

# ASPI Malaria Prevention & Treatment Program

## FY 2010 ANNUAL REPORT

ASPI, dedicated to improving the health and livelihood of indigent women and their families through the delivery of integrated financial and health services



# ASPI

Aidez Small Project International

Supported by (MCP- PMI)



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## ABBREVIATIONS AND ACRONYMS

<b>ACT</b>	Artemisinin-based Combination Therapy
<b>AHPD</b>	Assistant Health Program Officer
<b>APD</b>	Assistant Project Director
<b>ASPI</b>	Aidez Small Project International
<b>BCC</b>	Behaviour Change Communication
<b>D/MHMTs</b>	District/Municipal Health Management Teams
<b>GHS</b>	Ghana Health Services
<b>GSCP</b>	Ghana Sustainable Change Project
<b>HIV/AIDS</b>	Human Immune Virus/Acquired Immune Deficiency Syndrome
<b>HPO</b>	Health Programme Officer
<b>IEC</b>	Information, Education, and Communication
<b>IPC</b>	Inter-Personal Communication
<b>IPTp</b>	Intermittent Preventive Treatment for pregnant women
<b>ITN</b>	Insecticide-Treated Net
<b>KD</b>	Ketu District
<b>KDHD</b>	Keta District Health Directorate
<b>KDHD</b>	Ketu District Health Directorate
<b>KDMT</b>	Ketu District Health Management Team
<b>KMHD</b>	Keta Municipal Health Directorate
<b>LLINs</b>	Long Lasting Insecticide Nets
<b>MCP</b>	Malaria Communities Program
<b>MF</b>	Micro finance
<b>MHD</b>	Municipal Health Directorate
<b>MOH</b>	Ministry of Health
<b>MOP</b>	Malaria Operational Plan
<b>MoU</b>	Memorandum of Understanding

<b>MMS</b>	Mother to mother support
<b>NMCP</b>	National Malaria Control Program
<b>PLWHA</b>	People Living with HIV/AIDS
<b>PMI</b>	The President's Malaria Initiative
<b>SA</b>	Supervising Agent
<b>T&amp;T</b>	Time and Travel
<b>TB</b>	Tuberculosis
<b>USAID</b>	United States Agency for International Development
<b>WIFA</b>	Women in Fertile Age

## **INTRODUCTION:**

ASPI is implementing the Malaria Communities Project in three districts/municipality in the Volta Region of Ghana, namely Keta Municipality, Ketu North District, and Ketu South District. The main goal of the project is to reduce malaria-specific morbidity and mortality, especially among children under five and pregnant women in beneficiary communities. The specific objectives of the project are: (i) To promote correct and consistent use of ITNs, especially among pregnant women and children under five, (ii) To promote timely and appropriate use of IPTp among pregnant women to reduce the burden of malaria in pregnancy, (iii) To promote prompt and correct home management of fever in children under five within 24 hours (following national standards), (iv) To foster local ownership and knowledge of malaria prevention and treatment.

### **A. MAIN ACCOMPLISHMENTS:**

Despite some challenges (as indicated in section B), ASPI has accomplished most of the planned activities for FY 2010. The specific accomplishments for the year are indicated below:

### **Project Strategies**

#### *i. Home Visiting:*

- Seven(7) monthly home visits were conducted, with each home visit lasting three (3) days with the exception of the one conducted in the month of September. September's home visiting activities lasted for two (2) days as a result of unavailability of funds. Home visiting activities in FY 2010 enabled ASPI to reach a total of 21,897 new households with 85,499 community members, including 20,687 children under five years old and 1,943 pregnant women in 85 communities, with behavior change messages on ITN, ACT, IPTp, and home management of fever. These community members were reached a minimum of three (3) times (for members of the last 20 new communities where home visit began in July) and a maximum of seven (7) times (for the first 25 old communities, where home visit for FY 2010 began in March). ASPI has also distributed a total of 15,000 free ITNs (supplied by USAID) to pregnant women and children under five years.
- 190 sets of Malaria Counseling Cards were printed, out of which 166 sets were given to CBAs and 18 sets given to SAs. This is to aid them in educating community members on

malaria prevention and treatment during home visiting activities. The development of the counseling cards was done in consultation with NMCP and USAID, by ASK Consult.

*ii. Community Durbar/Drama Performances*

- Three community theatre groups were contracted to perform community theatres in all 60 new beneficiary communities, to educate community members, especially pregnant women and care-takers of children under five years, on malaria prevention and treatment. These theatre groups are Agbenya Drama Group of Keta (from Keta Municipality), Agbenya Drama Group of Aflao (from Ketu South District), and Atsiagbekor Drama Group of Dzodze (from Ketu North District). A theatre script and training manual were developed in consultation with NMCP and USAID, and was used to train the three theatre groups by a BCC Consultant (Miss ComforYankson).
- Community Durbar/Drama Performances offered ASPI the opportunity to bring together large numbers of beneficiary community members and offered them key malaria prevention and treatment messages and services through drama, dance, speeches, IE&C material distribution, old bed net retreatment, and demonstration of proper ITN hanging techniques. Although, 60 drama performances were planned for FY 2010, 49 of them were carried out in 49 of the beneficiary communities, reaching audience of about 24,000 community members. The remaining performances that could not be carried out were as a result of inability of the three drama groups to master the theatre script on time before beginning performances. Seven (7) of these drama performances were combined with durbars in new beneficiary communities. Fifteen (15) durbars were planned to launch the project in new beneficiary communities and to educate them on malaria prevention and treatment. However, only seven (7) of them were carried out. This was based on advice from USAID, as a result of the reduction of the total funds for the project by USAID. Representatives from DHMTs, District/Municipal Assembly, and Community Leaders attended these programs. It is worthy of note that the last durbar for the year was attended by Ms. Laurel Fain and Ms. Lisa Kramer of USAID Ghana. During these activities, 700 ITNs(supplied by NMCP) were sold at subsidized price of 2.0 Ghana Cedis to members of beneficiary communities, with the exception of children under five and pregnant women (these groups of people were given free ITNs). Moreover, 605 old bed nets were re-treated with KO Tab 123 for community members.

