



President's Malaria Initiative

ANGLICAN DIOCESAN DEVELOPMENT AND RELIEF ORGANIZATION (ADDRO)

MALARIA COMMUNITIES PROGRAM

ANNUAL REPORT FY 2010

SUBMITTED BY: ADDRO, GHA

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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 being funded by the United States Agency for International Development (USAID) and the Episcopal Relief and Development (ERD). In addition to providing counterpart funding for the project, ERD also provides ADDRO with technical support to ensure the successful implementation of the program.

The overall goal of the MCP program 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 program seeks to achieve the following specific objectives;

- Increase community capacity to undertake BCC/IEC in support of key national strategies, specifically, LLIN distribution, IPTp and treatment with ACT
- 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 first year (FY2010) of implementation of the three year program. The report contains the main accomplishments of the program, the main challenges or constraints of the program, 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 Accomplishments of the Program

The main accomplishments of the program in the first year are presented below:

1.0 Initial consultations to introduce the program

The implementation of program activities started with consultative meetings with stakeholders to sensitize them on the importance and objectives of the program. It was also intended to define the roles various stakeholders would play to ensure the success of the program. The consultative

meetings were done at two levels: meetings with implementation partner organizations (RHD, DHMTs and the district assemblies) and the beneficiary communities.

1.1 Meeting with RHD, DHMTs and District Assemblies

The consultation with implementing was done by the management team at the various offices of the implementing partner organizations and agencies. Prominent among these members were the Regional and District Health Directorates of the Ghana Health Service, and the District Assemblies. These familiarization meetings were held from 11th to 22nd January 2010 at separate meetings at the Regional Health Directorate (in Bolgatanga), Garu-Tempene and Bawku West districts. The objectives of the meetings were to formally introduce the MCP to them and seek their suggestions and support on some of the implementation issues. The issues that were discussed at these meetings centered on community volunteers, the level of collaboration and cooperation required of each partner, the expected results of the program and the mode of measuring program success.

The outcome of the meetings included the following;

- At each of the implementing districts, a date was fixed for a detailed orientation workshop for the collaborating institutions to help DHMTs get a better understanding of the program.
- It was agreed that the community volunteers that are used by the GHS can be used for the MCP. However in the new communities that would be selected or if there were no GHS volunteers in some communities, new volunteers could be selected by the community members with the assistance of MCP Project Officers.
- It was also realized that many NGOs come into the districts with varying reward and motivational packages for community volunteers. As a result, many community volunteers now demand some form of remuneration for their services due to the so much work that is expected from them.
- The high illiteracy rate among women in the two districts was identified as the major challenge in using women as volunteers for their communities.
- On the part of cooperation and collaboration, the DHMTs pledged their full support for the program since it was to complement their work and help reduce malaria related sicknesses which is a serious developmental problem in the region.
- A possible conflict of interest which they envisaged was the fact that they (GHS) sell their nets at a subsidized price while MCP's strategy is free distribution of nets to beneficiaries. In this case they anticipate challenges in continuing their program alongside the MCP or when the MCP phases out.

1.2 Stakeholder Orientation meetings

To deepen the impact of these consultations, stakeholders' orientation workshops were organised at each of the program districts to educate participants on the MCP. The goal of these orientation meetings was to secure the support and cooperation of the stakeholders throughout the lifespan of the project and even beyond.

To achieve this, the orientation meetings were specifically intended to, among other things, achieve the following:

- Orient GHS partners on ADDRO and its development activities in the diocese generally, but in the project districts specifically;
- Discuss with participants the key components of the National Strategic Plan for Malaria Control;
- Orient partners on the President's Malaria Initiative (PMI) generally, but specifically on ADDRO's PMI Project; and
- Identify and discuss with partners the roles expected of them for successful project implementation

Two district level orientation meetings were held with the DHMTs of Bawku West and Garu-Tempene districts. The meetings were held at Zebilla and Garu on the 25th and 27th of February 2010 with each workshop lasting for a day.

The meetings were well attended by the Ghana Health Service staff in both districts. A total of 74 people made up of 46 males and 28 females attended the Orientation meetings. Table 1.0 below gives the distribution of the participants by district and gender.

Table 1.0: Summary of attendance of Stakeholders consultative meetings.

District	Attendance		
	Male	Female	Total
1. Bawku West	22	13	35

2. Garu-Tempane	24	15	39
Total	46	28	74

The meetings were facilitated by the Project Manager and the M & E Officer of the MCP. The main presentations covered the following areas:

- A brief background of ADDRO as an organization and its activities
- National approach to malaria control
- PMI generally, but specifically the MCP to be implemented by ADDRO
- M & E for the MCP
- Role of various stakeholders

The participants made some suggestions about the implementation of the MCP. Some of them are the following.

1. It was also observed that some beneficiaries discriminate against the color of the nets. Therefore the project should consider distributing variety of colors of the LLINs so as to meet varying preferences of beneficiaries. Though color of the LLIN has no added advantage in terms of protection, it certainly does have the potential of affecting level of net usage depending on whether beneficiaries get their preferred colors or not.
2. It was observed that women do leave their rooms and go to sleep in their husbands rooms. During these periods they can still be beaten by mosquitoes. It was therefore suggested that to ensure that all pregnant women have access to nets, net distribution should be universal since giving the children and pregnant women alone will not guarantee sleeping in the nets by all target groups, especially women who sometimes sleep with their husbands.
3. Some participants also proposed a combination of net distribution with Indoor Residual Spraying (IRS) for effective control of the mosquitoes.
4. There was also the possibility of conflict of interest as GHS has some nets are sold at subsidized price.

1.3 Community level Consultations

Consultative meetings were held in each of the 140 beneficiary communities to formally introduce the MCP to them and to review the implementation strategy and the role of volunteers. A total of 8,900 people made up of 3,178 males and 5,722 females were sensitized about the MCP during the initial consultation meetings at the community level. The participants composed of chiefs, elders,

religious leaders and the general public. The distribution of the participants by district and gender is shown in table 2.0 below. The Project team also used the consultative meetings as an opportunity to gather general information about the selected communities. These include number of houses and population distribution of the communities.

Table 2.0: Distribution of participants of the consultative meetings at the community level

District	Attendance		
	Male	Female	Total
Bawku West	1,120	1,497	2,617
Garu-Tempane	2,058	4,225	6,283
Total	3,178	5,722	8,900

2.0 Selection of Community Volunteers

One of the purposes of the consultative meetings was to identify and select community volunteers to be trained as Malaria Control Agents (MCA) for their respective communities. These MCAs are to assist in the implementation of the program by carrying out BCC education and net distribution at the community level.

