



President's Malaria Initiative

ANGELICAN DIOCESAN DEVELOPMENT AND RELIEF
ORGANIZATION (ADDRO)

MALARIA COMMUNITIES PROGRAM (MCP)

FY 2011 ANNUAL REPORT

Submitted by:
ADDRO/ ERD

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List of Acronyms and short forms used

ACT	Artemisinin-based Combination Therapy
ADDRO	Anglican Diocesan Development and Relief Organization
BCC	Behavior Change Communication
CHPS	Community-based Health Planning and Services
CHO	Community Health Officer
DHMT	District Health Management Team
ERD	Episcopal Relief and Development
FY	Fiscal Year
GHS	Ghana Health Service
IEC	Information, Education, Communication
IPT	Intermittent Preventive Treatment
LLIN	Long Lasting Insecticidal Net
MCA	Malaria Control Agents
MCP	Malaria Communities Program
MOH	Ministry of Health
NFL	NetsforLife®
NHIS	National Health Insurance Scheme
NMCP	National Malaria Control Program
PLA	Participatory Learning and Action
PMI	President's Malaria Initiative
UER	Upper East Region
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development

Introduction/Background

The Anglican Diocesan Development and Relief Organization (ADDRO) of the Anglican Diocese of Tamale, is implementing the Malaria Communities Program (MCP) under the President's Malaria Initiative (PMI). The program is jointly funded by the United States Agency for International Development (USAID) and the Episcopal Relief and Development (ERD). The Africa Regional Office of ERD in Ghana provides ADDRO with technical support to ensure the successful implementation of the program.

The overall goal of the MCP is to reduce malaria-related mortality and morbidity by 50% in target areas compared to pre-PMI levels by 2012.

To attain this goal, the MCP specifically seeks to achieve the following;

- Increase community capacity to undertake BCC/IEC in support of key national strategies, specifically, LLIN distribution, IPTp and treatment of malaria with ACTs
- Undertake BCC/IEC participative education campaigns through house-to-house and community level group education
- Distribute LLINs in target areas

This is a report of the activities that were carried out during the second year (FY2011) of the implementation of the three year program. The report contains the main accomplishments of the program, the main challenges or constraints of the program, some strategic changes or adjustments in the implementation plan, Monitoring and Evaluation activities, Technical assistance required, information required and PMI Team collaboration in country. Other areas covered are other unplanned activities, Presentations and publications and success stories.

A Main accomplishment for Year Two

1.1 Initial Consultative Meetings with Community Leaders

As was the case in year one, consultative meetings formed an important component of community entry procedures in year two. Two forms of consultative meetings were held to introduce the MCP to the stakeholders. These were consultative meetings at the District Health Management Teams (DHMT) level and at the community level.

The consultative meetings with the DHMTs were to seek their opinion on suitable new communities for selection into the MCP for the second year. The Outcome of these meetings was a list of proposed communities that were subsequently visited for further assessment and selection into the program. Participants at this level included the disease control officers, community health officers (CHOs), Sub-district heads and community health nurses working in the sub-district.

The second phase of the initial consultative meetings was held to introduce the MCP to various stakeholders in the new communities agreed upon and selected during the initial meeting at the district level. In all 140 initial consultative meetings were held in the communities. The first batch of 80 meetings was held during the first quarter of the year while the remaining 60 meetings were held during the second quarter. Participants of these meetings comprised chiefs, women leaders, youth leaders, religious leaders and opinion leaders in the communities (figure 1).

Figure 1 ADDRO Project Officer in a consultation meeting with Community Leaders



Whereas a total of 978 people comprising 53% males and 47% females participated in the consultative meetings in the Bawku West district, 503 people made up of 59% males and 41% females attended similar meetings in the Garu-Tempene district (Table 1).

Table 1 Consultative meeting attendance

District	Male		Female		Total	
	Freq	%	Freq	%	Freq	%
Bawku West	518	53.0%	460	47.0%	978	100%
Garu-Tempene	296	58.8%	207	41.2%	503	100%
Total	814	55.0%	667	45.0%	1481	100%

1.2 Review Meetings with DHMTs and other stakeholders

ADDRO organized review meetings with the District Health Management Teams (DHMTs) and District Assemblies to discuss MCP implementation at the district level during year one. Two review meetings were held on 2nd February, 2011 and 22nd February, 2011 in Garu-Tempene and Bawku West districts respectively. A total of 63 people made up of 33 males and 30 females attended the review meetings (Table 1.1).

Table 2 Attendance of Review Meeting with DHMTs

District	Attendance					
	Male		Female		Total	
	Freq	%	Freq	%	Freq	%
Bawku West	20	54.1%	17	45.9%	37	100%
Garu-Tempene	13	50.0%	13	50.0%	26	100%
Total	33	52.4%	30	47.6%	63	100%

The purpose of these meetings was to review the activities of year one (FY2010) and make necessary adjustments for year two. The main issues discussed at the meetings were the annual reports of 2010, the baseline survey reports, the community level bottlenecks to malaria prevention and control as well as the mass national LLIN distribution and hang-up campaign.

During the annual report presentation, participants were briefed on the level of achievement of the project objectives and targets. The program had started in 200 communities in the two districts with 284 community volunteers trained and equipped to carry out MCP activities in their respective communities. A total of 10,000 LLINs were distributed to pregnant women and children less than 5years. The participants were impressed about the level of achievements of the MCP and commended ADDRO for sharing the results with all

stakeholders. ADDRO promised to share the annual reports with the stakeholders in both districts.

The baseline survey results were also presented to the participants. This presentation covered some key areas such as the outcome indicators of the program such as;

1. Proportion of population of all ages who slept under a LLIN the previous night.
2. Proportion of children under five years old who slept under a LLIN the previous night.
3. Proportion of pregnant women who slept under a LLIN the previous night.
4. Proportion of households with at least one LLIN
5. Proportion of households with pregnant women or children under 5 with at least one LLIN.
6. Proportion of women who received IPT₂ during ANC visits during their last pregnancy.
7. Proportion of women reporting family support for IPT₂.
8. Proportion of children under 5 years with fever in last 2 weeks who received any anti-malarial treatment.
9. Proportion of children under 5 years with fever in last 2 weeks who received an anti-malarial according to national policy^[2] (ACT) within 24 hours of onset of fever.

Participants generally agreed that the results were good and could be a true reflection of the current situation on the ground. They asked for clarification on some of the findings where they did not totally agree with the findings. For example, on the proportion of pregnant women who take IPT_p during their last pregnancy, the DHMTs did not fully agree that up to 7.1% and 10.0% of pregnant women in the Bawku West and Garu-Tempene districts respectively had taken IPT_p only once. After some deliberations it was explained to the understanding of participants that depending on the time the pregnant women report to the clinic they could have the medicine once or up to three times. On the issue of women who could not remember the number of times they had taken the SP, the health personnel confirmed that they themselves had encountered several instances where some women had forgotten the number of times they received the ITP_p (SP) drug.

On the issue of community level bottle necks to malaria prevention and control, some challenges that were identified during focus group discussions (FGDs) at the community level were presented and discussed. Among them was the allegation by some communities that health service providers insist that pregnant women buy toiletries and present them for

inspection each time they attend ante-natal clinic. The discussants indicated that some pregnant women skip ante-natal clinic attendance due to such demands. Some participants, however, disagreed with the allegation and said they only advised pregnant women to buy and bring those items in preparation for their delivery. This is because when they wait till the time of delivery most of them come to the clinic without those items making it very difficult for the midwife and nurses to conduct clean and safe deliveries on them. However, the District Director for Garu-Tempene agreed that it was not the first time such allegations had come to her notice, indicating that another NGO working in the district had previously come up with similar finding.

The District Directors of both districts agreed that the good intention of such practice notwithstanding, it had the tendency of preventing some pregnant women from attending ante-natal clinics. They therefore directed all their staff not to make the practice compulsory, but optional. Another issue was inadequate family support for ante-natal clinic attendance which they agreed was totally absent in many areas. They commended ADDRO/MCP for sensitizing communities on such an important issue of health. They also promised to increase the education and sensitization of community members on the importance of adequate family support for pregnant women, especially by their husbands and compound heads.

There was another complaint by pregnant women that they do not usually receive adequate education at the health facilities before they are asked to take the drug for IPT_p (SP). On this issue, it was explained that GHS service providers give group education to the women early in the morning before each of them is examined and asked to take the medicine. However, women who arrive late when the group education have been completed do notify the health staff so that they could give them individual education.

The bureaucracy and long waiting time involved in obtaining registration for the National Health Insurance Scheme was another issue that was identified as a challenge to seeking early treatment for malaria cases. The health workers confirmed and added that they themselves have been victims of the delay and suffered the consequences. Especially in the Garu-Tempene district, it was revealed that there was no office for the scheme and the officers for Bawku Municipality doubled for the district. It was agreed that the issue would be taken to the higher authority to ensure smooth running of the system.

Another bottle neck to early treatment for malaria cases was inadequate health facilities and lack of 24 hour services in existing facilities, especially at the CHPS compounds. The DHMTs agreed that there are still some areas that do not have clinics and community members have to travel fairly long distances to access care at the nearest health facility. However, they disagreed with the assertion that they did not have enough personnel at the CHPS compounds. They also said it was not true that their staff closed early because some of them stay overnight at the facilities. They agreed to do some checks on their staff to ascertain the veracity of the allegation and to make all necessary corrections if the need be.

