that were done during road construction in the district. This will provide information regarding the control of mosquito breeding in ditches that were dug by contractors to get gravel for roads surfacing. There are several ditches that contain stagnant water in Phalombe and are acting as suitable breeding grounds for mosquitoes.

The project seeks to have latest information from ministry of health regarding policy on Community IPT. The question is ‘should Health Surveillance assistant provide IPT services at community level or not?’ This information would assist the project to plan strategically for community IPT activities.

The project has sought for a consideration by ministry of health to extend Village Clinic services to adults as well. This would enhance malaria control in communities that are far away from health facilities and increase access to malaria treatment by community members.

The project sought assistance from National Malaria Control Programme, PSI and BASICS about messages and designs for IEC materials for malaria prevention and control. The project was provided with already designed brochures with messages on case management, promotion of ITN use and IPT. 10000 brochures were printed for distribution in Phalombe. This follows USAID’s recommendation to the project to seek for assistance from NMCP on IEC materials before producing its own materials to avoid duplication of efforts and to ensure consistency in messages disseminated to the public on malaria prevention.

G. PMI Team Collaboration in country

Collaboration between CU and the PMI team has been very good. Project representatives attended both PMI partners meetings during the 1st quarter. Each partner organization was given an opportunity to present project progress. The forum also provided an opportunity to partners to collaborate and fill necessary gaps in their activities in relation to the malaria prevention and control strategies, goals and policy.

During the meeting that took place on 10th December 2009, the project benefited from a technical update on Rapid Diagnostic Tests (RDTs) presented by Larry Barat from Washington DC – USA.

Project representatives attended both PMI partners meetings during the 2nd quarter. Concern Universal made a presentation during the PMI partners' meeting that was held on 11th February 2010 on GIS mapping monitoring system. Each partner organization was given an opportunity to present project updates on ITNs, Case management and IRS. The forum also provided an opportunity to partners to discuss their activities in relation to the malaria prevention and control strategies, goals and policy.

During the PMI partners meeting that took place on 30th March at PSI offices in Blantyre, the project benefited from the report on LA treatment adherence conducted in Phalombe district presented by Dr. Mathanga of Malaria Alert Centre. The report has recommended among other things to intensify health education on case management to care takers or mothers of children under the age of five. This age group registered low LA adherence compared to other age groups. Also CU representative attended the PMI partners meeting during the 3rd quarter that was held at Kumbali Lodge in Lilongwe that provided an opportunity for partners to share the PMI 2011 plan of action by NMCP. Several issues were discussed and considered for inclusion into the plan.

Through PMI collaboration, the project benefited in the fourth quarter by having two project staff trained in M&E in Lilongwe. The project Monitoring Coordinator and Malaria Facilitator attended the training that was organized by USAID.

The project team in collaboration with MAC, conducted a qualitative study on RDTs and RAs acceptance by the community members in Phalombe district. The survey results will assist Ministry of Health to roll out RDTs and RAs for diagnosis and treatment of malaria respectively among under five children at community level. The survey will also assist the project and its partners to review the communication strategy and include messages for RDTs and RAs.

The project also participated in Elluminate presentations on BCC that happened in Washington. CUs prepared a presentation on Behavior Change and Communication and the presentation was among the two presentations that were made on the day. CU Malawi team had difficulties to take questions because of poor internet connection.

H. Other relevant aspects of the program

GIS Updates

In 2009, the project team included GIS mapping as a way of strengthening the monitoring and evaluation system in order to improve presentation of data using features such as maps that

can show trends of malaria indicators in relation to geographic location. Initially the GIS presentations of analysed data could only be displayed on the map using health facilities or Traditional Authority boundaries as coordinates. This information had a limitation in terms of identifying individual villages or communities that had poor health indicators. The project has come up with the following recommendations on use of GIS in order to improve project monitoring and evaluation system;