During the community meetings, community leaders were assisted by Project Officers to select Community Volunteers who can effectively work for the success of the program in their communities. Two volunteers were selected from each community. However in very few communities where the population was very high up to three volunteers were selected. A total of 284 community volunteers made up of 251 males and 33 females were selected to assist in the implementation of the program. The high illiteracy rate especially among women accounted for the low number of females against the males.

The Community Volunteers were selected based on the following criteria:

1. The proposed volunteer should be prepared to do voluntary work his/her community
2. The person should be resident in the community
3. The person should be able to speak 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

3.0 Review and adapt training Materials for all levels of training

Two types of training manuals were developed for the trainings, namely, training manual for community Volunteers developed by ADDRO and a Participatory learning and Action Manual developed for Training of Trainers developed by ADDRO in collaboration with a training consultant. Both manuals are in English and are used by Project staff.

4.0 Training of ADDRO and GHS staff

During the year under review, three types of trainings were conducted to increase the knowledge and capacity of ADDRO and GHS staff to be able to implement the program. These were orientation training workshops for ADDRO PMI Staff, training workshop in Participatory Learning and Action (PLA) in Malaria Prevention and Control and M&E Training. This brought the total number of staff who benefited from training to 93 people made of 61 male and 32 females. This is in excess of the FY2010 target of 40 people.

4.1 PMI Staff Orientation

The PMI staff orientation was organized from the 13th to 15th of January 2010 in the ADDRO office. The workshop was facilitated by Dr. Stephen Dzisi (ERD Technical Director) and Mr. Samuel Asiedu (ERD M & E Manager).

Dr. Stephen who spoke on the MCP: Netforlife program and disease burden of Malaria in Ghana, stressed on the need for all team members to put in their best to ensure the success of the program.

He educated participants on the following;

- What is malaria?
- The malaria disease transmission cycle
- Symptoms of malaria and
- Some statistics of the disease situation in Ghana

Mr. Samuel Asiedu on the other hand, talked on Monitoring and Evaluation (M&E) issues of the program. Some of the issues highlighted were the Results framework, the M&E Plan, the reporting periods and the M&E tools for the various implementers such as Volunteers, Project Officers and

project management. Mr. Asiedu stressed on the timely submission of reports by all team members to ensure that the right task is performed at the right time.

4.2 Training on Participatory Learning and Action (PLA) in Malaria prevention and control

A five (5) day Training of Trainers (TOT) workshop was organized on PLA for ADDRO and GHS staff. The training was held at the Ex-tee Crystal Hotel in Bolgatanga from the 16th to 20th of March, 2010. A total of sixteen (16) people attended the training. This was made up of fifteen (15) males and one (1) woman. Participants were drawn from ADDRO PMI team, Netforlife staff at ADDRO secretariat and the main collaborating institutions i.e. Ghana Health Service Directorates at the regional level and in the two target districts.

The workshop was facilitated by Ms. Sylvia Joan Hinson-Ekong, the Executive Director of Rescue Foundation, Ghana.

The workshop was conducted in nine modules with each module and session interspaced with energizers and breaks to ensure effective participation and understanding of all participants. The following topics were covered as different modes of the training;

Module 1: Introduction to Workshop, Team Building

Module 2: Teaching, Facilitation, and Animation Skills for Dialoguing with Communities / Communication Tools

Module 3: Reflection Exercises

Module 4: Preventing the Breeding of Mosquitoes

Module 5: Preventing Mosquito Bites

Module 6: Cost Benefits of Using ITNs & LLINs

Module 7: Case Management of Malaria

Module 8: High Risk Groups for Malaria

Module 9: Community Entry and Action

At the end of the 5-days training participants were impressed with the new ideas they learnt that would guide them in the implementation of the program. They also pledged to further train other implementing partners such as the community volunteers, religious and community leaders.

4.3 M&E Training

As part of efforts to build the capacity of program staff, ADDRO organized a three day workshop in Monitoring and Evaluation for the staff. The training was conducted from 22 to 24th of September, 2010 in Bolgatanga. Nineteen (19) staff members of ADDRO participated in the training. It was facilitated by the M&E Manager of ERD Ghana, supported by two other staff. The topics discussed were;

- The project cycle
- Introduction to M&E
- Setting goals, Objectives and indicators
- Writing success stories
- Logical framework
- Data collection and management
- Introduction to Micro Soft Excel

5.0 Training of Community Volunteers

All the 284 Community Volunteers who were selected during the community meetings were trained to serve as Malaria Control Agents of their communities. The goal of the training was to build the capacity of the community volunteers in malaria prevention and control to enable them successfully assist community members. Specifically the training was to introduce participants to ADDRO/PMI MCP, give participants adequate knowledge of malaria prevention and control and the roles of community volunteers in the implementation of the program.

The training was conducted from the 14th to 16th of April 2010 in the Garu-Tempane District and 20th to 22nd April 2010 in the Bawku West district. Table 3.0 below gives the distribution of the volunteers who were trained by sex and districts.

Table 3.0: Distribution of Participants of Community Volunteers Training

District	Participants		
	Male	Female	Total
Bawku West	120	20	140
Garu-Tempane	131	13	144
Total	245	33	284

Combination of training methodologies was used for the workshop such as lecture, brainstorming, group discussions, demonstrations and debriefing sessions, plenary Sessions, questions and answers and role plays.

The following topics were treated during the training;

1. Background of ADDRO, PMI and the MCP
2. Overview of malaria
3. Preventing the breeding of mosquitoes
4. Preventing mosquito bites
5. Insecticide Treated nets (ITNs) or Long Lasting Insecticide Nets (LLINs)
6. Intermittent Preventive Treatment in Pregnant women (IPT_{p2})
7. Case management of Malaria
8. Role of community volunteers
9. Documentation and reporting of activities

6.0 Review and Adapt IEC/BCC Materials in line with National Materials for local areas

Six different types of posters and 2 types of leaflets on malaria developed by the National Malaria Control Programme and its partners were reviewed and adopted for use by MCP. A total of 6,400 posters and leaflets were subsequently re-produced for BCC activities at the community level. . Each of the community volunteers received four different sets of malaria education materials that carried messages such as the use of LLINs, IPT, the recommended medicines for treating malaria and the right dosage for all the age groups. During the community durbars, these materials were also used to reinforce the house-to-house education of the community volunteers. Chiefs, religious and opinion leaders have also provided with these BCC materials, whilst some have been posted at vantage and frequented places in all project communities.