1.3 Review Meetings with Community Volunteers

As part of efforts to improve on the performance of the Community Volunteers, review meetings were held with them to assess their activities and address some operational challenges that they face at the community level. Some GHS staff at the sub-district level, community leaders and opinion leaders in the various MCP communities also participated in the review meetings. These meetings were held at the sub-district level to cut down travel time and cost by the participants, encourage high turnout, thereby making the meetings more effective. It also reduced the number of participants per meeting in order to foster effective facilitation and learning.

The purpose of the review meetings was for the community volunteers to share their experiences, learn from each other and for project staff to address some challenges identified during previous supportive supervisory visits. Some experiences shared by the volunteers include the use of other community meetings and gatherings to convey messages on malaria prevention and control to community members apart from the house-to-house education that they usually do. Examples of these meetings or gatherings include; Parent Teacher Association (PTA) meetings of schools, church meetings and Community Water and Sanitation management meetings.

Success stories shared during these meetings include the following: A chief agreed that the work of community volunteers in his community has been effective as most people continued sleeping in the nets despite the hot weather. Some volunteers and community leaders indicated that through the education and benefits others derived from the use of the nets, other community members have bought their own nets to use.

A volunteer who is also a Traditional Birth Attendant (TBA) also elaborated on how she used the MCP adopted poster (picture of mother and father taking child to hospital) on family support in treating malaria to educate her clients and community members of the need for family members (especially fathers) to support their wives in times of sicknesses. It has also increased her ability to talk to pregnant women about the need for IPT_p.

Volunteers also acknowledged that the BCC materials were helpful to them in carrying out malaria education and sensitization. They however, suggested that the pictures should be changed to reflect the local culture and circumstances so as to make them more appealing to beneficiaries.

Some of the key operational challenges that community volunteers face in their communities as well as the proposed solutions by Project staff is presented in the table below.

Table 3 Responses to challenges of Community Volunteers

Operational Challenges of Community Volunteers	Proposed solutions by project staff (ADDRO)
1. There is pressure on the community volunteers for nets from other people who are qualified (the elderly and chronically ill) but could not get nets due to shortage of nets available to the project.	Community leaders were informed to help educate their members that the few nets available are for the most vulnerable populations. Those who can afford to buy their own nets were encouraged to do so.
2. Community volunteers complained of adverse weather conditions such as excessive sun and rain during house to house monitoring, hence making it difficulty.	Community volunteers were encouraged to change their monitoring times to suit the weather. A proposal was made to support volunteers with raincoats and wellington boots as and when the budget allows.
3. Some beneficiaries are not usually at home and volunteers have to go to them several times before meeting them. This makes the work tiresome and difficult.	Community volunteers were encouraged to change their monitoring times to suit the community occupational calendar.
4. Some people who were not registered feel discriminated and get angry with the	Community volunteers were advised to start registration for the new people for possible mop

Operational Challenges of Community Volunteers	Proposed solutions by project staff (ADDRO)
community volunteers. These are people who were not resident in the community during the registration.	up hang-up.
5. Some women who were not pregnant at the time of the registration but are now pregnant request for nets from the community volunteers.	Community volunteers were advised to start registration for the new people for possible mop up distribution of nets.

1.4 Distribution of Bicycles to Community Volunteers

One of the innovative strategies to the success of the MCP is the use of Community Volunteers (CVs) or Malaria Control Agents (MCAs). The work of the Community Volunteers involves movement from house-to-house and attending community and project meetings. As a result the Community Volunteers have often complained of the drudgery and tiredness involved in carrying nets from house-to-house for hang-up and subsequently doing house-to-house monitoring and education all on foot. In response to this, provision was made to procure a bicycle for each of the community volunteers. In all 564 bicycles were procured for the volunteers. This is made up of 284 and 280 volunteers for FY2010 and FY2011 respectively. The bicycles were presented to the volunteers in two short ceremonies at Zebilla and Garu on 4th February, 2011.

Figure 2 Executive Director of ADDRO (in Smock), presenting a bicycle to a community Volunteer



The Executive Director of ADDRO, Rt. Rev. Hon. Dr. Jacob Kofi Ayeebo, in his presentation address thanked USAID/PMI and ERD for making it possible for ADDRO to include the provision of bicycles to the program. He cautioned the volunteers to make good use of the bicycles by using them for the intended purpose and not for their personal activities. He asked the community leaders not to collect the bicycles from the volunteers but support them in the maintenance and proper handling so that they would last longer for the duration of the MCP and even beyond.

Present at the ceremony were District Director of GHS who thanked ADDRO and partners for the complementary services it runs in the communities to improve on the health status of their districts. They pledged their support for the MCP and all other programs of ADDRO. In the Garu-Tempene district, the District Director added that, the prevalence of malaria has seen a major decrease over the past year due to the activities of organizations such as ADDRO.

1.5 Selection of New Community Volunteers

The implementation of the MCP activities started in 96 communities (i.e. 41 and 55 communities in the Bawku West and Garu-Tempene districts respectively) in the first year. Another 104 communities were selected during the second year increasing the number to 200 communities (Table 5). ADDRO initially intended to select all the 280 communities by end

of year two, to ensure that all the communities have maximum benefits of the interventions before the end of the project. However during the community selection, some communities which the DHMTs thought were very big were sub divided into two or three communities. These were detected during the third quarter of year two. These sub divisions have been merged into single communities reducing the number of communities selected to 200. These communities were selected during the first quarter of the year.

To ensure the effective implementation of the MCP in these communities, volunteers were selected for these communities during the second quarter. The selection of community volunteers was done by the communities during community meetings (figure 2.0) which were facilitated by the Program Officers in the districts. The Community Volunteers were selected in consultation with community members based on the following criteria;

1. The proposed Volunteer should be prepared to do voluntary work for his/her community.
2. The person should be resident in the community
3. The person should be able to Speaks the predominant local language(s) very fluently
4. Should be willing and able to educate the general population on health issues especially malaria
5. Should be able to communicate easily/ Good interpersonal communication
6. Should be of good character
 - a. Dynamism (ability to take initiative)
 - b. Good moral values, sociable, trustworthy
7. Should be acceptable by community
8. Should not be less than 18 years
9. Should have at least basic education to be able to read and write

Figure 3 Program officer facilitating a community meeting to select community volunteers



A total of 280 volunteers were selected for the two districts (table5.0) bringing the total number of community volunteers to 564 for the program.

Table 4 Distribution of selected communities for 2011

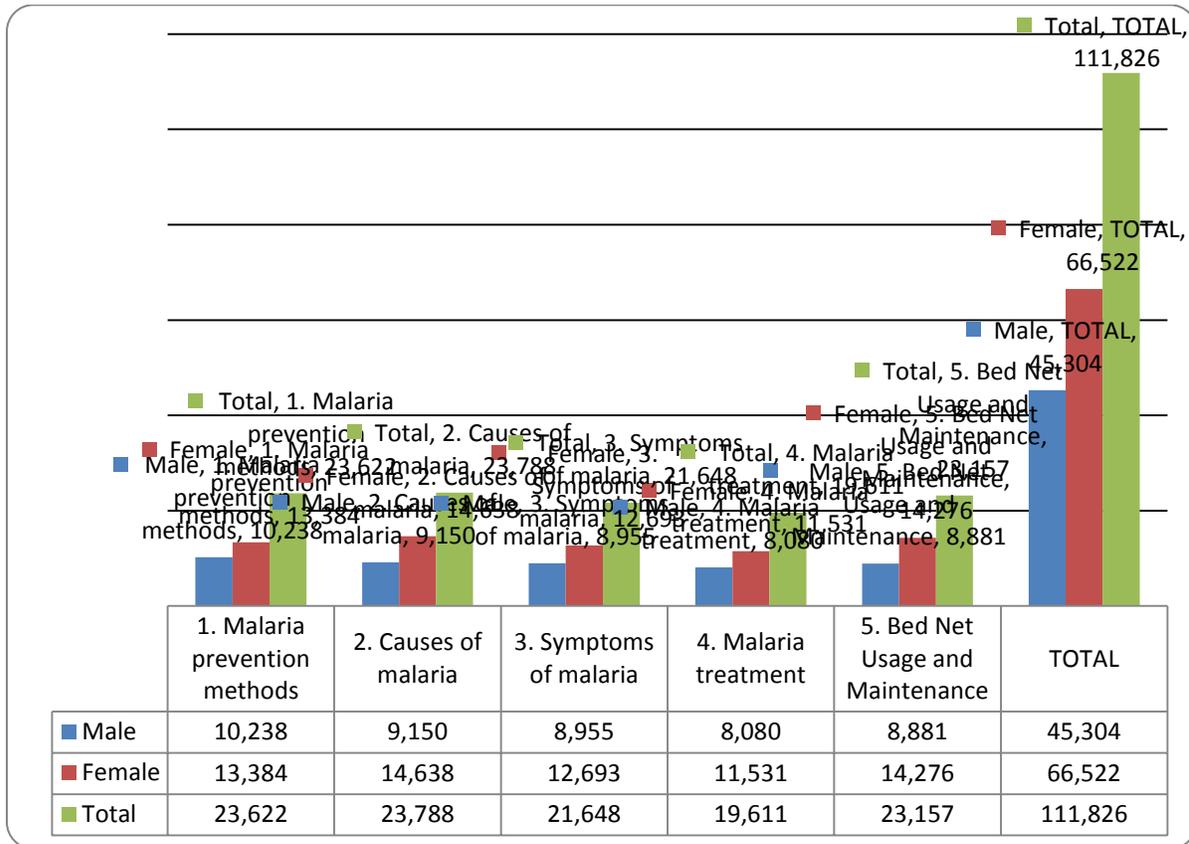
District	Sub-district	No. of Communities	No. of Volunteers		
			Male	Female	Total
Bawku West	Zebilla	12	27	1	28
	Binaba	28	64	22	86
	Tilli-Widnaba	10	15	11	26
Sub-Total		50	106	34	140
Garu-Tempene	Worikambo	11	26	1	25
	Basyonde	6	15	1	16
	Bugri	7	13	2	17
	Woriyanga	14	24	10	34
	Songo	14	22	5	28
	Garu	8	16	5	20
Sub-Total		60	116	24	140
Total		110	222	58	280

1.6 Monitoring of Net Usage and House-to-House education

One of the key strategies used in the MCP is delivering malaria messages through house-to-house visits and group education. The house-to-house education is done concurrently with monitoring of net usage by community volunteers. Net usage monitoring and house-to-house education was done by community volunteers in all the 200 communities. The aim of this activity was to increase the level of net usage and also to offer advice to beneficiaries on best practices regarding malaria prevention and control. The monitoring data collected on the usage of nets help management in decision-making on which methods of malaria prevention is appropriate for the communities. It also helps the project know if people are adopting the idea of net usage by purchasing their own nets. Group education is also done through community gatherings and social activities. During such fora, the community volunteers, trained community leaders and project officers used the opportunity to educate community members on malaria through dramas, role plays and songs.