### ***iii. Interactive Community Radio Programs***

- Two (2) local FM Radio stations, namely Jubilee FM (covering beneficiary communities in Keta Municipality) and Holy FM (covering beneficiary communities in Ketu North and Ketu South Districts) were contracted to air 28 interactive radio programs(30 minutes air-time per program) to educate beneficiary community members on malaria prevention and treatment. As part of the contract, the Managements of these two FM stations agreed to a proposal to partner ASPI to carry out the community radio component of the project. As a result of this, Jubilee FM agreed to bear 50% of the total cost of air time that was used for the programs, valued at 1,400 Ghana Cedis. Likewise, Holy FM agreed to bear 37.5% of the total air time, valued at 1,120 Ghana Cedis.
  
- All of the 28 radio programs planned were carried in the months of August and September. Each of the two radio stations aired 14 programs. There is however the need for some of the radio programs to be repeated. This is because, the radio stations failed to record some of the episodes of the radio programs as indicated in the contract ASPI had with them. They attributed this to technical problems. Consequently, they have agreed to repeat those episodes at their own expense and get them recorded for ASPI. The radio programs consisted of panel discussions, questions and answers, phone-in, and the airing of recorded songs and drama performance on malaria prevention and treatment. These programs afforded beneficiary community members the opportunity to phone-in to ask questions and to also answer questions on malaria prevention and treatment. Those who called during the radio program and answered malaria related questions correctly were invited to the radio stations and were given T-shirts (with malaria prevention and treatment messages inscribed on them), flyers, and brochures as rewards. These rewards encouraged more people to phone-in to contribute to the radio programs.

### ***iv. Mobilizing Faith Based Communities/Church Visiting***

- Another means that ASPI used to reach large numbers of community members was by visiting churches to educate members on malaria prevention and treatment. ASPI collaborated with leaders of Faith Based Organizations to seek their support in respect of the above activities. ASPI visited 23 churches in the last three months of FY 2010 (July-September, 2010) to deliver malaria prevention and treatment messages to about 3,573 church members. These activities mainly involved educational talks, questions and

answers, and distribution of Information, Education and Communication (IE&C) materials on malaria.

v. *Credit with Education among Women Micro-credit Groups and Mother-to-Mother Support Groups.*

- This strategy was aimed at adopting the Freedom from Hunger's Credit with Education (CWE) Model by integrating malaria prevention and treatment interventions to ASPI's micro-credit programs to educate Women Micro-credit Groups and Mother-to-Mother Support Groups in target beneficiary communities on malaria prevention and treatment. Five (5) credit groups consisting of 85 mothers were identified. More of such groups were to be identified and trained on the integration of malaria prevention activities into their microfinance programs based on the Freedom from Hunger's Credit with Education model. Also, a sample of the Freedom from Hunger's Credit with Education manual was obtained and reviewed by the CEO, PD, and a Consultant (from Freedom from Hunger Project, Ghana). The Consultant started developing training modules from the manual to be used to train ASPI's Credit Officers on the integration of malaria prevention interventions into microcredit programs for Women Micro-credit Groups and Mother-to-Mother Support Groups. However, activities related to the adoption of the Freedom from Hunger's Credit with Education Model were cancelled based on advice from USAID.

**Project Management, Expansion, and Capacity Building**

- The Board of Directors of ASPI was reconstituted, bringing on board more experienced and committed professionals to give policy direction to the organization.
- A new Project Director in the name of Mr. Albert Atabila was hired in June to boost the capacity of ASPI in the management and implementation of the project. Mr. Atabila is being supported by Mr. Carlin Fiagbor and Mr. Bright Gemegah in the capacities as Assistant Project Directors. The coming on board of Mr. Atabila eased the burden of the project team and has also led to a significant improvement in the technical and programmatic aspects of the project.
- In July, a new Administrative Assistant in the name of Ms. Patience Kalu was hired to join ASPI's staff. The coming on board of Ms. Kalu has led to significant improvement in the administrative and clerical aspects of the project.
- Five (5) day training on project and financial management was done in September, 2010 by CDC Consult for key project staff to enhance their performance on the project. This

training was very useful, especially to the two new staff namely, Mr. Atabila (Project Director) and Miss Kalu (Administrative Assistant) who joined the project team.