7.0 Provide Community Volunteers with tool kits

Each of the community volunteers trained was given a kit that will enable them carry out health education in their respective communities. The kit comprises project branded bag and polo shirt, and BCC materials. Volunteers were also given hammers, nails, ropes and stamp pads to ensure that nets are “hanged-up” at the sleeping places of beneficiaries. This is to avoid instances where nets are distributed to beneficiaries at community meetings who sometimes do not use them.

8.0 Determine Community level bottlenecks to low ACT, IPTp and LLINs Usage

As part of efforts to improve on the effects of the program at the community level, a series of focus group discussions were held to identify some of the challenges beneficiaries face that result in low ACT, IPT and LLIN usage. The various groups that participated in the discussions were pregnant women, care givers or nursing mothers, community/opinion leaders and children.

Name of District	Name of Sub District	Number of Communities	Attendance			
			Male	Female	Children	Total
Bawku West	Sapeliga	16	778	819	450	2,047
	Zongoire	23	1,008	1,061	584	2,653
Sub-total		39	1,786	1,880	1,034	4,700
Garu-Tempene	Songo	19	837	881	485	1,494
	Worikambo	20	1,307	1,375	756	1,931
Sub-total		39	2,144	2,257	1,241	3,425
Total		78	3,930	4,137	2,275	8,125

This activity was conducted during the third and fourth quarters of the year. Seventy-Eight (78) community meetings were held during which the focus group discussions were conducted. In each community, the members were divided into at least three groups depending on the number of people present. The primary groups were the male, female and children's groupings. However, where a particular group was so many, they were sub-divided to ensure effective discussions.

A total of 8,125 people made up of 3,930 males, 4,137 females and 2,275 children participated in the FGDs. By districts, 1,786 males, 1,880 female and 1,034 children attended the FGDs in the Bawku West district while 2,144 males, 2,257 females and 1,241 children attended the meetings in the Garu-Tempene district. A breakdown of the participants by district and gender is presented in the table 1.0.

The FGDs were conducted using a checklist to guide the facilitator. The BCC officers, the M&E officer and the district project officers were the lead facilitators of the meetings. Each of the community meetings started with a gathering of all the people. After formal introductions and briefing on the objective of the FGDs, the community members were then divided into the male, female and children's groupings for the discussion. After that the whole community members reconvened for the closing session during which findings from the various groups were presented and the bottle necks ranked to get the most pressing difficulties of the community. The bottle necks were ranked using the pair-wise ranking matrix.

The bottle necks to the use of LLINs, how the beneficiaries have been managing with these challenges and the desired long term management or mitigation measures as expressed by the facility users is presented in the table below.

Table 5.0: Bottle necks to LLINs Usage and the management

Bottle Necks	How Beneficiaries have been Managing with the Challenge	Required Mitigation Measures
1. When the net touches the body, it causes it to itch and makes the users feel uncomfortable.	Beneficiaries usually wash the affected part parts with soap and water.	There is the need for more education on the use of the nets.
2. 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
3. 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.
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.		There is the need for more education on the use of nets.
6. There is the fear of getting trapped or entangled in the net, especially children	Stacking the nets well under the bed/sleeping mats.	There is the need for more education on the use of nets.

The bottle necks to the use of IPT_p, how the beneficiaries have been managing with these challenges and the desired long term management or mitigation measures as expressed by the facility users is presented in the table below.

Table 6.0: Bottle necks to low IPT_p and management measures

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.	
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.	The use of local herbs as chewing sticks to stop vomiting. Some report adverse effects to the health center.	There is the need to report serious adverse effects to the health facility
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 on the issue of IPT _p
4. The inaccessibility of health centers and the long distance pregnant women will travel to health facilities before getting the IPT _p .	Pregnant women often walk long distances to the health centre.	Need CHPS compounds in communities. There is the 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.	There is the need for proper counseling at health centers.
6. Some women also alleged that they are not usually well	Some try to avoid taking the drug.	Health service providers need to educate pregnant women

Bottle Necks	How Communities manage with problems	Required Mitigation Measures
educated on the importance of the IPT _p . Hence their fear for taking the medicine.		properly before administering the medicine.

The bottle necks to seeking early treatment for malaria, especially among children less than five years, were also done and the following problems were enumerated.

Table 7.0: 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 back. Some also rely on herbal treatment	. There is the need for more education for parents/caregivers to enroll themselves and their children on 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 unauthorized chemical sellers who move from house to house. <i>(NB: Some of these drugs carried by people from house to house are expired and not good.)</i>	There is the need more BCC in communities on responsible parenting.
3. The inaccessibility of health centers and the long distance pregnant women will travel to health facilities before getting the treatment for malaria.	Walking for long distances and using herbal treatment.	There is the need government intervention to provide more health facilities in the communities
4. Some health officials also close very early reducing the contact	Some community members take drugs from others who also had	There is the need for more health personnel at health

Bottle Necks	How Communities manage with problems	Required Mitigation Measures
time with patients.	similar symptoms and treatment and wait till the next day.	centers to ensure services are available for a longer period of the day.
5. 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.	There is the need for government to put in mechanism to ensure smooth running of the NHIS.
6. 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	There is the need to intensify BCC at the community level.

9.0 Training of Chiefs, Religious and Community leaders.

As part of the sustainability strategies of the MCP, a capacity building training was provided for the community leaders (made up of chiefs, women leaders, opinion leaders, assembly members and religious leaders) in the beneficiary communities. The aim of this training was to build the capacity of the target groups who are key stakeholders of the MCP. With this capacity building, it is hoped that the community leaders will monitor the activities of the MCAs during the implementation phase and even beyond.

The total number of leaders who participated in the trainings was 368 comprising 274 males and 94 females. In terms of districts, the Bawku West district had 88 males and 27 females participating in the workshops whilst the Garu-Tempene district had 186 males and 67 female participants. Table 8.0 gives distribution of the participants by district and gender.

The topics treated in the training sessions are;

- brief introduction of ADDRO
- overview of malaria in Ghana
- preventing the breeding of mosquitoes
- preventing mosquito bites

- The effective use of LLINs
- Intermittent Preventive Treatment in pregnancy (IPTp),
- Case management of malaria and
- The role of community volunteers and opinion leaders

Table 8.0: Distribution of participants by district and sex

District	Sub-District	Attendance		
		Male	Female	Total
Bawku West	Sapeliga	30	5	35
	Tanga-timonde	29	11	40
	Zongoire	29	11	40
Sub Total		88	27	115
Garu-Tempane	Basyonde	41	27	68
	Bugri	19	7	26
	Garu	12	4	16
	Songo	45	11	56
	Worikambo	45	13	58
	Woriyanga	24	5	29
Sub Total		186	67	253
Total		274	94	368

10.0 Provide Communities with Participative health education

Three specific activities were conducted to provide communities with participative health education. These activities include Malaria Awareness day Celebration, Malaria Health Education using House – to – House education by MCAs and Community Durbars. A detail description of how each of these activities was conducted is presented below.