During the year under review, a total of 111,826 people comprising 45,304 male and 66,522 female were reached with malaria messages (figure3). In Bawku West district, 4,115 males and 6,332 females received education on the various education methods, whilst 17,529 people comprising 7,490 males and 10,039 females were reached in Garu-Tempene district (table 2.3.0). A higher number of women were reached compared to men because women are more interested in issues concerning their health and that of their children than men who hardly have time for the children. During many community meetings men were heard emphasizing that the women should listen attentively since they take care of children.

Figure 4 Distribution of people reached with malaria education



1.7 Supportive Supervision

The activities of various implementing offices of the MCP are supported and supervised to increase the efficiency and effectiveness. These include both administrative and technical supportive supervision. At the Management level, ERD provided technical support to ADDRO in areas of M&E and SBCC. Senior team members of ADDRO also provided supportive supervision to field officers on monthly bases to address administrative and technical issues confronting project officers. This supervision was extended to the community level by both field officers and the management team from ADDRO head office. The purpose of the supervision was to monitor the activities of the community volunteers and offer assistance to them in the performance of their duties (figure 3). It also offered the officers the opportunity to monitor net usage and house-to-house education on malaria prevention and control by community volunteers. During such visits the officers assessed the work of the volunteers through the use of a checklist. Gaps identified were discussed

dispassionately and honestly with the volunteers on the spot. Volunteers were commended in areas that they performed satisfactorily, whilst suggestions and corrective measures were offered to strengthen areas that their performance was found to be unsatisfactory.

Through this supervision some challenges of the community volunteers were identified and addressed. These challenges included the need for bicycles, the need for further training on the data collection tools and update in their knowledge about malaria.

Figure 5 M&E officer in a discussion with a community volunteer during supervision visit



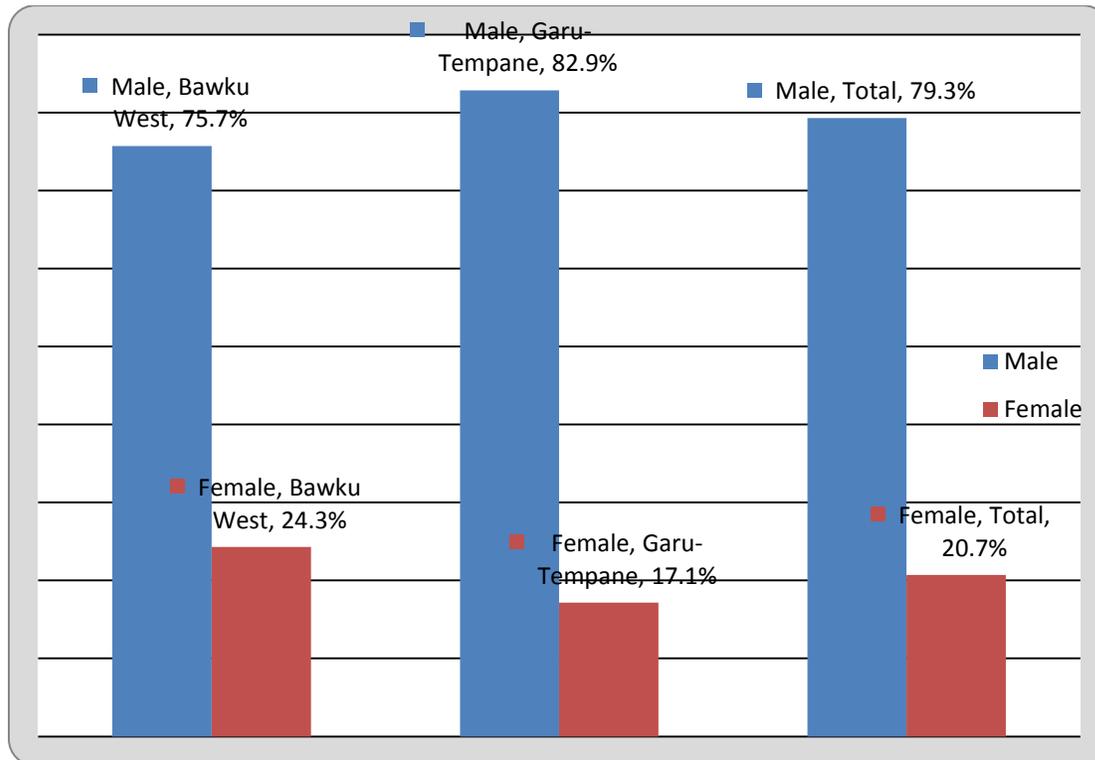
1.8 Training of community Volunteers

ADDRO acknowledged the need for capacity building in improving the efficiency and effectiveness of community/change agents. In the light of this, ADDRO organized capacity building training for all the community volunteers who were selected in the new communities to improve on their ability to carry out BCC activities, hang-up nets and monitor net usage in their communities. The trainings were conducted during the second quarter at the sub-district level.

Out of the total of 280 volunteers that were trained, about 79% of them were males while 21% were females. The Bawku West district recorded the highest number of female

volunteers (24%) against only 17% for Garu-Tempone District (figure 4). ADDRO has made frantic effort to increase the number of female volunteers during the selection. However this has proved difficult due to factors beyond the mandate of MCP such as high illiteracy rate in the area, especially among women.

Figure 6 Breakdown trained volunteers by gender



The topics treated in the training included brief background of ADDRO and the MCP, overview of malaria situation in Ghana, preventing the breeding of mosquitoes, preventing mosquito bites, IPT_p, case management of malaria and the role of community volunteers.

The training methodologies employed was Participatory Learning and Action (PLA) approach such as group work, discussions and practical experience sharing.

One important addition to this year’s training was the increase in the duration of the training from one day to two days to include practical sessions in registration of beneficiaries, hang-up of nets and monitoring of net usage and education/sensitization of beneficiaries. Participants were impressed by the practical work that facilitated their understanding of the work and minimized some likely difficulties that they may face in their communities.

Figure 7 Community Volunteers with a Household head during Mock Registration



1.9 Registration of beneficiaries in new communities

Beneficiaries of net hang-ups are usually registered before the actual hang-up exercise. The purpose of the pre-registration exercise is to provide reliable information on the number of nets and other logistics that are required for each community enabling management to make decisions on the quantity of resources required. It also facilitates follow-up by community volunteers for household monitoring and education.

The registration was done by community volunteers under the supervision of the project staff. The exercise started in May after the training of the community volunteers. All households in the selected communities were covered through house-to-house education and registration. A total of 19,709 people were registered in the two districts with approximately 66% of the beneficiaries being children under five, 6% pregnant women and 15% other special people such as the chronically ill and the aged (table 7.0). As indicated in table 7.0 below, about 2,611 (13%) of the nets required for distribution this year are deficits for year one, comprising 2,225 and 386 for Bawku West and Garu-Tempene districts respectively.

Bawku West district registered a total of 8,936 vulnerable people qualified to receive nets. However, the district already had a deficit of 2,225 registered people from a sub-district that

did not receive nets last year. This brought the total number of nets required to cover the registered beneficiaries to 11,161 (Table 7.0). Similarly, Garu-Tempane district registered a total of 8,548 people qualified to receive nets per the project criteria (table 7.0).

However, the quantity of nets available was 16,000 leaving a shortage of 3,709. This therefore means that there is a high demand for nets in the project area. Since the nets available could not meet the demand, the project team decided to prioritize pregnant women and children under five first while the other vulnerable people (i.e. 2,953) wait for a later date. In spite of the measure there was still a shortage of 756 nets to cover the children under five years and pregnant women.

