Malaria Communities Program Grantee Training

October 26 – 31, 2009

AMREF Conference Center, Nairobi Kenya

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I. Summary

Two teams from MCHP (Michel Pacqué and Debra Prosnitz) and C-Change (Carol Larivee, Tara Kovach from Washington DC and Catherine Lengewa and George Kahuthia from Kenya) were in Kenya to facilitate the MCP Training Event held in Nairobi from October 26-31, 2009. The training consisted of 2 concurrent courses: Project Design, Monitoring and Evaluation (PDME) and Designing for Behavior Change, facilitated by MCHIP and C-Change respectively. All 20 MCP grantee organizations attended the training, in most cases one person from each organization attending each training course. This report describes the courses and the joint sessions, as well as participant feedback. In general, every aspect of the event received a high rating from almost all participants, and everyone said that they left the training with new skills.

Specific Objectives of the Training:

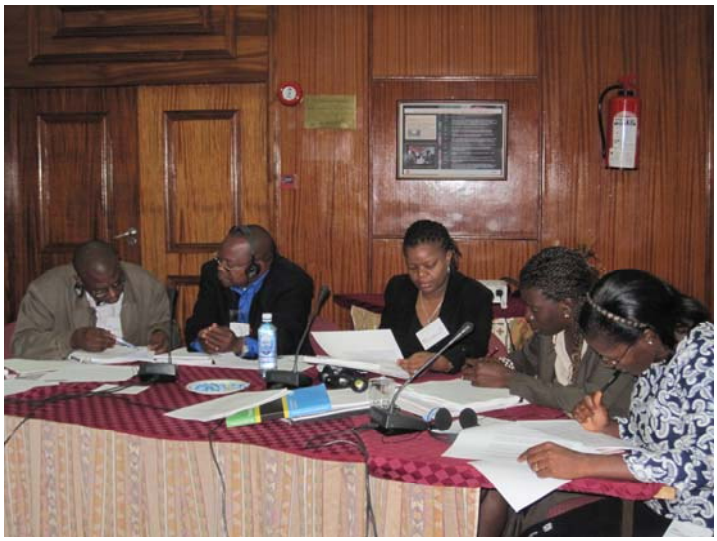
1. Build Capacity in Community-Based Malaria Project Design, including Monitoring and Evaluation
2. Build Capacity in Behavior Change Communication Assessment and Design (C-Change)

USAID Notes and Observations:

Four USAID/Washington staff participated in the workshop (MCP AOTR, Megan Fotheringham, and three OAA representatives: Jamie Beck, Jeannine Beavers and Patricia Bradley). Individual meetings with each grantee were conducted during lunch and after workshop hours to ensure that grant management and implementation issues were identified and addressed for all twenty grantees. A summary of the meetings was compiled and submitted to the MCP AOTRs for follow up at the end of the meeting. As for the workshop itself, the USAID staff attended both the PDME and the BCC sessions. USAID observed that the participants, on the whole, were engaged in the workshop and actively participating in the activities. The breaks, lunches, and the cultural event functioned well as ways to introduce the grantees to each other and to build a network of MCP colleagues. Overall, USAID found that the workshop met the activity objectives.

II. PDME Course Description and Participant Feedback

Throughout the six-day PDME training, individuals increased their knowledge and skills in community-based malaria project design, including sustainability planning. Specific skills that were built and demonstrated by the end of the week included developing a results framework, a workplan matrix, and a Monitoring and Evaluation (M&E) plan. Participants from different grantee organizations were able to learn from colleagues implementing in their own countries, as well as colleagues implementing in different countries and environments. This enabled dialogue on policy and advocacy, as well as on innovations and best practices. MCP grantees will be using the knowledge gained from this training to develop and refine their annual workplans, which will be submitted to USAID for review by PMI and MCHIP teams at the end of November. Participants were given both hard and electronic copies of all workshop materials. Electronic copies can be downloaded at: *http://www.childsurvival.com/documents/mcp/mcp.cfm*



The PDME curriculum is a mix of presentations and small group work, which requires active participation by attendees throughout. Participants were seated at pre-assigned tables of 5-6 people, which grouped highly experienced participants with least experienced participants, new grantees and continuing grantees, and participants working in the same countries. The table assignments enabled participants with a range of competencies to build skills and learn from each other, particularly during group work. With the aid of the translated workshop materials and simultaneous translation, Francophone and Lusophone attendees were able to follow the course and fully participate in group work: they were active in asking and answering questions, and presented the work of their small groups.