10.1 Malaria Awareness day Celebration

ADDRO used the world Malaria Awareness day to increase the awareness of community members of the devastation effects of malaria in the program area. ADDRO could not celebrate the World Malaria day on the worldwide scheduled date of 25th April 2010 because it coincided with a Sunday which is the common day for worship in the area. Hence such a celebration would have attracted very low patronage. The celebration was therefore observed on the 30th of April 2010. The venue for the

celebration was Binaba in the Bawku West district. Binaba was selected for the celebration due to its strategic location and its market day falling on the same day. The theme for this year's celebration was **“Counting Malaria Out”**. The day was also used to formally launch the MCP in the program target area.

Participants of the occasion were drawn from the GHS, Chiefs, women's groups, community volunteers, farmers. About 500 people made up of 420 females and 80 males who were from the various sub-districts attended the ceremony. Also in attendance was the Bishop of the Anglican Diocese of Tamale, the Executive Director of ADDRO, the Bawku West district Chief Executive and the Binaba chief (who was also the chairman of the occasion).

In his welcome address, the Executive Director of ADDRO explained the rationale behind the celebration of the world malaria day. He also indicated that ADDRO which is at the forefront of implementation of the MCP is the development wing of the Anglican Church which has been in the areas helping people to overcome their spiritual challenges as well as social and developmental challenges. He added that the MCP is funded by the USAID and ERD with the latter also providing technical support for the implementation of the program. The approach of this program, he said, is slightly different from other programs because under this program net distribution is by “hanged-up” which some of them may find inconveniencing. This approach has become necessary due to the observation that some beneficiaries collect the nets but do not use them either because they cannot hang them or they intend selling them out to other people.

The Director made a special appeal to the chiefs, elders and the general public to offer the community volunteers the maximum cooperation, support and understanding, especially when they will have to enter people's sleeping places to assist them hang-up their nets.

In his speech the Bawku West DCE, Mr. Abdulai Anaba, stressed on the significance of the malaria day as being to provoke thinking and the necessary attention to fight against malaria as well as a reminder to leadership at all levels to ensure the efficient and effective mobilization of resources for the fight against malaria. Also the effective malaria control interventions will be made available to everyone to build their capacity to play their roles at the community level and at home to fight malaria.

Mr. Anaba pledged the full support of the Bawku West district assembly in all efforts to halt and reverse the incidence of malaria in the district. He added that he equally expect the commitment of all leaders in public service.

A role play was staged by the community volunteers in the Bawku West district to stress on the importance of ITNs and early treatment of malaria. During the open forum, some of the concerns participants raised were;

1. How can people prevent themselves from mosquito bites during the part of the day that they are not sleeping in the net?
2. Can the net be washed when it is dirty?
3. Can the nets be sewn when it is torn?
4. Can one get the net to buy elsewhere apart from ADDRO?
5. Using the Hang-up strategy, if the net is hang at the sleeping place how can one avoid sleeping in it for the first 24 hours?

10.2 Malaria Health Education using House – to – House education by MCA

Malaria Control Agents (MCA) or community volunteers carried out Malaria Health Education in their various communities using the educational materials that were presented to them. This is a continuous activity that the MCAs do monthly in all the 140 beneficiary communities. Each of the MCAs has been given a monitoring booklet designed by ADDRO for their daily monitoring. It is expected that the MCAs will visit every household at least once every month. The volunteer is expected to document in the booklet the number of people he/she has reached with malaria education in the following areas;

- Malaria prevention methods
- Causes of Malaria
- Symptoms of Malaria
- Malaria treatment based on the NMCP
- Bed net usage and maintenance

Any other information that is relevant for the success of the program is documented as well as the challenges they face on the field. A total of 10,838 people comprising 4,640 males and 6,198 females were reached with this malaria education during the quarter under review.

To ensure the effectiveness of this activity, community leaders such as the assemblymen, chiefs, women leaders and religious leaders, who have been trained by ADDRO, were made to help in monitoring and supporting the activities of the MCAs. Additionally, district program officers and

Table 8.0 Distributions of Beneficiaries of House - to - House education

Name of	Name of Sub-	Number of	Beneficiaries
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District	district	Communities	Male	Female	Total
Bawku West	Sapeliga	18	573	731	1,304
	Tanga-Timonde	29	802	1,079	1,881
	Zongoire	23	783	996	1,779
Sub-Total		70	2,158	2,806	4,964
Garu-Tempene	Basyonde	15	542	717	1,259
	Bugri	5	187	351	538
	Garu	6	308	397	705
	Songo	19	634	850	1,484
	Worikambo	20	567	721	1,288
	Woriyanga	5	244	356	600
Sub-Total		70	2,482	3,392	5,874
Total		140	4,640	6,198	10,838

BCC officers also supervised and monitored the work of MCAs in all the communities. This monitoring enabled them to find out the challenges of the MCAs in discharging their duties as well as the facility users. Some problems that could not be adequately addressed were referred to the program staff during their monitoring visits.

The common messages that was put across to community members was the need to support pregnant women to go for IPT_p, early seeking of treatment for malaria cases the proper use of the LLINs. Opinion leaders and elders who were also trained on the MCP assisted the MCAs in the house to house education by monitoring the activities of MCAs.

10.3 Community Durbars

In order to deepen the impact of the house-to-house education conducted by community volunteers, Community durbars were also organised to educate community members on malaria prevention and control. These durbars also served as debriefing sessions during which more light was thrown on some issues that MCAs could not address during their education.

A total number of 85 durbars were organized representing 40 in the Bawku West district and 45 in Garu-Tempene. About 2-3 communities were cluster per a durbar and a convenient location was identified for the event.

In all, a total of 11,642 people comprising of 4,078 males and 7,564 females participated in the durbars. The Bawku West had the highest attendance of 6,372 comprising 2,448 and 3,924 for male and female attendance respectively whilst Garu-Tempene had a total attendance of 5,270 comprising 1,630 and 3,640 for male and female respectively. The representation of the participants by sub districts and gender is displayed in table 10.0 below.