Table 5 Distribution of registered beneficiaries

Category of Beneficiaries	Bawku West		Garu-Tempane		Total	
	(n)	%	(n)	%	(n)	%
Children Under 5yrs	6,890	61.73%	6,092	71.27%	12,982	65.87%
Pregnant Women	653	5.85%	510	5.97%	1,163	5.90%
Special Groups	1,393	12.48%	1,560	18.25%	2,953	14.98%
Deficit from Year 1	2,225	19.94%	386	4.52%	2,611	13.25%
Total	11,161	100%	8,548	100%	19,709	100%

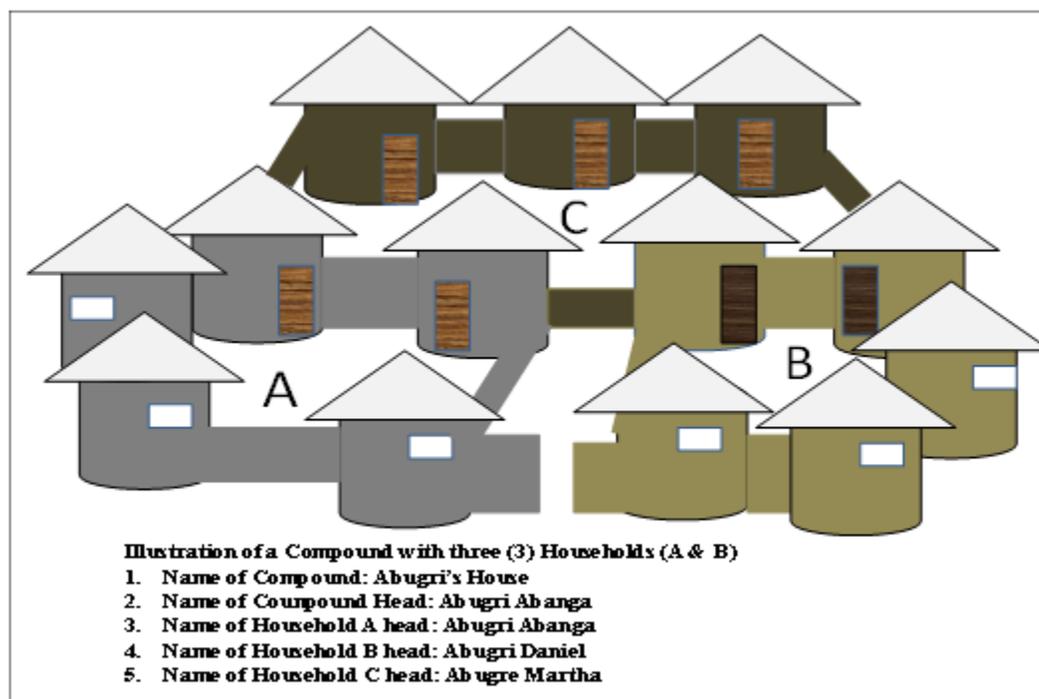
1.10 Supportive supervision during registration of beneficiaries

During the registration exercise, supervisory visits were made by project staff to each community volunteer to provide them with the relevant technical support needed for the completion of the work. The purpose of the supervision was to ensure that community volunteers were familiar with steps involved in completing the registration book and also in approaching households to register beneficiaries properly. Some of the challenges volunteers encountered included difficulty in determining age of beneficiaries using completed years and distinguishing between compound heads and household heads.

With regard to determining age, volunteers were advised to cross check a listed age against another source document such as a birth certificate, hospital card, baptism card and voter identification card. Using the illustration in figure 7.0 below, a household was defined and explained as a group of people who stay together in a common shelter and eat from the same pot. A compound was defined as the number of households that stay together in the same house under one landlord. Figure 1 shows three households A, B and C, who all have their own yards in a big house. This could be a man whose children have married and separated to take care of their own wives and children.

These few challenges notwithstanding, the registration in year 2 was significantly better than in year 1. This the project team can safely attribute to the modification of the volunteers training duration and content in year 2 that afforded more practical sessions with the volunteers.

Figure 1 Illustration of an Indigenous Compound house with 3 households

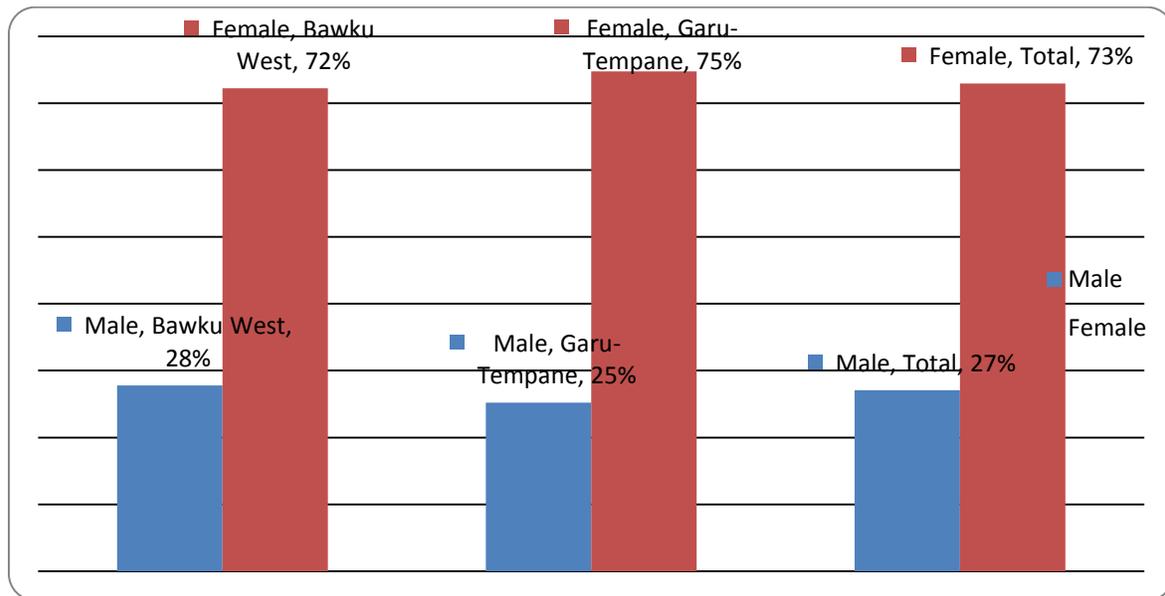


Source: ADDRO design, 2011

1.11 Malaria Education through Community Durbars

In an effort to increase community members' knowledge about malaria, community durbars were organized for all the 104 communities selected during FY2011. In all 84, community durbars were held by clustering communities that are close to each other. A total of 17,414 people attended the durbars comprising 4,713 males and 12,701 females. By district, the Bawku West district had the highest attendance of 12,463 people with a 72% female to 28% male ratio. In the Garu-Tempene District, 4,951 people participated in the durbars with a similar female to male ration of 75% to 25%. (Figure 9.0)

Figure 9 Distributions of Participants of Community durbars by Gender



Source: ADDRO monitoring field data, 2011

The high attendance recorded for females is due to the fact that most men, erroneously though, still do not consider malaria and other health issues to be their main responsibility. To the men, they neither become pregnant nor take care of children so only women should attend such educational meetings. For instance in a community in the Bawku West district a man, after listening to a talk on sourcing nets at subsidized rates, said the women should listen carefully because they would have to buy nets for themselves and their children in the future. Women also outnumber men in the district and thus by default their numbers in meetings could be higher.

The durbars were facilitated by community volunteers, trained community leaders and ADDRO project officers. The main methods used were discussions, demonstrations (figure3.0) and drama. Some of the issues that community members were educated on include the following:

1. Overview of Malaria: signs and symptoms of malaria, causes and mode of transmission of the malaria parasites, vulnerable populations, burden of malaria and breeding places of mosquitoes.
2. Prevention of mosquito breeding and mosquito bites.
3. Community Based case management

4. Family support for IPTp and Early treatment for children under five years
5. Usage and maintenance of ITNs
6. The role of community members in the successful implementation of the programme.

Figure 10 **Demonstration of the proper way of hanging LLINs during a community durbar**



Community members were tasked with taking immediate action necessary to help prevent mosquito breeding and bites. For example, some containers that collect water and serve as breeding places of mosquitoes, especially at home, were to be removed or properly covered. Other examples include: indigenous water troughs for fowls (Figure 4.0) and broken pots that have no use but are left around homes. Community members resolved to ensure that such breeding places would be removed to reduce the breeding of mosquitoes in their communities.

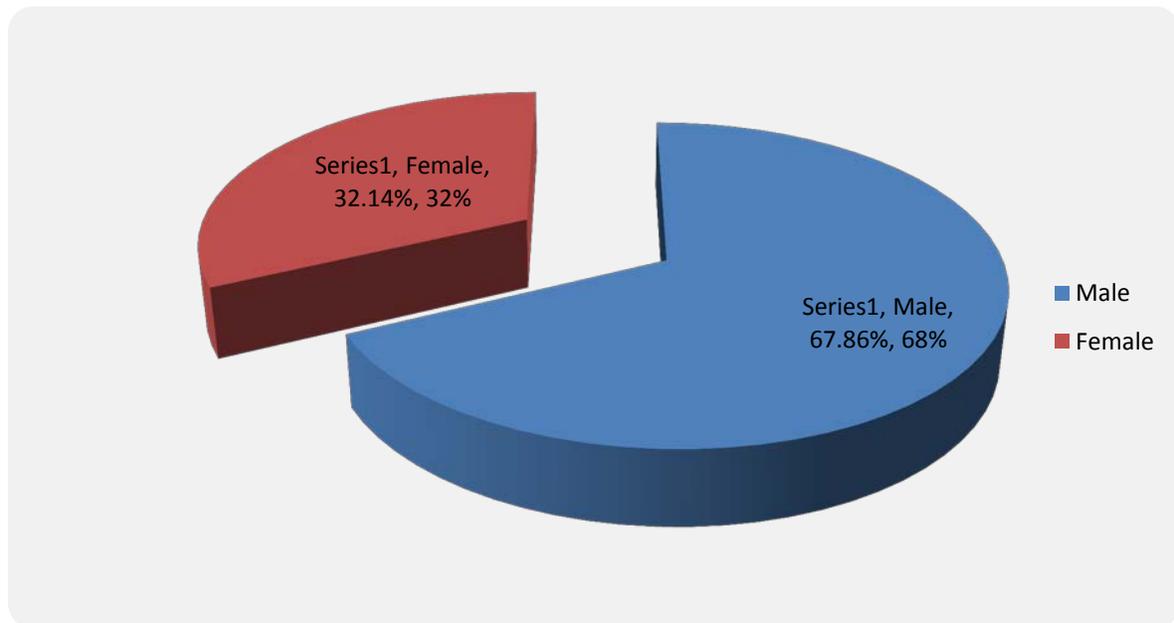
1.12 Training of Licensed Private Chemical Sellers