- ASPI has expanded the malaria prevention and treatment project from 25 beneficiary communities (in FY 2009) to reach 60 new communities.
- In order to cope with the expansion of the project, 122 new CBAs and 14 new SAs were recruited to work in the 60 new beneficiary communities. This brings the total number of CBAs and SAs to 166 and 18, respectively. These new recruits were given a five (5) day orientation and training using a training manual that was developed in consultation with USAID and NMCP, by ASK Consult.
- 52 Community Health Nurses were selected across the three target districts and trained on malaria prevention and treatment, including Focused Antenatal Care, IPTp administration, management of fever among children, and pharmacovigilance.
- 90 Community Leaders and 90 Leaders of Faith-based Organizations from Keta Municipality, Ketu North and Ketu South Districts were identified and trained on malaria prevention and treatment, community mobilization, and their roles in malaria prevention and treatment at the community level. This trainings were done using a training manual developed by ASK Consult and in consultation with NMCP.

### **Logistics and materials**

- A warehouse was rented in Keta to store logistics such as ITNs, IE&C/BCC materials, bicycles and motor bicycles.
- 15,000 pieces of LLINs were obtained from USAID Ghana, all of which were delivered and hung free of charge for children under five and pregnant women during home visiting activities. Also, 700 pieces of LLINs were obtained from NMCP which were sold at subsidized price of 2.0 Ghana Cedis to other members of beneficiary communities, with the exception of children under five and pregnant women. Out of the sales made from each ITN, 1.5 Ghana Cedis was given to NMCP and 0.5 Cedis was kept by ASPI as project income to be used to purchase KO Tabs for bed net retreatment.
- 600 KO tab kits were obtained from NMCP and were used to retreat 605 old bed nets for beneficiary community members during community durbar and theatre performances.
- 33 bicycles acquired in FY 2009 were distributed to 33 CBAs in both new and old beneficiary communities. Also, 2 Thunder motor bicycles were procured and delivered to

SAs. These activities greatly eased the burden of some of the CBAs and SAs who had to travel on foot for long distances during community based activities. This is due to the fact that households in some of the communities are sparsely located.

- 900 t-shirts with malaria prevention and treatment messages were printed and delivered for community based activities such as home visiting, durbars and theater performances.
- 6,550 pieces of IE&C materials (550 stickers, 2,000 brochures, and 4,000 posters), were reproduced and distributed to reinforce behavior change messages on malaria prevention and treatment among community members during project activities

## ACTIVITY IMPLEMENTATION MATRIX

Project Objective	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
Objectives i, ii, and iii.	Number of malaria theatre scripts adapted.  Year 2 Target: 3  Year 2 Actual: 3	Work with NMCP to adopt three malaria theatre scripts.	Three malaria scripts were adopted	
	Number of theatre of theatre performance carried out.  Year 2 Target: 60  Year 2 Actual: 49	Work with three theatre groups to deliver 60 performances on key malaria messages in 60 communities in three districts.	49 theatre performances were delivered on ITN use, IPT uptake and home based care in 49 communities.	The remaining performances that could not be carried out were as a result of inability of the three drama groups to master the theatre script on time before beginning performances.
	Number of radio programs aired.  Year 2 Target: 28  Year 2 Actual: 28	Produce and air 28 interactive radio programs.	28 interactive radio programs were aired.	The radio programs were aired by Jubilee FM and Holy FM, with each airing 14 programs.

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Objective i	Number of LLINs and KO tabs acquired.  Year 2 Target: 18,000 LLINs and 8,500 KO tabs.  Year 2 Actual: 15,700 LLINs, 600 KO Tabs acquired.	Work with, ProMPT, NMCP, and Rotary Club International to acquire 18,000 LLINs and 8,500 KO tabs.	15,700 LLIN and 600 KO Tabs were acquired.	15,000 LLINs obtained from USAID Ghana were hung free of charge for children under five and pregnant women during. However, the 700 LLINs obtained from NMCP were sold at subsidized price of 2.0 Ghana Cedis to other members of beneficiary communities.
	Number of LLINs hung.  Year 2 Target: 12,750  Year 2 Actual: 15,000	Hang 12,750 LLINs to pregnant women and children under five.	15,000 LLINs were hung for pregnant women and children under five.	
	Number of LLINs sold.  Year 2 Target: 700  Year 2 Actual: 700	Sell 700 LLINs to other members of beneficiary community members.	700 LLINs were sold.	

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
Objectives i, ii, and iii.	Number of t-shirts printed.  Year 2 Target: 5,000  Year 2 Actual: 900	Print and distribute 5,000 t-shirts for community based events.	900 t-shirts were printed and distributed.	Only 900 t-shirts were approved by USAID.
	Number of CBAs and SAs identified and selected.  Year 2 Target: 124 CBAs and 15 SAs  Year 2 Actual: 124 CBAs and 14 SAs.	Identify and select 124 CBAs and 15 SAs in 60 new communities.	124 CBAs and 14 SAs were selected.	
	Number of CBAs and SAs oriented and trained.  Year 2 Target: 124 CBAs and 15 SAs.  Year 2 Actual: 124 CBAs and 14 SAs.	Orient and train 124 CBAs and 15 SAs on malaria prevention and treatment; and thier responsibilities in the project.	124 CBAs and 14 SAs were trained.	Out of the 124 CBAs who were trained, 2 of them dropped out based on personal reasons.