Table 9.0: Distribution of attendants of durbars by District and gender

Name of District	Name of Sub-district	Number of Communities	Attendance		
			Male	Female	Total
Bawku West	Sapeliga	18	716	1181	1897
	Tanga-Timonde	29	753	1197	1950
	Zongoire	23	979	1546	2525
Sub-Total		70	2448	3924	6372
Garu-Tempene	Garu	6	99	360	459
	Woriyanga	5	70	332	402
	Worikambo	20	723	1141	1864
	Songo	19	296	677	973
	Bugri	5	90	308	398
	Basyonde	15	352	822	1174
Sub-Total		70	1630	3640	5270
Total		140	4078	7564	11642

The main methodologies used were Open forum/discussions, drama, demonstrations and talks. The issues discussed at the durbars were;

- The overview of malaria in Ghana,
- National approach to malaria control and prevention,
- Transmission of malaria parasites,
- The breeding of mosquitoes,
- Preventing the breeding and bites of mosquitoes,
- Signs and symptoms of (complicated and uncomplicated) malaria,
- Home-based management,
- Early seeking for appropriate treatment of malaria,
- ITNs/LLINs,

- Cost/benefit analysis,

11.0 Supportive Supervision of Community Volunteers/ Review Meetings

At the community level the activities of the community volunteers were supported and monitored by the community leaders such as chiefs, women’s leaders, assemblymen, and other opinion leaders who have been trained by ADDRO. Project staff, during their routine monitoring visits, also provided supportive supervision to the volunteers in their various communities. During the last quarter, two (2) review meetings were held with all the volunteers to review their activities, the object of which was to improve their performance as malaria control agents (MCAs). The first meeting was held in first week of August, whilst the second was delayed until the first week of October to also serve as end of year review meeting. The main focus of these meetings was to review the activities of the volunteers, share experiences, discuss challenges and agree on proposed solutions. BCC materials (posters, leaflets/folders) and volunteer monitoring forms were also discussed at these meetings. The volunteers were given the opportunity to air their views on the implementation strategies regarding what works and what does not. Specific issues discussed included:

- Overview of activities implemented in year one so far
- The use of BCC/IEC materials
- Monitoring of LLINs usage
- Documentation and reporting on activities
- Volunteerism/Volunteer motivation
- Feedback from volunteers
- Plans for the future

All the community volunteers fully participated in these meetings at the sub-district level. The distribution of the volunteers by district and gender is presented in table 5.0.

Table 10.0 Attendance of Review meetings

Name of District	Name of Sub-district	Attendance		
		Male	Female	Total
Bawku West	Sapeliga	31	1	32
	Tanga-Timonde	43	13	56
	Zongoire	46	6	52

Name of District	Name of Sub-district	Attendance		
		Male	Female	Total
Sub-Total		120	20	140
Garu-Tempane	Garu, Worikambo & Woriyanga	56	8	64
	Songo	34	2	36
	Basyonde & Bugri	41	3	44
Sub-Total		131	13	144
Total		251	33	284

Some of the challenges Community Volunteers face are;

- The lack of cooperation from some community members especially in carrying out communal work.
- Lack of means of transport to visit households for routine monitoring and for carrying of nets for distribution.
- Lack of other kits such as Wellington Boots, torch lights and Rain coats
- Farm activities making it difficult to meet households at home.

Program Officers during the community durbars and community leaders training has sensitized community members that the volunteers are to assist them in the work and not to take up every communal labour from them. ADDRO is making efforts to address the other challenges that have to do with volunteer motivation.

12.0 Net Distribution

During the year under review, a total of 10,000 LLINs were distributed as against the target of 6, 293. The Net distribution was captured under two separate activities thus Pre-registration of beneficiaries and “Hanged-Up” as discussed below.

12.1 Pre-Registration

Prior to the distribution and hang-up of LLINs, pre-registration exercise was carried out in all communities to ascertain the number of beneficiaries in each community. Community volunteers conducted the pre-registration exercise by compiling profile of beneficiaries as well as other household members in a specially designed booklet. The purpose of the pre-registration exercise was

to compile a profile of all beneficiaries to facilitate LLINs allocation and distribution to each household and make monitoring and follow-up on net usage by volunteers and project staff easier.

A total of 51,702 people made up of 21,719 from the Bawku West district and 29,983 from the Garu-Tempene district were registered. Out of this population, 13,647 were qualified to receive nets. This is made up of 11,389 children less than five years, 1,130 pregnant women and 1,128 special groupings. The special groupings are other category of people who are also vulnerable to the malaria parasites such as the aged and the chronically ill. Table 12.0 below shows the breakdown of registered beneficiaries by type and district.

Table 11.0: Distribution of registered beneficiaries by type and district

#	Name of Sub-District	Number of Households	Number of People in Household						Number of Nets in Household		Total Number of Nets In HH
			# of Children Under 5yrs	# of Pregnant Women	Others		Total Population Registered	No. of People Qualified for Nets	In pack	Hanged	
					Special Groupings	Not Qualified					
1	Sapeliga Sub-District	1,166	1,329	136	-	4,412	5,877	1,465	36	577	613
2	Tanga-Timonde Sub-District	1,656	1,994	190	-	5,969	8,153	2,184	113	715	828
3	Zongoire Sub-District	1,604	1,793	224	-	5,672	7,689	2,017	46	341	387
Sub-total Bawku West		4,426	5,116	550	-	16,053	21,719	5,666	195	1,633	1,828
1	Songo Sub-District	1,388	1,490	196	73	4,719	6,478	1,759	27	422	449
2	Bugre Sub-District	442	545	64	10	1,651	2,270	619	2	177	179
3	Basyonde Sub-District	1,188	1,196	88	239	4,171	5,694	1,523	7	489	496
4	Garu Sub-District	625	677	36	223	2,412	3,348	936	15	188	203
5	WORİYANGA SUB-DISTRICT	587	586	43	170	1,974	2,773	799	10	210	220
6	WORI KAMBO SUB-DISTRICT	1,683	1,779	153	413	7,075	9,420	2,345	90	739	829
Sub-total Garu-Tempene		5,913	6,273	580	1,128	22,002	29,983	7,981	151	2,225	2,376
Total		10,339	11,389	1,130	1,128	38,055	51,702	13,647	346	3,858	4,204

12.2 Hang-Up Exercise

Long lasting Insecticide Nets (LLINs) have been distributed in the six operational sub-districts of the Garu-Tempene district and two out of three operational sub-districts of the Bawku West district. The sub-districts that have been covered are the Bugre, Basyonde, Garu, Songo, Worikambo and Worinyanga sub-districts all in the Garu-Tempene district and Sapeliga and Zongoire sub-districts in Bawku West district. The Tanga-Timonde sub-district in the Bawku West district with about 2283 beneficiaries is yet to be covered.

However, due to the shortage of nets, the distribution covered only children under five years and pregnant women leaving out the other special groups who totaled 1,128. Out of the total number of 12,519 pregnant women and children under five years, 10,000 of them received nets, constituting 73%. The remaining 2,519 (27%) will be covered in year two.