Chemical sellers play a vital role in case management of malaria, especially in communities without formal health facilities as is the case in many MCP communities. To improve on their services and contribution to home-based management of malaria, a 2-day training

workshop was organized for private licensed chemical sellers who operate in the two operational districts. A total of 28 chemical sellers comprising 68% males and 32% females attended the training (figure 5). Participants were given an overview of malaria in Ghana (i.e. what is malaria? malaria transmission, life cycle of the anopheles mosquito and malaria prevention). They were also taken through topics such as the anti-malaria drug policy in Ghana and the procurement, storage, record keeping and dispensing of anti-malaria medicines. The aim of this training was to build the capacity of private chemical sellers to enable them recognize and administer the correct doses of ACTs to community members in the case of uncomplicated malaria and refer those with complicated malaria to health facilities.

In Garu-Tempene district, the training was facilitated by Mr. Mohammed Mumuni Siafo, a registered pharmacist, from the Bawku Presbyterian Hospital while the pharmacist in charge of the Zebilla Hospital facilitated the training in Bawku West district. The key training methodologies used were group work, presentations, discussions and demonstrations. The Ministry of Health training manual for Licensed Chemical Sellers developed for Malaria Case Management in Ghana was adopted and used for the training.

Figure 11 Gender distributions of participants of chemical sellers



Source: ADDRO monitoring field data, 2011

1.13 Distribution of Motivational kits to Community Volunteers

Project branded bags and polo shirts were distributed to trained community volunteers to facilitate their work in the communities and also motivate them. Each of the two hundred and eighty (280) community volunteers selected and trained for FY2011 received a PMI/MCP branded bag and polo shirt. The bags also contained IEC/BCC materials for easy reference by volunteers during community education/sensitization sessions on malaria. These items were the second package after the presentation of bicycles to facilitate the work of the volunteers. An additional one hundred (100) polo- shirts were distributed to ADDRO partners and collaborators such as the District Health Management Teams (DHMTs) and District Assemblies in the two districts. Seven Hundred (700) Polo Shirts were also distributed to volunteers trained in year 1 as well as local chiefs and community leaders. Each of the trained community leaders were also provided with soap as part of the motivational package.

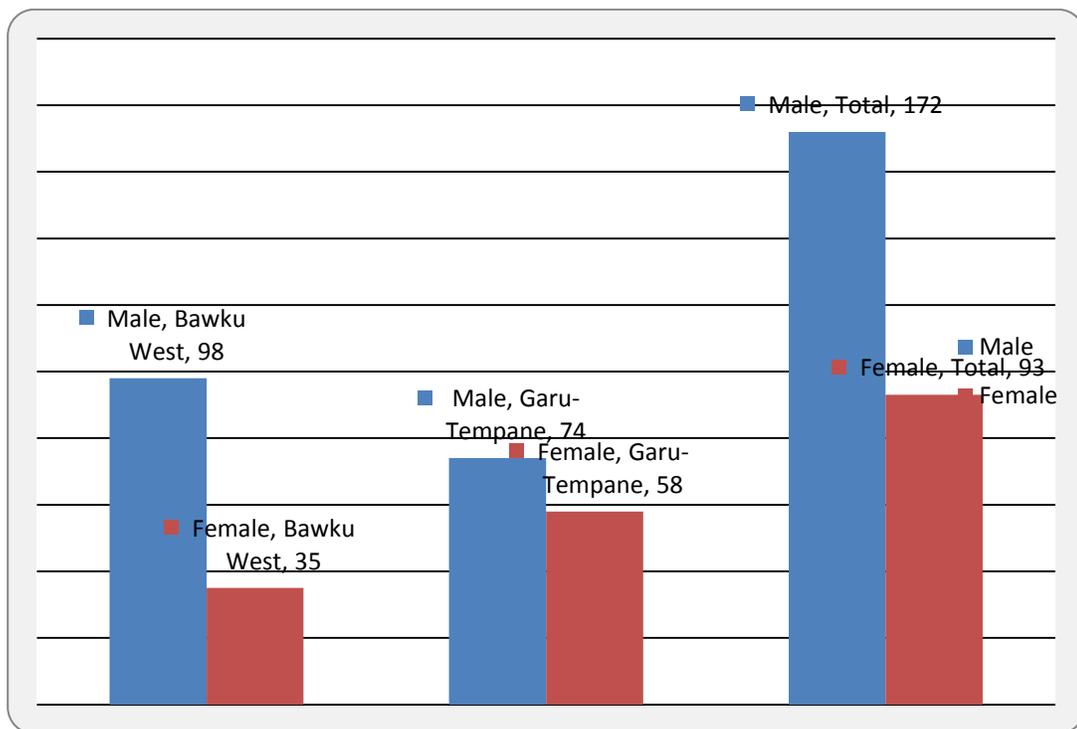
The purpose of providing these kits is not only to make the community volunteers and MCP more visible in the project communities, but also to motivate them as malaria agents in their communities. The branding of the bags and Polo- Shirts thus facilitates their identification as malaria control agents especially during house – to- house monitoring visits. The T-shirts also carry malaria messages such as *“sleep under a treated mosquito net to prevent malaria”*. The branding also indicates the funders and partners of the project which is a way of helping beneficiaries identify and appreciate the support of donor agencies.

1.14 Training of Chiefs and Opinion Leaders

Traditional authorities, women leaders and opinion leaders in communities are key stakeholders of the MCP. Their contribution to ensuring the success of development interventions through community mobilization, maintaining law and order and motivation of volunteers can be an effective tool in leveraging malaria control messaging and activities. To deepen the impact of this essential role played by these people, ADDRO organized a days’ workshop for such leaders in all the 104 new communities selected to participate in the MCP.

A total of 265 community leaders, comprising 172 males and 93 females, participated in this training (figure 7.0). There was no significant difference in the number of participants across the two districts. Bawku West had 98 and 35 of male and female participants respectively, while Garu-Tempene district had 74 and 58 males and female participants respectively. Low female representation is due to the fact that women are usually not given leadership positions in the communities due to deep seated cultural reasons.

Figure 12 Participants of Community Leaders Training



The objective of the workshop was to broaden the malaria prevention and control understanding of community leaders through the use of participatory learning methodologies. Participants were taken through overview of malaria in Ghana, preventing the breeding of mosquitoes, preventing mosquito bites, and the effective use of LLINs. Other topics were intermittent preventive treatment in pregnancy (IPT_p), case management of malaria, and the role of community volunteers and opinion leaders. There was also emphasis on their roles as opinion leaders to ensure the successful implementation of the project.

1.15 Determine Community Level Bottlenecks To Net Usage, IPT_p Uptake and Community Case Management (CCM)

Despite all the strategies and measure used to increase community member's access to malaria prevention and control interventions, some people are still unable to adopt these interventions due to various factors/reasons.

ADDRO through the MCP tried to determine these bottle necks and the appropriate measures to address them. This was done through participatory rural appraisal methods at the community level. A series of 15 focus group discussions were held in 15 randomly sampled communities in each district. In each of the sampled communities, women, men and children were separated to form 3 separate groups for the discussions.

This strategy created room for easy communication and discussion. The bottle necks were first identified and then ranked using pair wise ranking to come out with the most serious constraints. Community also members mentioned how they manage with the constraints as well as proposed solutions to mitigate the bottle necks.

Figure 13 A group of young people using PLA tools to identify community level bottle necks to nets usage



The community level bottle necks were identified along key malaria prevention and control strategies such as bottle necks to LLINs usage, low IPT_p uptake and early treatment of malaria cases, especially among children less than 5 years.

The results of the focus group discussions were not different from that of the first year. Some the community bottle necks to continuous use of the LLINs are summarized (in order of magnitude) in the table below.

Table 6 Community level Bottle necks to LLINs Usage

Bottle Necks	How Beneficiaries have been Managing with the Challenge	Required Mitigation Measures
1. The net produces heat making it uncomfortable to sleep in it	Use of fans (locally made) to fan themselves Remove their clothes while asleep. Opening of doors and windows to allow fresh air into the rooms.	Creating more ventilation when building sleeping rooms. Create safety measures such as burglar proof in windows.
2. When the net touches the body, it causes it to itch and makes the users feel uncomfortable.	Washing of the affected parts with soap and water.	Need more education on the use of the nets such as the need to properly air the net before sleeping inside it.
3. The chemical used to treat the net has a bad smell, especially when it is new.	Do not sleep in the net, especially during the first 24 hours after opening nets	If possible the chemical should be reconsidered Do not sleep in the net for an extended period, say 48 hours
4. The difficulty of removing the net from the room to the outside and sending it back to the room during the night.	Acquire more nets for sleeping both inside the room and outside the room.	Increase the number of nets in the house hold, or universal distribution.
5. Some people have bad dreams when they sleep in the net.	They avoid sleeping in the nets.	There is the need for more education on the use of nets.
6. There is the fear of getting	Stacking the nets well under the	There is the need for more

Bottle Necks	How Beneficiaries have been Managing with the Challenge	Required Mitigation Measures
trapped or entangled in the net, especially children	bed/sleeping mats.	education on the use of nets.