Participant Feedback:

About 90% of respondents rated the course "very well" or "well" in terms of effectiveness of curriculum, meeting expectations, and ability to apply new skills to one's own project. None of the evaluations registered "not well" or "poor" (lowest scores) on any indicator. All participants noted concrete skills they acquired, such as constructing indicators, setting appropriate goals and objectives, and improving logic among activities, strategies, and objectives.

All participants noted how they would share what they learned with their colleagues. Some examples include: create a training report, assist them with M&E issues, and sharing the materials.

Suggestions for improving the course include using more practical examples from MCP projects, adjusting the timetable to spread out discussions of theory throughout the week and to allow for more group work as well as more time to debrief group work, and scheduling the workshop about 1 – 2 months prior to the due date for workplans.

A more detailed analysis of participant feedback is included in Annex C.

III. Designing for Behavior Change course description and participant feedback

Objectives:

- Provide an orientation to a social and behavior change communication (SBCC) framework and approach
- Motivate participants to use principles of a broader scope in SBCC
- Provide some tools for "understanding the context"
- Provide a forum for discussing challenges and opportunities for SBCC programming

Approach

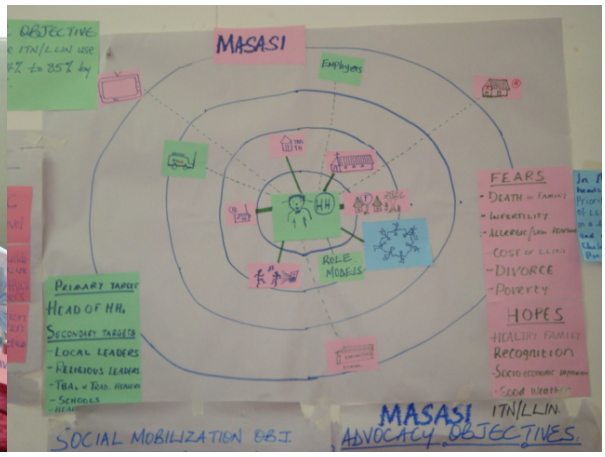
The training followed an experiential approach utilizing a case study with extensive group work and sharing of experiences. Participants were split into fictional districts and, within a social and behavior change communication framework, underwent a number of exercises that highlighted the major building blocks of a social and behavior change communication strategy and program. Participants were given opportunities to share highlights of their programs under specific sessions devoted to communication strategies, interventions and materials. The key areas of focus were:

Understanding the Situation	**Focusing and Designing**	**Creating**	**Implementing and Monitoring**
• Personal behavior change to SBCC • Problem Tree • People analysis • Elements of a strategy • Target population profiles • Segmentation of target populations	• Formative Assessment SBCC objectives • SBCC Strategy • Intervention Selection	• Message development • Materials • Indicators • Pretesting	• Monitoring and Revision • Implementation Challenges

Team results

Once in groups, participants chose the name for their fictional districts. Each team focused on different malaria strategies exploring advocacy, social mobilization and behavior change communication approaches. Following are the key results from their group work:

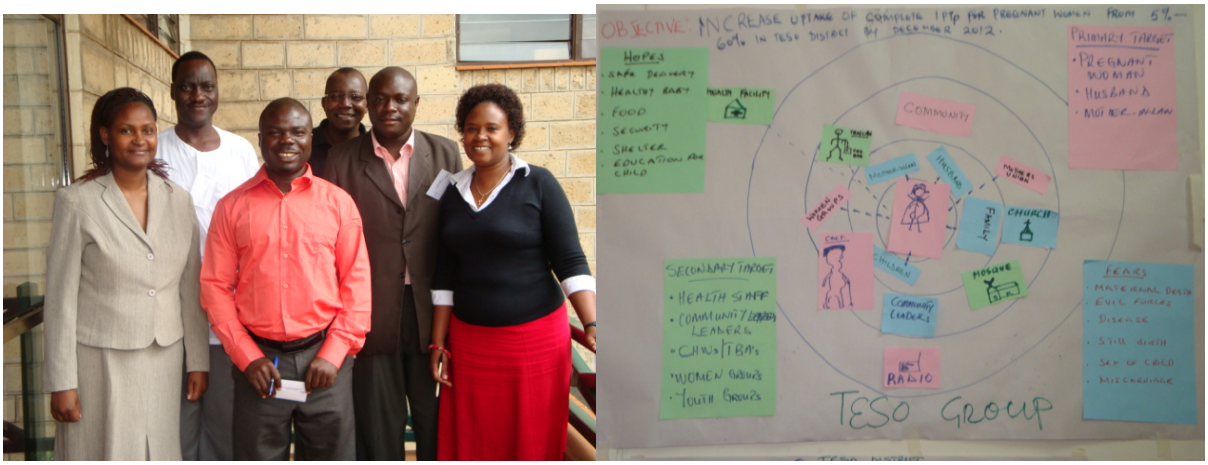
Masasi District



Behaviors	Low and inconsistent use of ITNs at household level
Desired Behaviors	Consistent use of ITNs at household level especially for pregnant women and children under five from X to X
Target	Community Leaders and heads of households
Communication Objectives	By the end of the project… Advocacy • Increase in number of community leaders who make community declarations on the acceptance of LLIN use as a house hold culture