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
Objectives i, ii, and iii.	Number of durbars organized.  Year 2 Target: 15  Year 2 Actual: 7	Organize 15 durbars to launch program in 15 of the 60 new communities.	7 durbars were organized in 7 of the 60 new communities.	The remaining 8 durbars were cancelled based on the advice of USAID in order to save money for activities of FY 2011.
	Number of IEC/BCC materials reproduced.  Year 2 Target: 4,500  Year 2 Actual: 6,550	Reproduce existing IEC/BCC materials for use in community based activities.	6,550 stickers, posters, and brochures were reproduced and used for project activities.	
Objective i	Number of used bed nets retreated.  Year 2 Target: 8,500  Year 2 Actual: 605	Retreatment of used bed nets during 15 durbars.	605 bed nets were retreated.	A total of 950 old bed nets were presented for re-treatment, however, only 605 were re-treated due to shortage of KO Tabs.
		Develop protocol for selling ITNs.	ITN sales protocol was developed.	This was used to guide the sale of ITNs supplied by NMCP to members of beneficiary communities,

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
				with the exception of children under five and pregnant women.
Objectives i, ii, and iii.	Number of IPT champions selected.	Develop guideline for selecting IPT champions.	A guideline was developed.	Although a guide to select IPT Champions was developed, this activity was later on discontinued. Reasons for the discontinuation have been provided in section C.
	Year 2 Target: 120 Year 2 Actual: 0	Select community IPT champions.	No IPT Champion was selected.	
	Number of malaria counselling cards reproduced. Year 2 Target: 300 Year 2 Actual: 190	Reproduce malaria counselling cards.	190 malaria counselling cards were reproduced.	184 of the Malaria Counselling Cards were distributed to 166 CBAs and 18 SAs. This was to aid them in educating community members on malaria prevention and treatment during home visiting activities.

Project Objective	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
Objectives i, ii, and iii.		Develop/adopt IPC manual on BCC /counselling skills.	IPC was incorporated into the manual used to train CBAs and SAs.	<p>The IPC section was adopted from the following materials:</p> <ul style="list-style-type: none"> <li>- Communication, Behaviour Change and Health (A Trainer's Guide) by Ghana Sustainable Change Project.</li> <li>- Malaria In Pregnancy-Training Manual for Health Providers by NMCP</li> <li>- Community Health Planning and Service (CHIPS) by NMCP.</li> </ul>

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
Objectives i, ii, and iii.	Number of IPT champions trained.  Year 2 Target: 120  Year 2 Actual: 0	Train 120 IPTp champions in IPC skills and home visiting techniques.	No IPTp Champion was trained in IPC skills.	This activity was discontinued.
	Number of static and routine clinic sessions participated.	Trained IPT champions participate in static and routine clinic sessions.	No IPT champion counselled pregnant women	Same comment as above.
		Adopt Freedom From Hunger's Credit with Education Model (CWE).	FFH CWE model could not be adopted.	Activities related to this strategy were cancelled based on advice from USAID to enable ASPI save money for FY 2011 activities.

Project Objective	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
Objectives i, ii, and iii.	Number of Women Micro-credit Groups and Mother-to-Mother Support Groups identified and trained.  Year 2 Target: 50  Year 2 Actual: 5	Identify and train 50 Women Micro-credit Groups and Mother-to-Mother Support Groups to integrate malaria prevention and treatment into routine credit activities, using Freedom From Hunger's Credit with Education Model.	5 Women Micro-credit groups consisting of 85 mothers were identified but could not be trained.	Same comment as above.
	Number of sessions held.  Year 2 Target: 60  Year 2 Actual: 5	Trained Women Micro-credit Groups and Mother-to-Mother Support Group's leaders integrate Malaria prevention and treatment into credit sessions/Mother-Mother Association meetings.	No session of credit with malaria education was held.	Same comment as above.

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
	Number of review meetings held.	Hold review meetings with Women Micro-credit Groups and Mother-to-	No review meeting was held with Women Micro-credit Groups and	Same comment as above.
Objectives i, ii, and iii.	Year 2 Target: 2 Year 2 Actual: 0	Mother Support Groups	Mother-to-Mother Support Groups.	
		Develop training manual on home visiting techniques, approaches and counselling skills.	A manual for training CBAs was developed in consultation with USAID and NMCP.	This training manual was used to train all 124 CBAs and 14 SAs who were recruited in FY 2010 and also used to refresh the old 44 CBAs and 4 SAs.

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
Objectives i, ii, and iii.	Number of home visits conducted.	Trained CBAs and IPT Champions conduct regular home visits.	Seven monthly home visits were carried in the 25 old communities, while five and three monthly home visits were carried out in the first batch of new communities (40) and the second batch of new communities (20), respectively.	No home visit was conducted by an IPT Champion.

Project Objective	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
Objectives i, ii, and iii.	<p>Number of bicycles and motorcycles procured and delivered.</p> <p>Year 2 Target: 124 bicycles and 2 motorcycles.</p> <p>Year 2 Actual: 0 bicycles and 2 motorcycles.</p>	Procure and deliver 124 bicycles and 2 motorcycles to CBAs and SAs as incentives for community based activities.	<p>Two (2) motorcycles were purchased and delivered to SAs.</p> <p>No bicycle was purchased.</p>	Twenty One (21) bicycles that were purchased in FY 2009, in addition to twelve (12) bicycles provided by the National Tuberculosis Program were distributed to 33 CBAs.
Objective iv		Adopt participatory action planning guides for district and sub district level health planning.	Training guide for orientation of Leaders of Communities and Faith Based Organizations based on participatory planning methodologies was developed.	This training was to equip all stakeholders with participatory action planning skills.