Among the bottlenecks to low patronage of IPT_p uptake in order of magnitude as well as how the communities do manage them and the proposed mitigation measures are presented in the table below.

Table 7 Community level Bottle Necks to IPT_p up take

Bottle Necks	How Communities manage with problems	Required Mitigation Measures
1. The drug (SP) has an unpleasant smell that makes pregnant women feel uncomfortable after taking it.	Pregnant women do hold their breath by closing the nose to be able to swallow the medicine.	The women suggested that an alternative to the SP should be sort for.
2. Pregnant women do get some adverse effects of the drug such as vomiting, heart burns, loss of appetite, abdominal pains and general body weakness. <i>A woman explains “when you take the drug, its scent remains hanging in the chest for some days. Sometimes you have to vomit before you feel comfortable”</i>	The use of local herbs as chewing sticks to stop vomiting. Some report adverse effects to the nearest health facility.	Need to report serious adverse effects to the health facility. Need to notify health staff on their next visit for possible remedy before they are given the next dose.
3. There are also some misconceptions about the drug such as it increases the size of the baby leading to difficult or prolonged labour.	They sometimes just overlook all the fears and go in for the medication.	Need for more education by health service providers on SP and IPT _p

Bottle Necks	How Communities manage with problems	Required Mitigation Measures
4. Inaccessibility of health facilities and the long distance pregnant women travel to health facilities before getting the IPT _p .	Pregnant women often walk long distances to the health centre.	Need CHPS compounds in communities. Need for more outreach/mobile clinic services.
5. Some women also naturally fear taking medicine, so to be asked to swallow up to three tablets at once is a big problem to some women.	Some do hide and put the medicine somewhere without the knowledge of the health workers.	Need for proper counselling of pregnant women at health facilities before they take the drug. Health service providers need to be more vigilant during the administration of the drug to ensure each swallows all the tablets.
6. Some women also alleged that some health personnel are unfriendly and embarrass them with the least mistake they make at the health centre. This makes them reluctant to go to the hospital.	Women try to contain any of such embarrassment and disgrace.	Health service providers need to educate pregnant women properly instead of insulting and embarrassing them.

On the part of constraints to early seeking of treatment for malaria, especially among children less than five years is presented in the table below.

Table 8 Community level Bottle necks to early treatment seeking

Bottle Necks	How Communities manage with problems	Required Mitigation Measures
1. Lack of money to pay for hospital bills	Mothers do borrow money from other people to pay after which they work or sell some property to pay	. Need for more education for parents/caregivers to enrol themselves and their children on

Bottle Necks	How Communities manage with problems	Required Mitigation Measures
	back. Some also rely on herbal treatment	the National Health Insurance Scheme (NHIS) to ease the financial burden.
2. Lack of support of family members (especially the fathers) to help mothers send children to hospital and the unwillingness of some men to spend on the health of children.	Use of herbal treatment and buying drugs from chemical sellers who do move from house to house. <i>(NB: Some of these drugs carried buy people from house to house are expired and be dangerous good.)</i>	Need more BCC in communities on responsible parenting.
3. Inaccessibility of health facilities and the long distance pregnant women travel to health facilities before getting the treatment for malaria.	Walking for long distances and using herbal treatment.	Need government intervention to provide more health facilities in the communities and use of mobile clinics. Need to train and empower community volunteers to do community case management of malaria.
4. There is too much bureaucracy in getting the National Health Insurance Scheme (NHIS) registration and renewal.	Some mothers resort to herbal treatment while waiting for their membership card or for it to be renewed.	Government should put in mechanism to ensure smooth running of the NHIS.
5. There are also some local beliefs and misconceptions about some malaria symptoms that do not allow the mother to send the child to the hospital early.	The use of herbal treatment and offering of sacrifices. Only men carry children with convulsions to the health facility	Need to intensify BCC at the community level.

2.6 Training of ADDRO and Ghana Health Service Staff in Monitoring and Evaluation (M&E) and Social and Behavioural Change Communication (SBCC)

As part of the strategies to improve the effectiveness and sustainability of the MCP, ADDRO organized a capacity building workshop for its staff and the staff of GHS who are directly working with the program. The objective of the training was to improve on the participants' capacity to carry out SBCC activities in the communities and to conduct regular monitoring of SBCC activities. Additionally it was to increase the capacity of the GHS staff to sustain and continue the program activities after the life of the MCP. In all, 28 participants comprising 23 males and 5 females attended the program (table 9). The GHS staffs were 13 comprising 9 males and 4 females.

Table 9 SBCC and M&E Training Attendance

District/Organization	Male	Female	Total
Bawku West GHS Staff	5	2	7
Garu-Tempene GHS Staff	4	2	6
ADDRO	14	1	15
Total	23	5	28

The workshop which lasted for 6 days was officially opened by the Upper East Regional Director of Health Service, Dr Koku Awoonor-Williams. He commended ADDRO for their leadership role in the fight against malaria in the region. He was also happy about the healthy collaboration existing between ADDRO and the Ghana Health Service especially in communities that are difficult to reach. Staff of the Africa Regional Office of ERD who provide ADDRO with Technical support for the implementation of the MCP facilitated the workshop. Dr. Stephen Dzisi handled the SBCC component of the training while Mr. Samuel Asiedu took participants through the M&E. Some specific areas tackled in the training include, Introduction to Monitoring and Evaluation, Monitoring and Evaluation Plan and Data management using Statistical Packages (SPSS).

The training methodologies used were discussions, group work and practical sessions during which participants did data coding and entry using EPIDATA software and analysis using

SPSS. Participants were very excited about the training and promised to put what they have learnt into good practice.

2.0 OTHER UNPLANNED ACTIVITIES

This section of the report covers some activities that have been conducted but were not planned for the quarter. Though these activities are usually not planned for, they play vital roles in the achievement of the program targets and objective.

2.1 ADDRO Staff Training in Conflict Management

During the year under Review, ADDRO organized a two day training workshop on conflict management was organized from 24th -25th November, 2010 for its staff. The purpose of the training was to equip staff with the skills to identify conflicts and manage them to improve on the effectiveness of human resources. It was part of ADDRO staff capacity building strategies.

2.1 Visit of Partners from ERD

A team from ERD visited ADDRO during the year under review. The aim of the visit was to have field experience of ADDRO's work and to offer supportive advice on the implementation of the program. The team visited ADDRO project sites in the Bawku West District, Talensi-Nabdam District, Bongo district and the Bolgatanga municipality. During these field visits, they interacted with ADDRO program beneficiaries and their families to understand how the ADDRO programs have impacted on their lives. Some specific project sites that were visited were the food security and livelihood support program, primary health care and malaria prevention and control. The team participated in a Community durbar in the Bawku West district that was aimed at increasing awareness on the use of mosquito nets and uptake of IPT_p.

2.2 Technical Assistance visit by MCHIP Program Associate (USAID)

Program Associate of the Maternal and Child Health Integrated Program (MCHIP), Ilona Varallay paid a five-day working visit to ADDRO's MCP in the last week of March. The purpose of the visit was to assess the performance of the MCP in meeting the needs of

communities in malaria prevention and control as well as offer technical assistance to the implementation team where necessary. On the first day of her visit, she met with the ADDRO team to finalize itinerary for the rest of her stay. Discussions were also held on issues such as updates on project activities, baseline survey report, and annual report for FY2010. The second to fourth days were field visits to the project sites. Two days of field visits were spent in the Bawku West district. In Bawku West, first point of call was on the District Director of Health Services, Madam Mary-Stella Adepesa.

The District Director lauded ADDRO's contribution to reducing malaria burden in the district. She further observed that though reported malaria cases has not seen any significant reduction, it was gratifying to note that there has been a reduction in malaria mortality in children under five years.

Also, in the Bawku West District, Iona and the team participated in the training of community volunteers and observed a house-to-house monitoring and usage of the LLIN by community volunteers.

Figure 14 Iona inspecting program data collection tools



In the Garu-Tempane district, she monitored net usage and participated in a community durbar to sensitize community members on the need for IPT and family support for pregnant women and children less than five years.

Ilona held a debriefing session on the fifth and final day of her visit during which she shared with the Project staff her observations and impressions about the project. She was generally impressed with the progress of work on the ground; commended the ADDRO team for their commitment and hard work. She offered useful suggestions for improvement in areas such training sessions, Behavioural Change Communication (BCC) strategies and supportive supervision.

Some recommendation by Ilona

- The conclusion of the baseline must include sections of recommendations based on the findings
- Again, a section in the baseline conclusion should be committed to program actions in relation to the findings.
- The project should develop key checklists to guide project officer on key messages, responsibilities and actions of community volunteers
- A post-test is recommended to check the knowledge acquired after every volunteer training
- On BCC, the project was required to stress more on the need for LLIN use as an effective means to prevent malaria and not stress more on environmental hygiene. Training of ADDRO staff and its GHS partners on BCC was also recommended.