	• Increase in the number of opinion leaders and groups that will lobby government policy around the supply chain issues for ITNs Social Mobilization • Increase in community dialogue and meetings on ITN use by local leaders (religious, cultural, opinion leaders) Behavior Change • Increase in knowledge about ITN use • Increase demand for nets and information about nets • Increase skills in how to hang a net
Key Benefits	• Low incidence of malaria at house hold level • Increased HH productive (economic) • Insecticides in LLNs also repels or kills other insects and bugs such as houseflies, cockroaches, etc. • Reduce pressure on family relationships
Key Barriers	• Competing priorities at house hold level • Low knowledge of benefits of nets • Cost of nets • Myths (about colors, insecticides, shape) • Low support of nets and retreatment kits
Draft Messages	• Kick malaria out of your home, sleep under an ITN every night • A malaria free family is a wealthy family, acquire and use an ITN • Use ITNs for a united and happy family
Interventions	Advocacy Dialogue sessions with opinion leaders • Documentation and sharing of advocacy issues from community • Capacity building for opinion leaders on advocacy Social Mobilization • Special messages targeting women in the community • Distribution of ITNs • Post ITN follow up BCC • Community programming on net use • Capacity building of Volunteers on how to teach net use • Documentation and recognition of best practice

Teso District



Behaviors	Low uptake of IPT
Desired Behaviors	Increase uptake of IPT
Target	Pregnant Women
Communication Objectives	Advocacy • More commitment for resources for IPT from government • Increase in service delivery outlets Social Mobilization • Increase in community discussion in public forums or in the media • More men and families supporting their wives to go for IPT BCC • Increased demand for IPT information • Increase demand for ANC services
Key Benefits	• Safe delivery • Health baby • Good health of mother during pregnancy • Free ITNs and IPT • Free folic acid and ferrous sulphate tabs • Information and counseling
Key Barriers	• Distance to the health facility • Social cultural barriers • Influence of TBAs and traditional leaders • Time and transport costs • Corruption by health staff • Attitude of health workers • Drug ITN stock outs • ITNs not available.
Draft Messages	• Are you a responsible man? Escort your wife to the ANC clinic. • I and my baby are free from malaria, are you? Attend ANC

	• Are you pregnant? Visit the nearest health center. You will get free ITNs and anti-malaria drugs.
Interventions	Advocacy • Dialogue meetings with MPs, councilors and Chiefs • Press briefings Social Mobilization • Public health days • Religious gatherings • Cultural festivals • Community events • Malaria walks • IPT days • Sport events BCC • Peer education • Dialogue meetings for women support groups – use of interactive activities such as role plays • Drama • Talk shows • Music with messages

Asante District

Behaviors	Low utilization of health services for treatment of fever
Desired Behaviors	Increase use of health services for children under five who present with fever within 24 hours
Target	Women caretakers
Communication	Advocacy

Objectives	• Increase in the number of community leaders who will have signed a petition to regulate the practices of traditional healers and drug sellers in relation to fever of children under five Social Mobilization • Increase in community discussions among community leaders in public forums or in media on the importance of taking children to the health center with fever with 24 hours BCC • Increase in the number of people seeking information on the importance of seeking treatment at the health center
Key Benefits	• Proper diagnosis • Proper treatment • Health education • Reduced mortality and morbidity (health babies) • Saved income • Save man house • Increased productivity • Harmony in the family
Key Barriers	• Distance to the health center • Poor supply chain • Poor services at the HC • Ignorance by the caretakers about the seriousness of malaria • Influence from community leaders, husbands, mother-in-law • Cultural beliefs and practices
Draft Messages	• Are you responsible? Stop Malaria take all sick children to the health center • Are you responsible? A health family saves resources.
Interventions	Advocacy • Orientation of government leaders on malaria • Conduct quarterly meetings with government leaders, traditional healers and shop owners Social Mobilization • Training community leaders, traditional healers on early diagnosis, management and complications from malaria BCC • Training of community health workers to interact with the community.