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
Objective iv		Develop malaria community action plans.	This was done alongside the orientation of Leaders of Communities and Faith Based Organizations. These stakeholders were tasked to develop action plans for control of malaria in their communities.	
	Number of advocacy meetings held.  Year 2 Target: 2  Year 2 Actual: 1	Hold two district level advocacy meetings.		This was done as part of the orientation of Leaders of Communities and Faith Based Organizations.

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
Objective iv		Community members implement community malaria action plans.	Community leaders and Faith Based Organisation leaders were followed-up which ensured the implementation of their action plans and roles during project activities	
	Number of FBO leaders trained.  Year 2 Target: 180  Year 2 Actual: 180	Train Community Leaders and FBO Leaders in key malaria prevention strategies and their expected roles.	. 90 Community Leaders and 80 FBO Leaders were trained.	

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
Objectives i, ii, and iii.	Number of sessions on malaria prevention and treatment incorporated into church sermons.	Trained FBO leaders integrate key malaria messages into on-going activities.	ASPI visited 23 churches in the last three months of FY 2010 (July-September, 2010) to deliver malaria prevention and treatment messages to about 3,573 church members.	
Objectives i, ii, iii, and iv.	Number of media discussions held.	Link trained FBO leaders with Holy FM and Jubilee Radio for media discussions.	This activity could not be done due to its cost implications.	
Objective iv	Number of review meetings held.  Year 2 Target: 90  Year 2 Actual: 23	Hold review meeting with FBO network.	23 meetings were held separately with leaders of 23 churches to review their activities in the project.	

Project Objective	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
Objectives i, ii, iii, and iv.	Number of stakeholders' meetings held.  Year 2 Target: 4  Year 2 Actual: 1	Hold stakeholder reviews.	One stakeholders' review meeting was held with DHMTs, Community Leaders, District Assembly Representatives and other stakeholders to assess the progress of the project and to find solutions to challenges identified during the implementation of project activities.  Also several meetings were held separately with the various stakeholders to guide the implementation of project activities.	The remaining meetings could not be held due to the tight schedules of key stakeholders such as DHMTs.

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
Objectives i, ii, and iii.		Develop Scope of Work for baseline survey.	A Scope of Work for the conduct of the baseline survey was developed in consultation with USAID.	
		Hire a Consultant for baseline survey.	ASK Consult was hired.	
		Carry out baseline survey.	In June 2010, a baseline survey was conducted by ASK Consult in 30 communities in Keta Municipality, Ketu North, and Ketu South Districts.	The survey reveals significant gaps in the use of malaria prevention and treatment services and products by members of the communities surveyed.
		Submit monthly progress report on work plan implementation to USAID.	Monthly progress reports were submitted to USAID.	

Project Objective	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
Objectives i, ii, and iii.		Recruit Project Director	A new Project Director, Mr. Albert Atabila was hired in June to boost the capacity of ASPI in the management and implementation of the project.	
		Reconstitute Board of Directors.	The Board of Directors of ASPI was reconstituted, bringing on board more experienced and committed professionals to give policy direction to the organization.	
		Implement USAID recommendations.	Recommendations given by USAID were incorporated into project activities.	

<b>Project Objective</b>	<b>Indicators (include current measurement or result)</b>	<b>Key Activities (as outlined in the work plan)</b>	<b>Status of Activities (including outputs)</b>	<b>Comments</b>
Objectives i, ii, and iii.	Number of trainings conducted.  Year 2 Target: 1  Year 2 Actual: 1	Orient new Staff.	Five (5) day training on project and financial management was done in September for key project staff to enhance their performance on the project.	This training was very useful, especially to the two new staff namely, Mr. Atabila (Project Director) and Miss Kalu(Administrative Assistant) who joined the project team.

## **B. FACTORS THAT IMPEDED PROGRESS AND ACTIONS TAKEN TO OVERCOME THEM**

- One of the major challenges in FY 2010 was the inability of ASPI to obtain approval in time for the work plan as a result of some concerns raised about it by USAID. Valuable lessons have been learned from the comments and contributions of USAID staff, especially Megan Fotheringham, Michel Pacque, Carol Larivee, and Kwame Ankobea, towards the development of the work plan. These lessons were very useful in the development of the work plan for FY 2011. As a result of this delay, project activities for the year began in March, 2010.
- The reimbursement arrangement that ASPI is placed on has put ASPI in a very difficult financial situation. This challenge contributed to the delay in the performance of some planned activities. ASPI had no option than to mobilize funds from its micro-finance program, which in turn led to financial difficulties in running the micro-finance program. Sometimes, the CEO had to mobilize funds from personal sources. ASPI is therefore hoping that the current financial arrangement be changed to pre-financing arrangement.
- As a young and growing organization, ASPI faced challenges with some programming and technical aspects of the project. Notable among them were in relation to work plan development and financial reporting. Hiring of the new Project Director helped to boost the capacity of ASPI in implementing this project. ASPI also continued to work with Consultants (such as CDC Consult, and ASK Consult) and PMI-MCP team which helped to improve the implementation of the project. ASK Consult has extensive experience in developing, implementing, monitoring, and evaluating community based programs in Child Survival, Malaria, Neglected Tropical Diseases and TB control, Adolescent Reproductive health and Family Planning. Similarly, CDC Consult has many years of experience in, project management, training, auditing, operational and credit risk analysis.
- Because of heavy rains during some periods of the year, driving to communities which are remotely located and have bad road networks was very difficult and almost impossible. This was because the current project vehicle, which was donated by Ghana Sustainable Change Project, is very weak and cannot ply on muddy and slippery roads. Also, the vehicle often broke down incurring huge cost on maintenance. This sometimes affected monitoring and supervision activities in the communities. As a result, ASPI was hiring commercial vehicles to carry out a large number of project activities.
- Houses in some of the beneficiary communities are sparsely located making home visiting by the CBAs in these communities very challenging. As a result, 33 bicycles were distributed to 33 CBAs in the communities as described to ease this challenge. However, additional bicycles are needed to be given to other CBAs in similar communities.