Figure 15 Illona interacting with a community volunteer



2.3 Visit by USAID Ghana Mission

During the year under review, malaria specialist (Kwame Ankobea) from the Ghana Mission paid a working visit to ADDRO to assess the performance of the MCP. He first held an introductory meeting with the management of ADDRO during which he was briefed of the activities carried out in the year and the outstanding activities for the rest of the year. He discussed with ADDRO management the terms of reference for his visit: follow-up on distribution and hang-up of nets in year 2 communities; meet and interact with some community volunteers; and observe BCC activities in the field. He also reviewed the Trip report of Illona to see the level of implementation of the suggestions and recommendations made.

The second part of the visit was at the project sites in the communities where he witnessed the identification of community level bottle necks to Net usage, IPTp and community case management (figure 16). He used the opportunity to interact with some community volunteers and beneficiaries of the MCP.

He had a debriefing session with ADDRO management team after the field visits

Figure 16 Mr. Kwame Ankobea addressing women during a focus group discussion at Gore, Bawku West District



2.4 Malaria Communities Program Regional Workshop

ADDRO participated in a weeklong workshop organized for grantees of the PMI Malaria Communities Program in Africa, held in Lilongwe, Malawi from 2nd-6th May 2011. ADDRO was represented by two officers, the MCP Program Manager and the M&E Officer. Each of the two Officers participated in one of the two tracks of the workshop: malaria in pregnancy (MIP) and community case management of childhood illnesses (CCM) which ran concurrently. The main focus of the workshop was how to integrate the MCP with other national and community health programmes to increase its effectiveness. It also stressed the need to make MCP more sustainable at the community level so that community members can continue to run the programmes even beyond the lifespan of the current project in 2012. The workshop methodology used was lecture, group work, discussion and demonstrations. A total of 52 people participated in the workshop. The participants were drawn from 21 organizations across 11 African countries that are implementing the Malaria Communities

Program under PMI. The eight people who facilitated the workshop were from C-Change, MCHIP and Save the Children.

There was a lot of experience sharing and exhibition of materials on malaria and BCC. The ADDRO team has shared the materials and experiences from the workshop with other staff, especially those working on the MCP. These materials will help project staff improve on their performance.

Table 10 Summary of Activities

Project Objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
Objective 1: Increase community capacity to undertake BCC/IEC in support of key national strategies, specifically, LLIN distribution, IPT ₂ , and treatment with Artemisinin-based Combination Therapy (ACT).	<p>140 initial consultative meetings were held at the community level with community leaders.</p> <p>Number of People who participated in consultative meetings</p>	1.1 Undertake consultative meetings with district, sub-district and community leaders	A total of 140 consultative meetings were held with the community leaders at the community level. This was 100% achievement of the target for the FY2010. This activity was successfully completed and a total of 280 community volunteers were selected for the two project districts 140 consultative meetings were held in the new communities selected for year two.	
	<p>Number of ADDRO and GHS staff Trained</p> <p>Number of volunteers selected, trained and equipped.</p>	1.2 Undertake cascade trainings for district, sub-district and community Leaders	<p>Four different types of trainings were conducted during the year under review. These are training for community Volunteers, Religious and community leaders, Licensed Chemical sellers and ADDRO and GHS staff training.</p> <p>All 280 new volunteers selected for year in addition to the 284 volunteers for year one were trained.</p> <p>265 community leaders were also trained on malaria prevention messages whiles 28 Licensed Chemical sellers were also trained on the GoG policy on ACTs.</p> <p>A total of 29 staff of ADDRO and GHS have been trained in Social and</p>	

Project Objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
			Behavior Change Communication and Monitoring and Evaluation (M&E)	
		1.3 Undertake supervision of community consultations and trainings	The volunteers work was supervised at the community level by community leaders and project staff. Two review meetings were also held with community volunteers to supervise their activities	
Objective 2: To improve LLIN usage by pregnant women and children under 5yrs by 20%, uptake of IPT ₂ by 15% and health care seeking behavior of caregivers by 30% in Garu-Tempene and Bawku West districts in Upper East region in year 2	Number of people reached with BCC/IEC activities to promote LLIN usage.	2.1 Provide communication and motivational materials to facilitate district, sub-district and community level workers to undertake effective BCC/IEC campaigns	All the 564 community volunteers received a bicycle to facilitate their movement during house to house monitoring and education. They were also given motivational packages including project branded Polo shirts, Bags and stationary for monitoring. Each of them also received the BCC materials and conducted house to house education in their respective communities.	
	Number of Volunteers Trained and equipped			
	Number of people reached with BCC/IEC activities to promote LLIN usage	2.2 Undertake BCC/IEC campaigns at household levels and through community groups and awareness campaigns	A series of education campaigns has been conducted to educate community members on malaria prevention and treatment. A total of 111,826 people were reached through house-to house education, community durbars and focus group discussion to promote the uptake IPTp, LLINs usage and early treatment seeking for malaria.	
	Number of people reached with BCC/IEC activities to promote IPT ₂ uptake.			
	Number of people reached with BCC/IEC activities to promote care seeking for fever and recognition of severe malaria by caregivers.			

Project Objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
	<p>Proportion of children under 5 years with fever in last 2 weeks who received any anti-malarial treatment.</p> <p>Proportion of children under 5 years with fever in last 2 weeks who received an anti-malarial according to national policy (ACT) within 24 hours of onset of fever.</p> <p>Proportion of women who received IPT₂ during ANC visits during their last pregnancy.</p> <p>Proportion of population of all ages who slept under a LLIN the previous night.</p> <p>Proportion of children under five years old who slept under a LLIN the previous night.</p> <p>Proportion of pregnant women who slept under a LLIN the previous night.</p> <p>Proportion of women reporting family support for IPT₂</p>	<p>2.3 Undertake monitoring of BCC/IEC activities Quarterly</p>	<p>The activities of the volunteers were monitored by the project officer and community leaders as well as management staff.</p>	

Project Objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
Objective 3: To distribute 26,000 LLIN to children under five and pregnant women in 140 communities in 2 districts of Upper East region by the end of year 2	Proportion of households with at least one LLIN	3.1 Undertake registration of new Beneficiaries for LLINs distribution	A total of 19,709 beneficiaries were preregistered to gather relevant information before the hang-up.	
	Proportion of households with a pregnant woman or children under 5 with at least one LLIN.	3.2 Store and distribute LLINs to targeted areas through community volunteers and leaders	A total of 16,000 LLINs have been distributed to 14,223 children under five and 1,777 pregnant women in the two districts.	Net distribution could not reach other people such as the chronically ill and aged due to the shortage of nets.
	Number of nets distributed			

B. Challenges

The challenges the MCP face in the second year is summarized in the table below.

Table 11 Summary of Challenges

CHALLENGES/PROBLEMS ENCOUNTERED	PROPOSED SOLUTIONS
1. One of the challenges remains the protracted chieftaincy conflict in the Bawku Municipality. Though calm returned to the area for a greater part of the year, the situation still affected development activities. For instance the ban on the use of motorbikes in the area affected the movement of project staff between the Garu-Tempene District and ADDRO Office in Bolga.	Project officers relied on commercial vehicle for travel. Most activities were also scheduled for the morning sessions to avoid the curfew hours.
2. Some community members disagreed with the venues of some community durbars. They felt that joining another community for a durbar made them inferior.	Project officers postponed the durbars in such communities and took time to explain the rational for the action and to allow the community members resolve it to avoid clashes.
3. Most of the chemical sellers in the hard-to-reach communities are not licensed so did not turn up for the training for the fear being arrested. It was only those who operate in the bigger towns who participated in the training.	The program may have to use an alternative means of getting them to train. This requires further consultations with the DHMTs.
4. Volunteers reported difficulty in getting some household members for the net	Volunteers were advised to visit such households during late evenings

CHALLENGES/PROBLEMS ENCOUNTERED	PROPOSED SOLUTIONS
registration. This delayed the registration process.	

C. Program changes/adjustments

At the beginning of the program it was not very clear how the target of over 1,000 community volunteers was going to be achieved with 280 communities. The initial idea was to use one volunteer per 20 households and 2 volunteers per community. This resulted in the splitting of some bigger communities into smaller bits that increased the number of communities so fast. However the target for the community volunteers was being under achieved. It was until the fourth quarter of year two that it was resolved with Kwame Ankobea (USAID Ghana Mission) during his visit to the project. He suggested the need to maintain the bigger communities as they are officially known and called, but with enough volunteers to ensure effective work. With this revision and adjustments, the MCP as of the end of year 2 is being implemented in 200 communities (i.e. 109 in Garu-Tempene and 91 in Bawku West).

One other adjustment in the program was the inability to organize the World Malaria day. This was due to lack of time to properly plan the occasion. The time factor came as a result of the delay in approving the work plan and budget for year two. Couple with that was the travel of the program, manager and M&E officer to the regional workshop in Malawi. As these were not planned early advanced preparations could not be made for the celebration to be held in their absence. In place of the celebration, however, the team used the resources to organize community durbars in the communities to educate the people on malaria. These durbars recorded a high attendance and a total 17,414 people participated and learnt about malaria prevention and control. This did not change the purpose of the activity since it was meant to organize a durbar that might not have had this kind of attendance.

D. Monitoring and evaluation activities

The program midterm evaluation is not yet completed. The consultant has submitted the draft report to ADDRO which is being reviewed before the final report can be submitted to PMI. Monitoring data on net usage by all beneficiaries is still on going. This data is collected monthly by community volunteers and project officer and processed as part of quarterly reports submitted to all partners and stakeholders

E. Technical Assistance

In the first year, ADDRO requested for TA in M&E and SBCC. This was provided during the last quarter of year two. This training was provided for ADDRO and GHS service staff. We would need to monitor the effect of that on the performance of the participants in the first quarter of year three to determine further needs for TA.