Out of the total of 10,000 LLINs that were hanged at the sleeping places of beneficiaries in the two districts, 6,617 nets were distributed in Garu-Tempene district and 3,383 in Bawku West district. In all 8,453 households from 109 communities in the two districts benefited from the hang-up exercise. In the Bawku West district, 3,027 children under five years and 356 pregnant women received nets in the two sub-districts whereas 6,044 children under five years and 573 pregnant women from the six sub-districts in the Garu-Tempene district benefited. The breakdown of the beneficiaries and the communities is presented in table 13.0 below.

The strategy used for the distribution was door-to-door with hang-up. With this strategy, community volunteers assisted beneficiaries to hang-up the nets at their sleeping places. This is to improve the chances that the nets are used for the intended purpose and by the target beneficiaries.

Table 12.0: Breakdown of beneficiaries by sub-districts

Name of District	Name of Sub-district	Number of Communities	Number of Households	Number of Beneficiaries		
				Children Under 5 years	Pregnant Women	Total
Bawku West	Sapeliga	16	1,111	1,265	132	1,397
	Zongoire	23	1,577	1,762	224	1,986
Sub-total		39	2,688	3,027	356	3,383
Garu-Tempene	Songo	19	1,388	1,490	196	1,686
	Worikambo	20	1,683	1,779	152	1,931
	Garu	6	545	480	30	510
	Worinyanga	5	519	586	43	629
	Bugri	5	442	513	64	577
	Basyonde	15	1,188	1,196	88	1,284

Sub-total		70	5,765	6,044	573	6,617
Total		109	8,453	9,071	929	10,000

13.0 Advocate and source for nets

In-country sourcing for nets has become difficult due to the fact that the National Malaria Control Programme (NMCP) and its donor partners have adopted the mass campaign strategy for the distribution of LLINs in Ghana. The implication for this strategy is that almost all the partners have earmarked their nets towards these national campaigns. ADDRO is an active member of the campaign; however, Upper East Region (where ADDRO is implementing the MCP) is not among the priority regions for now. However, we will continue to lobby all relevant partners for nets for year 2.

14.0 Radio Spots

Radio spots have been developed in English and Kusaal, the predominant dialect spoken in Bawku West and Garu-Tempene Districts. The English spots are aired once a day, whilst the ones in Kusaal are aired twice a day on URA Radio, the FM station with the widest coverage in the Upper East Region. The two minutes spots (1 minute, 54sec) cover almost all aspects of malaria prevention and control such as IPTp, Environmental management, use of LLIN, and early treatment of malaria.

15.0 Monitoring the usage of Long Lasting Insecticidal Nets (LLINs)

To ensure the proper usage of nets and effective prevention of mosquito bites, MCAs visited beneficiary households to monitor the use of the LLINs that were distributed. This activity was facilitated by the documentation that was done during the pre-registration and distribution (Hanged-up) of nets. With each beneficiary's name, house name and number as well as the particulars of the household documented, it was easy for the net users to be traced. MCAs carried out this exercise as part of their house to house Malaria health education. This was very necessary in the 109 communities in the two districts that nets were distributed.

To ensure proper monitoring, each of the MCAs was given a monitoring booklet designed for that purpose. This booklet enabled them to document the number of households visited in a day, the number of nets that are in good condition, number of nets that are torn and need minor repairs and the number of nets that are bad and need replacement. The MCAs also recorded the number of nets that have been replaced in the household and update on the total number of nets in the household (both in

pack and hanged). This update will guide the program to know which of the households needs replacement of nets and at what time.

The district program officers and management team of ADDRO also conducted monitoring of net usage at the community level. A total of 36 monitoring visits were conducted within the year. This is made up of 12 visits in the third quarter and 24 visits during the fourth quarter. There were two monitoring visits per month per district during the third quarter and four visits a month per district during the first quarter. Results from the monitoring revealed that all the 10,000 nets that were hanged during the third and fourth quarters were still being used by the beneficiaries. This monitoring afforded management the opportunity to interact with the MCAs and beneficiaries to see the level of success of the patronage of the nets as well as the challenges associated with the use of the nets.

16.0 Baseline survey

As part of plans to set the bench marks for measuring project indicators, baseline survey was conducted to determine the prevailing situation before the project interventions. The main focus of the study was to assess the knowledge, attitudes and practices of the people in malaria prevention and control.

The baseline study combined analysis of secondary data with a cross-sectional survey of households and individuals as well as a focus group discussion. The researcher reviewed secondary data from the district health directorates and the national health insurance schemes at the two districts.

A major component of the data came from a survey of randomly selected compounds in the district. All households in selected compounds were interviewed to collect information on their socio-demographic background (age, sex, education, occupation, etc.), knowledge about malaria, malaria prevention behaviours and practices and malaria treatment seeking behaviours.

The survey report is expected to reveal information on the following outcome indicators as per PMI set of indicators;

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

8. Proportion of households with at least one LLIN
9. Proportion of households with a pregnant woman or children under 5 with at least one LLIN

The consultant has submitted a draft report of the survey which ADDRO has gone through and asked him to submit a final report which will be read soon. Copies of the report will be shared with all stakeholder and partners.

Table 13.0 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).	1. Number of consultative meetings held with community leaders.	Conduct consultative meetings with district, sub-district, and community leaders to ensure support of program activities.	A total of 140 were held with the community leaders at the community level. This was 100% achievement of the target for the FY2010.	
	2. Number of ADDRO, GHS staff trained.	Undertake cascade trainings for district, sub-districts, and community leaders	Three different trainings were conducted during year 1. These are, ADDRO and GHS staff training, Community Volunteers training and Chiefs and religious leaders training. Ninety-three (93) ADDRO and GHS staff was trained as against the target of 40. Two hundred and eighty-four (284) MCAs and 368 community leaders were also trained.	
	3. Number of volunteers selected, trained and equipped.	Undertake supervision of community consultations and trainings	284 community volunteer were selected, trained and equipped in 140 communities. 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.	
	4. Number of training manuals developed in line with key Government of Ghana (GoG) national strategies.	Develop training manuals in line with key Government of Ghana (GoG) national strategies.	Two sets of training manuals were developed. These are the Participatory Learning and Action and Community volunteers training manuals.	
Objective 2: To	5. Number of IEC/BCC	Review and adapt IEC/BCC	Six different types of posters and 2 types of	