Milimani District

Behaviors	Rejection of IRS
Desired Behaviors	Acceptance of IRS
Communication Objectives	Advocacy • Government will commit more resources for IRS • Increase in leaders participating in IRS activities in their community Social Mobilization • Increase in community discussions in public forum and media on the importance of IRS • Increase in public places sprayed BCC • Increased demand for IRS
Key Benefits	• Reduction of mosquito population • Reduced risk of malaria • Reduced mosquito bites and noise for improved sleep • Kills other insects • Reduce medical costs • Improve socio-economic status
Key Barriers	• Inconvenience, loss of privacy (all of your personal possessions outside the house • Fear of developing health problems due to IRS allergy • Consumption of time and resources • Unpredictable weather conditions • Mistrust of the sprayers
Draft Messages	• Spray your house, reduce malaria • Sleep safe, sweet dreams • Remain safe with IRS • Be a pioneer in your community, but No 1 in your family • A real father protects his family by spraying their house • 15 min of inconvenience, 150 malaria free days • It takes 15 minutes to be a hero in your families eyes

	• 15 minutes can save your families lives.
Interventions	Advocacy • Establish malaria committees that integrate local leaders at various levels • Sensitize local leaders of benefits of IRS through training • Organize meetings with parliamentary health committees, MOH, MOF, Division of malaria control Social Mobilization • Training of community health workers, media • Organize demonstrations of IRS spraying in public places • Cooperate with media to spread IRS related info though weekly radio programmes in local languages • Add IRS issue to agenda of existing community meetings • Organize different performances to sensitive the community (poetry, drama, songs) • Community dialogues • Community action campaigns BCC • Distribute materials • Household visits by community health workers • Malaria awareness days • Mobilize local activists • Interactive discussions with traditional healers

Sharing Lessons Learned

During the various sessions, participants shared their experiences. Presentation included:

- In Uganda, Health Partners presented on their work coordinating with the National Malaria Communication Strategy for greater impact.
- In Malawi, Concern Universal presented on the national communication strategy. The focus is on examining what influences people in their decision making process. CI is undertaking innovative work with Chief's monitoring malaria outcomes with early success.
- In Tanzania, Lutheran World Relief reported on their work with Pastors and integrating malaria programming into the systems and structures of the church organizations.
- In Angola, ADPP shared innovation in utilizing school children and local radio to engage the broader community on malaria actions.

Broad discussions in group work, during the coffee breaks and in plenary sessions highlighted the importance of networking for solutions to local problems.

Brainstorming on Challenges and Solutions

Participants brainstormed on the major challenges they are facing in implementing communication programming for malaria. *Underlying all of these issues was the continuing*

problem of financial resources to support communication for community programming. The following are the results of this important discussion.

Community Participation

Problems	Solutions
1. Not involving communities in planning interventions 2. Community lack of participation in monitoring activities 3. Low motivation of communities 4. Lack of transparency by implementers 5. Potential sabotage by community leaders	1. Involve community in identification of problems, prioritizing interventions and resource mobilization. In addition conduct a good community analysis prior to starting project. 2. Adopt participatory monitoring by identifying key informants 3. Recognize community efforts. i.e radio programs mentioning good performance; give feedback 4. Make reports public, help the community understand and own what you are doing 5. Identify potential leaders, dialogue with them and use them to convey the message. Integrate community structures such as traditional healers, TBAs, etc. Also consider that major opinion leaders are also politicians.

Volunteers

Problem	Solutions
• Volunteers are overloaded – too many organizations and too many tasks • Motivation – to pay or not to pay? • Profiles – education, age, social status, duration, job description • Linkage with health facility • How much time should they work? How long? • Monitoring their work • High turnover	• In a country, there needs to be a standard policy for volunteers • Coordination on how to compensate volunteers needs to be discussed with all NGOs • Resource mobilization (basket fund, resource pool) to support volunteers • Active support from the communities

Feedback and Pre and Post Test

Daily evaluations were quite positive ranging from good to excellent. A pre and post evaluation was given showing an initial increase in knowledge on the basics of social and behavior change communication from a average score of 4.89 out of 10 to 6.7 out of 10 in the post test. The organizations would benefit from additional training or TA in the utilization of theory, the development of clear behavior change communication objectives and indicators and participatory monitoring.

IV. Joint Sessions Description and participant feedback

Participants from the Designing for Behavior Change course joined the PDME course participants for the sessions on *"Using Participatory Qualitative Assessments for Situation Analysis", "Communication Objectives for behavior change and project design"* and *"Choosing indicators and developing an M&E plan."*

The training event also included five "Management Seminars" which were sessions on Supportive Supervision, Gender and Malaria, Collaborative Partnerships, Project Success Stories, and a discussion on Innovation. Participants from both courses attended these sessions. Brief descriptions of these sessions follow.