- Two sets of data on malaria cases and uptake of SP for (IPT) will be analysed and presented using GIS.
- The project will collect data on coordinates at Group Village Headman (VDC) level.
- There are 46 VDCs in Phalombe district and each VDC is comprised of 5 to 10 villages.
- Data on village level reported malaria cases data will be collected from health facilities every month and entered in excel spreadsheets which will be added up to reflect data for the group village headman level. The data totals for Group Village Headman level will be transferred into GIS system in order to produce maps that will show a clear picture of the geographic areas on reported clinical malaria cases. This presentation will ensure identification of malaria hot spots in the district (as a proxy for malaria prevalence) and will assist the project to target its activities to these hot spot villages. The village based analysis of data will also be used for quarterly review and planning sessions that the project conducts every quarter with community leaders, volunteers and other stake holders.
- In order to improve on data quality on uptake IPT, the project will select and set up 5 sentinel sites for IPT data collection, preferably Health facilities where community IPT activities are not conducted. This data will be analysed and presented quarterly using GIS. Using this strategy, the project will be able to identify catchment areas where IPT coverage is lowest and be able to strategise its activities on quarterly basis.

The project conducted a joint advocacy meeting with the District Council, DHO and CHAM in December 2009 to brief local leadership on ITN abuse and find a concerted solution for the problem in the district. Senior chiefs and district assembly officials attended the meeting. The local leaders resolved to come up with By- laws at community level that could curb the malpractice in their communities. It was also resolved that the matter will further be referred to the District Consultative Committee where legislators and District Executive Committee members also attend. This resolution seems to bear fruits within a short time it has been implemented. ITN abuse is rampant in most parts of Malawi hence hindering progress on the fight against malaria.

The project trained health workers in management of the 2nd line drug of malaria Artesunate Artemether (AA) from all the 14 health facilities in Phalombe district. The project assisted in this orientation training technically and partly financially. This training was aimed at equipping health workers with skills of drug prescription, referrals and management of severe cases of malaria. Improved management of malaria cases would reduce deaths due to severe malaria. AA is the recommended 2nd line drug for malaria, recommended by Ministry of Health⁵.

The project conducted several joint supervisory visits with district partners to 14 health facilities in Phalombe. The supervision reports have been shared with stakeholders and this activity 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.

⁵ Malaria Policy- second edition, January 2009 NMCP,

Major issues that were noted include the following; stock outs of LA, insufficient stocks of ITNs for pregnant women and under five children, inadequate IEC materials on malaria prevention and treatment just to mention but a few.

Gender Mainstreaming

One project Staff, Edward Kamvakonola, a Community Malaria Facilitator attended a training in Gender mainstreaming and analysis organised by Concern Universal. The training was aimed at equipping staff members with knowledge and skills in Gender mainstreaming. The skills gained were shared with the project Staff so that they can mainstream Gender issues in the Malaria project activities.

The Gender concept was also shared during the project work place activities on HIV, AIDS and nutrition. The main focus during staff briefing was about the power relations, access to resources and control. It was observed during the KPC survey that one of the contributing factors to late access to malaria treatment and ITN abuse is about power relations between a husband and a wife. Project staffs were encouraged to make gender analysis so that issues of Gender are looked in-depth during the project implementation.

HIV and AIDS mainstreaming

In a bid to mainstream HIV and AIDS activities amongst project staff at workplace, the project conducted a one day seminar for staff and spouses on 25th March 2010 at Thutchila Lodge in Phalombe. Among other topics that were shared and discussed at the seminar include; Malaria prevention and case management, HIV prevention and care, gender and family nutrition. Staff and spouses had the opportunity to interact through playing a family card game on HIV and behavioural change. Some lessons were drawn from this activity such as importance of being open amongst family members about our HIV status. These activities equip project staff and their families with in depth information about HIV and AIDS information that ensures HIV prevention, care and support. Also these activities prevent loss of staff or their members due to HIV and AIDS. A similar seminar was conducted in Liwonde in May 2010.

I. Publications

The project did not prepare or present or publish any papers in second year.

J. Stories

Linnie Ndasalapati could have died of malaria, but a community volunteer saved her

In the picture are Linnie ndasalapati and two orphaned grand children

Mrs Linnie Ndasalapati who is aged 55, became unconscious while preparing her garden in August 2010. This was due to Malaria.