- There were also considerable challenges in agreeing on convenient dates for the performance of community durbars and dramas with the communities. These therefore delayed the performance of these activities.
- Monitoring of the activities of CBAs in the communities revealed that considerable attention was devoted by some of the new CBAs in educating target community members on environmental approaches on malaria prevention, most of which have little or no impact on malaria control. For example, when a nursing mother was asked about the messages given to her by the CBA in that community, one of the messages she indicated included sprinkling kerosene in bathhouse gutters to prevent the breeding of mosquitoes. These approaches were not part of the training given to the CBAs by ASPI. When asked about the sources of these approaches, one of the CBAs revealed that those approaches were previous knowledge he already had. This situation therefore called for the correction of such misconceptions. As a result, special attention was given to correcting such misconceptions during the monthly review meetings with CBAs and SAs.
- Another considerable challenge is lack of project office in Keta to facilitate the coordination of field activities in beneficiary communities in that district. This led to the situation where office equipment had to be transported from the office in Aflao (serving beneficiary communities in Ketu North and Ketu South districts) to Keta to perform clerical duties during activities like review meetings, and training programs.
- The frequent break down of some office equipment such as photocopiers, printers, and computers negatively affect clerical and administrative duties of the project.
- Due to some traditional beliefs in the beneficiary communities, visitors are prohibited from seeing newly delivered nursing mothers until after one month. As a result, CBAs could not have direct interaction with this category of nursing mothers to educate them on malaria prevention and treatment. The messages were however delivered through other household members such as their husbands, in-laws, and senior children.
- It was difficult on the part of some of the CBAs to encourage some pregnant women who were not covered by the National Health Insurance to attend ANC. This is because, pregnant women without health insurance were asked to pay for ANC services for which they complained that they could not afford. These pregnant women were however, encouraged to join the National Health Insurance Scheme.

### **C. PROGRAM CHANGES/ADJUSTMENTS.**

In FY 2010, the concept of IPT Champion was included in the project strategies. The aim of this strategy was to select mothers who have been judged to be successful in adopting and practicing the desired malaria prevention and treatment behaviors and using them as models

to support CBAs to educate and counsel other mothers on malaria prevention and treatment. However, it was later realized that Community Health Nurses who are the first point of contact in the community on health matters, were not involved in the project activities. It then became necessary to drop the IPTp Champion concept and be replaced by involving Community Health Nurses, after it was agreed among stake holders (DHMTs, USAID representative) that it was possible to encourage community level SP distribution, using Community Health Nurses.

#### **D. MONITORING AND EVALUATION ACTIVITIES**

- Six (6) project review meetings were held with CBAs and SAs from all beneficiary communities to share success stories and to brainstorm on finding solutions to problems encountered in the implementation of planned activities. These opportunities were also used to refresh the CBAs and SAs on the key malaria prevention strategies of this project, especially on BCC. In addition, misconceptions about malaria prevention strategies were identified and clarified during these meetings.
- Five (5) review meetings were held with the District Health Management Teams of Keta Municipality, Ketu North, and Ketu South Districts to guide the implementation of planned project activities. These meetings were aimed at taking stock of the challenges and the achievements of the project. Strategies to overcome identified challenges and the roles of the DHMTs in the project were also discussed. Moreover, community entry processes and the criteria for selecting the new 60 beneficiary communities, CBAs, SAs, Community Health Nurses and their training were addressed. In addition, these meetings were used to set dates for community durbars and theatre performances.
- Three (3) meetings were held NMCP and the issues discussed bothered on technical and logistical support for the project, suggestion for ASPI's CBA's training manual and the theatre script for community theatre performances.
- One stakeholders' meeting was held on the 29<sup>th</sup> of September, 2010 at Lorneh Lodge in Keta to discuss the achievements, challenges, and solutions to challenges identified in the implementation of the project. The meeting was attended by 24 people including, Traditional Leaders, Political Leaders, DHMTs, Leaders of FBOs, and ASPI key project staff. Representatives from USAID and NMCP who were invited could not attend the meeting. The meeting afforded stakeholders the opportunity to seek clarifications on the project and its interventions and made suggestions to the

project team. One significant revelation from this meeting was the high interest the Community Leaders showed in the project and the need to expand the project into other communities. Madam Victoria Kpelly, representative from Ketu South District Health Directorate, suggested that the names and addresses of both pregnant women and children under five years identified in beneficiary communities should be provided to the DHMMTs so that Community Health Nurses can support CBAs to follow-up on them to ensure their use of malaria prevention and treatment services and products. This is one of the key activities that would be carried out in FY 2011. It was also realized that there is the need to engage Community Leaders more in the selection of CBAs, and monitoring of the activities of the CBAs in the communities. The need for more bed net re-treatment activities and the provision of ITNs to community members were suggested by the Community Leaders.