Supportive Supervision: This was facilitated by Catherine Lengewa and George Kahuthia, C-Change/Kenya staff, with input from MCHIP. CRWRC and MIHV gave brief presentations about their project experiences with support supervision during this session. Participants completed a self-assessment quiz to identify their individual communication style. The facilitators discussed the characteristics of each style including the strengths and limitations of each and how these may impact on supportive supervision. Eighty-eight percent of participants rated this session "good" or "excellent".

Gender and Malaria: This was a lunch-time discussion session facilitated by Debra Prosnitz, which explored issues of gender equity that contribute to differential exposure to malaria infection, and gender differentials in access to preventive and treatment commodities and services. Audience participation was low as participants sat down to eat and increased as participants shared specific examples of gender differentials in their countries and project areas. Sixty-six percent of participants rated this session "good" or "excellent". Two participants commented that having this session over lunchtime was not conducive to optimal participation.

Collaborative Partnerships: MCHIP hired KeNAAM CEO Edward Mwangi to facilitate this session and gave input to his presentation, which focused on the experience to date in organizing and maintaining a national network of NGOs working on malaria in Kenya. This session included a discussion about NGO networks for malaria in other countries and a Q&A section. Fifty-two percent of participants rated this session "good" or "excellent". A few participants commented that KeNAAM's presentation was too long.

Project Success Stories: MCP AOTR, Megan Fotheringham, provided a presentation at the close of the fourth day on how to identify, prepare and share success stories from the MCP grant program. This session provided grantees with key writing tips, presentation ideas and possible audiences for success stories. The session ended with a discussion among grantees about ways

to develop stories and how to identify important topics and communicate key messages using this format. Eighty-six percent of participants rated this session “good” or “excellent”.

Innovation Discussion: This session was facilitated by Michel Pacqué. Participants were briefly exposed to a framework which starts from the assumption that innovations solve local implementation challenges and can inform standard practices at scale. The framework tracks the evolution of innovations from “bright idea” to evidence-based standard practice through a conceptual map, which illustrates where strategies fall on a continuum of innovation. The mapping tool ties innovations to the rigor of the evidence-base that supports the strategy and the degree to which the innovation is replicated. Implementing organizations and decision-makers can use the tool to focus their efforts on gathering data/evidence around promising practices before scale up and use empirical evidence to monitor and promote the evolution of “bright ideas” to standard practices. Several participants shared some of their own innovations – many of them implemented within the MCP project. Seventy-two percent of participants rated this session “good” or “excellent”.

V. Logistics Description and participant feedback

MCHIP organized workshop registration and maintained communication with grantees to provide updates. MCHIP contracted AMREF to “host” the event, in terms of using their conference facility and distributing per diem to each participant. MCHIP also made all flight, airport to hotel transit in Kenya, and accommodation arrangements for MCP grantees (39 participants total), and paid those invoices. MCHIP advised grantees regarding visa requirements and reimbursed participants accordingly. MCHIP contracted a local language interpretation service, recommended by USAID/Kenya, to provide French and Portuguese interpretation during the training, and arranged with a local (Maryland) company to translate all PDME training materials into French and Portuguese prior to the event. MCHIP provided overall facilitation for the event in addition to adapting and facilitating the PDME course.

With few exceptions, the majority (84%) of respondents rated all of the logistics arrangements between “OK” and “excellent”. Several participants commented that transport from the airport, and to and from the hotel each day could be improved. Some noted the delay in picking up their per diem payments, which was due to institutional accounting communications between ICF and AMREF. A detailed breakdown of scores is provided in Annex C.

VI. Conclusions and Recommendations

Every participant responded that s/he was leaving the training with new skills. Likewise, all respondents indicated that attending the training was a valuable experience; that they will be able to apply what they learned to their MCP projects; that meeting other grantees was a valuable experience, and that they would like to continue interacting with other MCP grantees to share information and ideas.

It is clear from the majority of responses that the training was a success. It met its goals for skill building, while also ensuring the logistics required for participation.

From MCHIP's perspective, the size and scope of the event made it a challenge to organize. If the opportunity comes again, we now have a blueprint for logistics arrangements, as well as how we might organize ourselves to ensure that all arrangements, including the course itself, meet expectations for efficiency and utility.

Follow-up:

1. Ensure that workshop materials are accessible on-line. (done - MCHIP)
2. Check-in with grantees regarding informal feedback on the event and suggestions for continuing group dialogue. (MCHIP and C-Change)
3. Set up mechanism for continued dialogue and sharing of successes and challenges.