Her relatives thought she was bewitched because she fell down suddenly. Culturally, it is believed that the victim of such magical acts does not survive. Linnie was first taken to a herbalist by her relatives.

She was treated with herbal medicine which was smeared on her body. Esnart Nanjiwa, a community volunteer trained by the Phalombe Malaria Communities project heard the story and approached the family. She observed the “black stuff” on Linnie’s body but she was surprised that Linnie was not suffering from a skin disease. Based on her knowledge of signs of malaria, Esnart, suggested that Linnie be taken to Kalinde Health facility for treatment on presumption that she was sick from malaria. When they arrived at Kalinde, an assessment was done by the medical Assistant at the facility by the name Misonzi Kuyere who presumptively diagnosed the cause as Malaria and treated her with quinine through intravenous method since the patient was still unconscious by the time she was seen at health facility. At this time there was little improvement and it was decided that she should be referred to Holy family, a mission private Hospital where diagnosis was made and confirmed that it was Malaria and not as a result of being bewitched. Linnie was given treatment and cured of malaria. She is now healthy after being admitted for one month. Linnie ndasalapati is also looking after four orphaned grand children two of which are featured in the picture and supports these children through farming. Linnie is now carrying on with field activities and has 2 acres of land which she has already prepared in readiness for this year farming season.

A RENEWED HOPE FOR THE MALINGA FAMILY



Mr. and Mrs. Malinga demonstrating how they protect their children from mosquito bites by using an ITN every night.

My name is Enifati Malinga aged 38 years old married to Annie Malinga aged 28 years from Muliya village in Traditional Authority Kaduya. We have 5 children aged within the range of 11 years to 7 months. The last two are twins. Our village is allocated along the dambo and there are a lot of

mosquitoes in the village. These mosquitoes cause malaria and major victims are children more especially Mary who is aged 3 years and the last two twins.

My wife was attending ante natal clinic and she received a net when she was pregnant and this was during the birth of Mary. She also received a net during the pregnant that lead to the birth of the twin’s daughters. Although we had nets in our family we were not using them and this lead to our children regularly suffering from malaria. We thought something was wrong in our family and we were consulting traditional healers to help us but this did not help us to solve our problems of our children illness. We were spending most of our time nursing sickness of our children.

One day Mr. Richard Phiri the Coordinator for Betaniya Faith Based Organization visited our home. He discussed with our family on issues of malaria signs, prevention and treatment. He demonstrated to me and my wife on how to sleep under treated bed nets, seeking treatment from health centres once my children are sick. This prom ported to purpose two bed nets and start using treated bed nets for my children and myself. Since we started using treated bed nets we have experienced reduction of malaria cases in my family and this has given me and my wife chance to do other activities that bring money to the family and supp I have also taken an advantage of my experience and I also teach others on the importance of sleeping under treated bed nets for malaria prevention



Richard Phiri (right) explaining to the Malinga family about malaria during home visit.

K. Photographs of Activities

1. ITN OWNERSHIP AND CORRECT USE



Phalombe Malaria Communities project team and DHO staff counting LLINs in the Migowi warehouse, ready for distribution to beneficiaries in communities.



Mrs. Mary Muheziwa, a mother of Three children in Migowi area demonstrating how she hanged the new LLIN in her children bedroom. On the floor is a mat made of reeds, a common sleeping locally made material in rural areas of Phalombe



Sara, a Price water house Coupers (PwC) employee (UK) and project field staff demonstrating how to hang a net during community mobilization campaigns on net use

COMMUNITY CAMPAIGNS ON MALARIA PREVENTION AND CASE MANAGEMENT



Hope for Life cultural Troupe dishing out malaria prevention songs and displaying their dancing skills during the cycle for life campaign at Migowi Primary School.



The young and old united against malaria. They walked and cycled 18 km disseminating malaria prevention and control messages to community members to sensitise them to take preventive measures as the malaria peak period (rainy season) had started.



One of the audience, a mother of an under five child answering a malaria prevention question during road show at Phaloni trading centre in Phalombe