- In June 2010, a baseline survey was conducted by an external Consultant in 30 communities in Keta Municipality, Ketu North, and Ketu South Districts. The findings indicate that, gaps still remain in the use of malaria prevention and treatment interventions. For instance, the survey indicates that the percentage of households with at least one ITN, percentage of pregnant women who slept under ITN the previous night, and the percentage of pregnant women who received at least two doses of SP, were 46.8%, 27.0%, and 44.86%, respectively (as against NMCP targets of 100%, 85%, and 100%, respectively, by the year 2015). These situations therefore call for more efforts in the fight against malaria in these communities.

## **E. TECHNICAL ASSISTANCE**

- The development of the training manuals for CBAs, Community Leaders, FBO Leaders, and CHN; and the theatre script for community drama programs received substantial technical assistance from USAID and NMCP.
- A Consultant was hired to develop a theatre script and to train three local drama groups to perform drama on malaria prevention and treatment in beneficiary communities.
- Another Consultant (ASK Consult) was hired to conduct a baseline survey for the project. As part of the consultancy service, ASK consult trained key project staff on questionnaire administration, data collection, and data management.

## **F. SPECIFIC INFORMATION REQUESTED**

ASPI was requested to submit a copy of the ITN SALES PROTOCOL that was used to sell ITNs obtained from NMCP at a subsidized rate of 2.0 Ghana Cedis. Below is the protocol submitted:

### ***Rational for ITN Sales***

*Every Ghanaian, and for that matter every member of the beneficiary communities of the ASPI-MCP malaria project, is at risk of malaria, although the most at risk groups are pregnant women and children under five. Therefore every beneficiary community deserves to own and sleep under ITN. Unfortunately, majority of them cannot afford to pay for the commercial price of ITN (5 to 10 Ghana Cedis per ITN). Due to limited resources, this project targets only pregnant women and children under five years to be given free ITNs. Therefore in order for other members of beneficiary communities who cannot benefit from the free distribution scheme under this project and who as well cannot buy ITNs at commercial price from the open market to own and use ITNs, a decision was reached in partnership with NMCP, USAID, and DHMTs to sell ITNs at subsidized rate of 2.0 Ghana Cedis to this category of beneficiary members.*

### ***Guidelines for ITN Sales***

*The sale of ITNs shall be guided by the following:*

- 1. Only ITNs provided by NMCP shall be sold as directed by NMCP.*
- 2. Sale of ITNs is intended for members of beneficiary communities who are not part of the free distribution scheme of the project. Pregnant women and children under five years shall remain under the free distribution scheme during community activities.*
- 3. Selling of ITNs shall occur during community activities under the supervision of a key project staff, a Ghana Health Service staff and a community leader.*
- 4. The price of one ITN shall be 2.0 Ghana Cedis.*
- 5. Out of the sales made from each ITN, 1.5 Ghana Cedis shall be given to NMCP and 0.5 Cedis shall go to ASPI as project income to be used to purchase KO Tabs for bed net retreatment.*
- 6. The sale of each ITN should be recorded using the ITN Sales Income form*

## **G. PMI TEAM COLLABORATION IN COUNTRY**

- Mr. Kwame Anakobea and Miss Julie Wallace (from USAID) met with Mr. Owharo (CEO) and Mr. Fiabgor (Assistant Project Director) in ASPI's head office

on the 10<sup>th</sup> of June, 2010. During this meeting, the way forward in respect of ASPI's technical and operational challenges were discussed.

- A three day field monitoring visit was paid by Mr. Kwame Ankobea (USAID Ghana) from 28<sup>th</sup> to 30<sup>th</sup> June, 2010 to familiarize himself with ASPI's activities on the field. Through a verbal feedback, Mr. Ankobea commended ASPI on the good work done in such activities as ITN hanging, enthusiasm with which CBAs work, collaboration with the DHMTs in the beneficiary districts/municipal, and the training manual used to train CBAs among others. Also, Mr. Ankobea suggested that activities related to FBO collaboration should be discontinued because, in his view those activities would not have any significant impact to the objectives of the project. He also suggested that misconceptions identified among some of the CBAs in respect of the key malaria prevention messages should be corrected.
  
- Mr. Jean-Claude Piers De Raveschoot (a retired Head of Service Evaluation, United Nations, France) paid a one day visit to assess ASPI's malaria project in the Volta Region on the 6<sup>th</sup> of September, 2010, as part of his tour of 6 African countries, specifically examining malaria education activities. His objective was to assess the use and effectiveness of the 4,000 ITNs donated to the Malaria Project in 2009 by Rotary Club International, Ghana. He was accompanied by Ms. Felicia Baidoo-Sego (the Club President, Rotary Club, Osu-Accra). During the visit, he met Madam Success Dovlo, the Acting Director of the Keta Municipal Health Directorate. He also visited the town of Bleamezado and neighboring communities where he inspected the ITNs hung for the project's beneficiaries. He spent some time talking with the beneficiaries and CBA's; asking them questions on their work and challenges. At the health centers at Bleamezado and Atokor he also had a discussion with the 2 Community Health Nurses on the burden of malaria in the areas. Mr. Piers De Raveschoot made time to visit ASPI's office in Aflao (Volta region). He met the staff, commended their hard work and stressed on the need to continuously strengthen the Malaria Project partnership with Rotary International and to build on the success gained in the past few years. He suggested that ASPI staff should work with the Community Health Facilities to generate relevant information for the project in order to increase the efficiency of monitoring and evaluation.
  