F. If specific information

N/A

G. PMI Team Collaboration in country

Through the Africa Regional Office of ERD, the project has collaborated with PMI Ghana to secure sixteen thousand (16,000) nets which were distributed in year 2.

The Project Manager and Liaison Officer also participated in number partners' meetings at the Embassy. Key among these is health partners review meetings and a brainstorming session on how best the program could communicate successes to the external audience. This was a follow-up session to the success and communication training held last year for participants. The officers were trained in getting good beneficiary stories as well as taking good pictures to communicate about the program. The information and skill has been transferred to project officers and the entire ADDRO team

1. ERD African Regional Office Support

Episcopal Relief & Development is an independent 501(c)(3) nonprofit international relief and development agency whose mission is to offer a compassionate response to human suffering on behalf of The Episcopal Church of the United States. Our work to heal a hurting world is guided by the principles of compassion, dignity and generosity.

Due to our global nature, Episcopal Relief & Development forms partnerships with local organizations, primarily Anglican and Episcopalian Dioceses or their respective development departments to implement programs. ADDRO for example is the development agency of the Anglican Church in Ghana and has both local presence and ground expertise in implementing projects in Ghana.

Episcopal Relief & Development's Africa Regional Office, located in Accra, Ghana, is dedicated to the *NetsforLife*[®] program partnership although it offers support to the organization's health projects throughout Africa. The roles and responsibilities of both implementing partners and *NetsforLife*[®] management and technical teams are consistent across program countries. In the case of Ghana, Episcopal Relief & Development is responsible for offering technical and financial support to ADDRO ensuring project quality and integrity are maintained. ADDRO is responsible for the actual day-to-day running and ground implementation of the project strategy and activities as approved by *NetsforLife*[®].

During the year under review (2011), Episcopal Relief & Development supported ADDRO in the following areas:

Project Technical Support and training

- Episcopal Relief & Development was responsible for assisting ADDRO in project design meeting USAID specifications and recommendations. The Detailed Implementation Plan (DIP) process was initiated and led by Episcopal Relief & Development. This involved all the stages in DIP. The consultative and broad participatory nature of our approach allowed for all project partners to provide valuable contribution and facilitated a successful DIP. Specifically, technical staff from Episcopal Relief & Development led the workshop where the DIP was developed in partnership with ADDRO.
- In addition to the development of DIP, Episcopal Relief & Development offered project orientation and training to all project staff.
- Episcopal Relief & Development assisted ADDRO in the development of monitoring templates that aid project staff in tracking/monitoring activities. Episcopal Relief & Development reviewed the baseline questionnaire to make sure it captured all the outcome indicators outlined in the M&E plan.
- Episcopal Relief & Development reviewed and gave recommendations toward the selection of an appropriate sampling methodology for the baseline.
- Episcopal Relief & Development undertook field monitoring visits and provided technical support ensuring that the project remained on track and heading towards the achievement of project targets and objectives.
- Episcopal Relief & Development supported ADDRO in the development and review of work-plans as well as M&E plans.
- Episcopal Relief & Development has been responsible for reviewing, commenting and editing all project reports before final submission to USAID.

- Episcopal Relief & Development has been responsible for providing technical backstopping for ADDRO concerning all programmatic issues.
- Episcopal Relief & Development attended regional meetings and sat on subcommittees, including M/E, Logistics and Budget, in partnership on the Northern Region and Eastern Region mass distribution campaigns.

Liaison Support

- Episcopal Relief & Development supported ADDRO by, where possible, representing them in health partner meetings in Accra as ADDRO is located more than 1,000 miles away.
- Gifty Tetteh, the Liaison Officer between *NetsforLife*[®] and ADDRO sits in the Accra, Ghana HQ of *NetsforLife*[®]. Her role in support of ADDRO, included, but was not limited to the following:
 - Behavior Change Communication Review and Recommendations: communication with the National Malaria Control Program to adapt their BCC messages to the PMI project. Management of BCC materials screening, production and messaging.
 - Advocacy and sourcing of nets for the PMI project.
 - Represented ADDRO at all stakeholder's meetings.
 - Input and oversight of quarterly reports, Annual report, Workplan, Baseline questionnaire and volunteer manual.
 - Organization of *NetsforLife*[®] public events and branding especially during World Malaria Day, community durbars and other activities involving partners and stakeholders.
 - Undertook monitoring and familiarization trips to the project site. Constantly a point of contact for Episcopal Relief & Development, *NetsforLife*[®] and USAID on ADDRO projects.

H. Other relevant aspects

N/A

I. Publications

N/A

J. Success Stories

1. Success Story on the PMI Programme in Bawku West

The ADDRO/MCP is a malaria program with co-funding from the USAID and ERD. The program is being implemented by the Anglican Diocesan Development and Relief Organization, ADDRO with technical support from the Episcopal Relief and Development (ERD). The program has since distributed and handed over 15,000 LLINs to children less than five years and pregnant women in the Bawku West District.

During a monitoring visit, field officers came across a beneficiary, Mrs Apambun Azubilla of Widnaba community who gave a story about how she benefited from the net with her baby, Awinsira Azubilla.

According to her, before she received the net from ADDRO, her baby Awinsira often fell sick and any time he was sent to a health facility for treatment, he was often diagnosed of malaria. The health officials advised that they should sleep under a treated net to protect them from mosquito bites. However, several attempts to find a net and buy had proven futile. She said she went to many health facilities including the district hospital to buy the net and it was not available.

Fortunately, ADDRO came to their aid with nets which were not only given to them free of charge but handed for them. After using the net for some time now, her baby does not fall sick again. She said the last time she was in a clinic with her baby for weighing, his weight increased significantly contrary to previous weighing visits. The nurses were impressed with my baby's weight and health status and asked what the secret was. *"I told them my baby and I now sleep under a treated bed net courtesy of ADDRO and no longer get mosquito bites"*. According to Mrs Azubilla, *" the nets from ADDRO to this community is a savior since most children fall sick of malaria at this time of the season where mosquitoes have increased in their numbers. This is even more pronounced because of previous Galamsy operations that left many pits containing water when it rains. Before the nets came, if you send a child to "doctor" for treatment you could sit for almost the whole day before the "doctors" look at your child. It was "wahala" but thanks to ADDRO people for the nets, my child sleeps under a net and does not fall sick easily again. I have nothing to give you the ADDRO people but our ancestors will bless you in your work to go higher and higher and continue to remember about we the rural people"*

The story of Mrs Azubilla is not different from other beneficiaries in the district as there is a craze for nets in the district especially the aged. Most people troop to the ADDRO field

office in the district demanding to buy the nets. And as you are aware, ADDRO nets are for free and as such prospective buyers are usually turned home looking disappointed. They often make request for the net coverage to be extended to the aged since they are equally vulnerable to malaria.

2 Story Of Madam Anaba Ayetya

The strategies of the MCP had yielded a lot of benefits to community people in the district. Community members are being sensitized on the cause and prevention of malaria during durbars and house-to-house education.

Table 12 Madam Anaba Ayetya and her Healthy Baby



Anaba Ayetya, one of the beneficiaries of ADDRO free nets in Tambalug under the Garu sub-district explains that previously she had very little knowledge about malaria prevention and control. Now as a result of the work of their community volunteers and the meetings she attended she knows a lot about the disease. She indicated *“when my child has temperature, I expect malaria first, then, I do what is necessary immediately. I bath her with lukewarm water, give her Para and rush her to health center for treatment”*. *When I was pregnant I*

attended ANC and took full dose of IPTp and I know it help me a lot compare to previous pregnancies. Ayetya's husband had accompanied her to ANC once during her pregnancy to take IPTp. "I think it is because of education and sensitization of our volunteers that my husband did this first in the history of our marriage". She added.

As to what she does with the net that was hanged for her, Ayetya said she and her children sleep in it every night because of mosquitoes. She added that *"there are many mosquitoes and if they don't sleep in it the mosquitoes would carry them away"*. Though this year she had sent her child to hospital the health worker said it was diarrhoea. *"The net had helped to save me the psychological traumas, money and time of having to take the child to health center because of malaria"*. She gladly explained. She was appreciative to ADDRO for the free net distribution and hang up.

There is every indication that the BCC/IEC strategies are effective and need to be integrated in every aspect of the project implementation. The radio drama will also go a long way to enforce the key messages on malaria to a larger community. This would also supplement the work of the community volunteers.

K. Field Photographs

Figure 17 Community Volunteers, Chiefs and Religious Leaders in a Review Meeting.



Figure 18 Upper East Regional Director of Ghana Health Services with Participants of SBCC and M&E Workshop



Figure 19 Participants in a group discussion during volunteers training in Garu-Tempene District



Figure 20 Demonstration of net hanging during volunteers training



L. Conclusion

The project in year 2 continued to build on the achievements made in year 1, whilst adjustments were made to address and respond to certain challenges that were observed in year 1. For example the inclusion of bicycles for community volunteers in the year 2 work plan and subsequent approval by USAID significantly improved the performance of the project. Timing for the release of money for project activities, especially during the first quarter had also seen significant improvement in year 2. The project appreciates this positive development and looks forward to the same or even improved level of cooperation in year 3.

ADDRO and ERD are also very appreciative of the cooperation and support it received and continue to receive from its partners such as the Regional Health Directorate, DHMTs, District Assemblies and community leadership which to a large extent has contributed to successful implantation of the MCP. In year 3 the project will not only continue to work with these structures, but will even deepen the level of cooperation so as to sustain the project achievements after close-out.