Project Objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
improve LLIN usage by pregnant women and children under 5yrs by 20%, uptake of IPT ₂ by 15% and health care seeking behaviour of caregivers by 30% in Garu-Tempane and Bawku West districts in Upper East region in year 1	materials developed, printed, and distributed.	materials with MoH/NMCP partners	leaflets on malaria developed by the National Malaria Control Programme and its partners were reviewed and adopted for use by MCP. A total of 6,400 posters and leaflets were subsequently re-produced for BCC activities at the community level.	
	6. Number of people reached with BCC/IEC activities to promote LLIN usage.	Provide communication and motivational materials to facilitate district, sub-district and community level workers to undertake effective BCC/IEC campaigns	All the 284 community volunteers received the BCC materials and conducted house to house education in their respective communities. A series of educational campaigns have been conducted to educate community members on malaria prevention and treatment. A total of 50,307 people were reached through house-to house education, community	
	7. Number of people reached with BCC/IEC activities to promote IPT ₂ uptake.	Undertake BCC/IEC campaigns at household levels and through community groups and awareness campaigns	of 50,307 people were reached through house-to house education, community	
	8. Number of people reached with BCC/IEC activities to promote care seeking for fever and recognition of severe malaria by caregivers.	Undertake monitoring of BCC/IEC activities quarterly	durbars and focus group discussions to promote the uptake of IPTp, LLINs usage and early treatment seeking for malaria. The activities of the volunteers were monitored by the project officers and community leaders as well as ADDRO management staff.	
	9. Proportion of children under 5 years with fever in last 2 weeks who received any anti-malarial treatment.	Undertake BCC/IEC campaigns at household levels and through community groups and awareness campaigns	For the outcome indicators, the level of attainment will be measured by the annual evaluation or survey. The survey would be conducted in the first quarter of year two	
	10. Proportion of children under 5 years with fever in last 2 weeks who received an anti-malarial according to national policy (ACT)			

Project Objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
	within 24 hours of onset of fever.			
	11. Proportion of women who received IPT ₂ during ANC visits during their last pregnancy.			
	12. Proportion of population of all ages who slept under a LLIN the previous night.			
	13. Proportion of children under five years old who slept under a LLIN the previous night.			
	14. Proportion of pregnant women who slept under a LLIN the previous night.			
	15. Proportion of women reporting family support for IPT ₂			
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	16. Proportion of households with at least one LLIN			
	17. Proportion of households with a pregnant woman or children under 5 with at least one LLIN			
	18. Number of nets distributed	Distribute LLINs to targeted areas through community volunteers and	A total of 10,000 LLINs have been distributed to 9,071 children under five years	Net distribution could not reach other people

Project Objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
year 1		leaders	old and 929 pregnant women in the two districts.	such as the chronically ill and aged due to limited supply

B. Main Challenges/constraints of the program

Some of the challenges and constraints that impeded the performance of activities during the first year and the solutions used are summarized in the table below.

Table 14: Constraints and possible solutions

CONSTRAINT	PROPOSED SOLUTION
<p>1. Some essential aspects of the programme were not budgeted for. For example, bicycles and stipend for volunteers and some BCC activities. Inability of the project to provide volunteers with bicycles and stipend is very much likely to affect their motivational level and subsequently their performance.</p>	<p>For year one, the Project relied on bicycles supplied by GHS to some of the volunteers. However, for year two, bicycles have been budgeted for each volunteer.</p>
<p>2. There was a delay in the start of programme activities due to late approval of year 1 work plan and also purchase of motorbikes. This has definitely affected the timely implementation of some activities.</p>	<p>Activities that were delayed were rescheduled and subsequentl</p>

CONSTRAINT	PROPOSED SOLUTION
	y carried out. Year two work plan and budget should be approved as soon as possible to avoid a repeat of the year one experience.
3. Ethnic conflict in a neighbouring district sometimes affected the movement of Project Officers.	Project Officers had to schedule their movements to areas affected by the conflict in a way so as to avoid being caught by curfew
4. High illiteracy rate, especially among females in project communities makes it	Illiterate

CONSTRAINT	PROPOSED SOLUTION
<p>difficult to get dedicated literate volunteers in some communities. This has the potential of affecting the performance of some of the volunteers.</p>	<p>volunteers were paired with literate ones in communities where it is difficult to get two literate volunteers.</p>
<p>5. Inadequate LLINs for distribution. So far 10,000 LLINs have been distributed but there are still a number of beneficiaries (2,283 in Bawku West and 236 in Garu-Tempene districts) to cover.</p>	<p>Source for LLINs in-country to cover the difference</p>
<p>6. The farming season affected the attendance of some of the activities, especially the community durbars and training programs.</p>	<p>In future such activities would be held earlier to avoid the farming season.</p>
<p>7. The rainy season with the accompanying flooding of some areas affected the attendance of meetings. Most of the community meetings had to be rescheduled due to inaccessibility of the areas.</p>	<p>In future such activities would be held earlier</p>

CONSTRAINT	PROPOSED SOLUTION
	to avoid the farming season.
<p>8. Community Volunteers complained of the difficulty in carrying out house – to – house education and monitoring due to lack of transport. They need bicycles that would increase their mobility within the community and attending review meetings.</p>	<p>C ADDRO has budgeted in year 2 to give each volunteer a bicycle as part of their motivation</p>
<p>9. Some communities do not want to combine with other communities for some project activities. This makes it very difficult to carry out some activities that can easily be conducted by grouping representatives from the communities.</p>	<p>S ADDRO is to increase the education in such areas to help erase the cultural barriers impeding the progress of work.</p>
<p>10. The poor road network also affected the progress of work. It was very difficult to reach some of the communities in the peak of the rainy season due to lack of</p>	<p>T During the planning meetings</p>

CONSTRAINT	PROPOSED SOLUTION
access roads. Vehicles could not reach them, making it difficult to monitor net usage.	with stakeholders, ADDRO would discuss this with the district assemblies
11. The bureaucracy and delay in the renewal of the NHIS also affected some hospital attendance. Some care givers complain that even when it is left with 2 to 3 days for their cards to expire, they are denied health service	T ADDRO is liaising with the DHMTs to verify the issue and see how it can be resolved.

C. Technical Assistance Required

During the FY2010, two workshops were organized to build the technical capacity of staff. These are the Participatory Learning and Action (PLA) in Malaria education and Monitoring and evaluation. This Technical Assistance was provided by ERD and ADDRO.

There is the need for more technical assistance for ADDRO in the use of some computer software such as Micro soft Excel, Micro soft project and data processing packages such as SPSS. This will help improve the ability of staff to design, collect and manage information and data adequately.

D. PMI Team Collaboration in Country

ADDRO is currently in good collaboration with the Ghana Health Service through the National Malaria Control Programme (NMCP), the regional and district directorates in the regional capital and the two beneficiary districts. The district assemblies and the regional coordinating council are also very supportive to the MCP. Other collaborative institutions are the media houses through which malaria messages are sent to the community members. Lastly the chiefs, Assembly members, Religious leaders are in full support of the program and help in spreading the malaria message to their community members. The team also collaborated with ProMPT Ghana for the acquisition of BCC materials for the project communities.

E. Other activities

These are activities that were not planned in the program work plan but had impact on the success of the program.

1. Visit of ERD President

The President of Episcopal Relief & Development led a team from the organization's board to visit some project sites and inform themselves about the operations and achievement of ADDRO. It was a two day visit during which the team held meetings with the management and staff of ADDRO and also visited some project areas in Bawku West District. The team was generally impressive of work done, showed appreciation and committed themselves to the course of the organization.

2. Visit of the Netsforlife Executive Director

The Netsforlife Executive Director and some other officers from the Head Office in USA also paid a monitoring visit to ADDRO program areas to familiarize themselves with the activities of the malaria control program being implemented by ERD and ADDRO. They visited three of the program beneficiary districts of the Malaria control program.



Figure 1.0 The Executive Director of Netsforlife Addressing a Durbar

In the Talensi-Nabdram district, they participated in a community durbar during which the Executive Director entreated the beneficiaries to make good use of the interventions brought to them by ADDRO and its collaborators. The chief of the community on behalf of the beneficiaries expressed their appreciation to Netsforlife and other donors through whom ADDRO is assisting them.

They promised to put into good practice all the knowledge that is transferred to them as

well as the material such as the nets that is given to them free.

The Executive Director and his team also visited the two MCP districts where they witnessed the hanging of nets in Garu-Tempane district. They also interacted with staff of the District Health Directorate of the Ghana Health Service to have a feeling of the collaboration that exists with ADDRO in the implementation of the Malaria communities program.

At the Bawku West district, the team witnessed a training session for chiefs, religious and opinion leaders of program communities on their role in MCP. He encouraged the community leaders to take the training very serious as they are key stakeholders to the success of the program. He also entreated them to give their full support to the MCAs and the program staffs to enable their communities get the maximum benefits of the program.

F. Presentations and Publications

Aside presentations made to project stakeholders such as GHS staff, District Assemblies, Chiefs and community leaders; no formal presentation was made on the MCP at conferences or meetings. No formal publications have also been made, though the project has benefitted from some media coverage of its activities.

G. Success stories

Since the inception of the MCP, over 6,000 LLINs have been distributed and hanged for pregnant women and children under five years in 70 selected hard-to- reach communities in the Garu-Tempane District. The distribution of nets was preceded by pre-registration of beneficiaries and other community members by

community volunteers. BCC /IEC activities have been carried to sensitize communities on malaria prevention and control in their communities.

The MCP is yielding positive results as beneficiary communities are happy with the provision of free LLINs and education on malaria. Community volunteers and project staff frequently undertake regular field visit to monitor LLINs usage and also carry out BCC/IEC activities. Two beneficiaries from the Garu-Tempene districts could not hold back their joy for possessing LLINs. First is Damata Baniche, a nursing mother from Guugun, whom two LLINs were hanged in her household:

“Now mosquitoes are no longer found in the room as before. We are free from mosquito’s nuisance and even houseflies are dying upon contact with the net”
(with hand pointing at a dead housefly found on the net).

Damata indicated that last year she sent her two children thrice to hospital for malaria treatment but this year they have not had malaria attack. This positive development saves her not only money, but the troubles and inconvenience of rushing a child to a health facility for malaria treatment.



Figure 1: Damata, happy about the protection she and her entire household enjoy from using LLIN

The second beneficiary is a 24 year old pregnant woman, Abugre Apam from Tendane, who confesses that, but for the malaria education and sensitization in her community, she would not have received all three doses of IPT. She says:

“Due to the rumours from colleague women about the unpleasant taste of the drug (SP), I don’t think I would have agreed to swallow those tablets if the volunteer did not convince me about its benefits

to me and the unborn baby”



Fig.2: Abugre Apam does not only sleep under LLIN, but has also taken all three doses of IPT

Abugre Apam is also now conscious of malaria and sleeps under net regularly.

“I will use my net whether day or night until I deliver. I don’t agree with some people that nets are hot (to sleep in)”. You gave me nets and visit regularly to interact with me; this is great, nothing worth more than this. Thanks to ADDRO and all those supporting their work for the kind assistance”.

These beneficiaries are satisfied clients and serve as advocates for the project in their various communities. They complement efforts of the community volunteers by sensitizing beneficiaries in their communities on correct and consistent use of LLINs, IPTp, ACTs and home management of malaria.



Madam Susana Alekari is a native of Apodabogo , one of the 140 working communities in the Bawku West district under the Malaria Communities Programme (MCP).

The community is rural and most of the people are engaged in subsistence farming. The community can boast of one primary school and shares health facility with the Bulunga community which is about seven kilometers from Apodabogo.

Essentially, per health records from the Buluga Health Centre, malaria in the past far dominated all Out Patient Department (OPD) attendance. However, even though malaria cases still lead at OPD the trend shows considerable decline.

Madam Susana is 25 years old and has a five-month year old boy. She is one of the community members who has benefitted from the MCP. Susana explains how beneficial the support ADDRO gave to the community especial pregnant women and children has been.

She further explains “the programme has been beneficial to me and my family in several ways. Because I have used the net since I gave birth to my child we have never experienced fever not to talk of malaria. Anytime I visit the hospital the nurses encourage me to continue to use the net.”

She adds “my husband has also acquired one for himself after attending the community durbar Addro organized and since then neither me, my child or husband has fallen sick of malaria. In fact, it is not only malaria, but all forms of diseases.”

Susana is optimistic that she and her family will end the year without any malaria case. She expresses her optimism in these words, “Apart from the net use, I also ensure that all the education ADDRO staff and other health workers come to give the community members we put into practice. For instance, we were taught to clear bushes around our homes, cover all containers containing water, and direct our waste water by burying it in the ground or covering it to prevent mosquitoes from breeding which we do all the time.”

Susana expressed joy for the intervention and made a passionate appeal to her fellow women to continue to use the LLINS. She urged them to buy even if they don’t qualify under the programme. She expressed the hope that her community members especially the men would acquire the LLINS and use them.

Susana’s child looked healthy and consistently played during the interview.

Conclusion

Though activities for year one started quite late, most of the achievements are above the targets set for the year. ADDRO/ERD appreciates the corporation it received from its partners, namely, USAID, GHS, the District Assemblies and the Chiefs and community leaders to make year one of this project a success. In fact, we do certainly look forward to similar support during the remaining years of the project. In order to make implementation of year two activities even more successful, we hope the work plan and budget for year two would be approved in very good time to avoid the rush on activities.