- ASPI participated in a number of meetings organized by USAID. The 4<sup>th</sup> Annual President's Malaria Initiative(PMI) Stakeholders'' Forum was organized by USAID Ghana Mission, on the 9<sup>th</sup> of June, 2010 to review PMI implementation

status and progress; and to obtain input o the 2011/12 planned budget and activities ASPI was represented by Mr. Owharo (CEO) during this forum. ASPI also attended three Health Partners Meetings held on 26<sup>th</sup> January, 2010, 11th of May, 2010, and 6th October, 2010. The first two were attended by Mr. Owharo (CEO), and the last was attended by Mr. Owharo (CEO), Mr. Atabila (Project Director), and Mr. Gemegah (an Assistant Project Director). These meetings provided ASPI with an opportunity to network with partners and to discuss areas of collaboration.

- ASPI has constantly notified and invited the PMI team in Ghana to participate in its activities.

## **H. OTHER RELEVANT ASPECT OF THE PROJECT**

- The first edition ASPI Malaria Journal was launched during the last durbar held on the 10<sup>th</sup> of September, 2010. The launching was done by Miss Laurel Fain (Health Office Chief, USAID Ghana) and supported by Hon. Bernard Frank Amable (the District Chief Executive of Ketu South District). The journal would serve as the mouthpiece of ASPI to deliver malaria prevention and treatment messages and other anti-poverty interventions of ASPI to people that the organization may not readily reach( a copy of the journal is added to the hard copy of this report).
- The ASPI/MCP Malaria Prevention and Treatment project received major media coverage during one of the durbars held on the 10th of September, 2010. These media coverage highlighted the achievements of the project and the support of USAID to the project. The malaria project was featured on the “Breakfast Show” of Ghana Television (GTV) on 29<sup>th</sup> September, 2010. During this program, Mr. Owharo (CEO), and Madam Dovlu (Acting Municipal Director of Health Service, Keta Municipal Health Directorate), were interviewed on the malaria project (CDs of these television coverage are added to the hard copy of this report). There were also reports on the project during the 7pm and 10pm news program on GTV on 2<sup>nd</sup> October, 2010. In addition, there were radio commentaries on the project on Jubilee Radio (Keta), Holy FM (Aflao), and Choice FM (Accra) and their affiliate stations across Ghana.

## **I. PUBLISHED PAPERS OR PRESENTATION AT MAJOR CONFERENCES OR EVENTS**

- During the Health Partners Meeting organized by USAID Ghana Mission, Mr. Atabila presented an update of the project and planned activities for FY 2011. A copy of this presentation is attached (appendix 1).
- ASPI is currently collaborating with some Lecturers at the School of Public Health in the University of Ghana to write at least one research paper on the baseline survey that was conducted in June, 2010.

## **J. SUCCESS STORIES**

### **1. ASPI Community Based Agents(CBAs) making a difference in their communities**

For effective, consistent and systematic work to be done in the various communities where ASPI is implementing the malaria control project, CBAs were selected from the target communities and trained on malaria control, BCC, and community mobilization to educate their own community members on malaria prevention and treatment through house-to-house visits. These CBAs also hung free ITNs for pregnant women and children under five years as part of ASPI's strategy in preventing malaria within that target group. Moreover, the CBAs re-treated old bed nets for their community members.

The hard work and dedication of these CBAs in educating the community members on malaria prevention and treatment, especially among pregnant women and children under 5 years was applauded and rewarded by the communities in which they work.

Mad. Cynthia Adzomani, a nursing mother from Nolopi said ' I am so happy about the CBA's because of the tireless work that they are doing in educating us about the need to take SP when pregnant and the importance of sleeping under ITN'. She continued to say that although they were initially ignorant of the dangers of malaria to a pregnant woman and also felt reluctant to attend ANC, the CBA's continuous visits to her house and educating her have convinced her to attend ANC. She added that "when I first decided to attend ANC during my pregnancy, Vinolia Abotsi (a CBA) accompanied me to the Health Center which shows her preparedness to help us".

One other important thing worth noting is the role of Rejoice Ewe, a CBA from Aborlorve in her Community. At the outskirts of this Community is a Fulani household that rears cattle in a small hamlet. Madam Iyishatu Braima who lives in this hamlet said " when mama Rejoice first came to talk to us about the need to go for ANC, after hanging a free ITN for us, I

thought it was not important since none of us have given birth at the Hospital or has ever visit any Clinic before giving birth. But her persistent coming to the house compelled me to follow her one day to the ANC. I was almost 5 months pregnant when I was given a drug they said will protect me and my baby from malaria. And after taking the 3 doses before I gave birth, all the other women are jealous about my baby as he looks so big, strong and healthy. This has influenced other women in and around the settlement to follow my footsteps''. In fact, Mama Rejoice, as they affectionately call her is now a family friend to these Fulani's.

The Community Health Nurse at Sasieme Mad Rose Ametorwodufia said that education and hanging of ITN as well as referral of pregnant women to the sasieme health centre by the CBA's in Sasieme has produced good results in ANC attendance. She said '' before the interventions of ASPI in the Communities, pregnant women rarely go for ANC but with the help of ASPI Volunteers who go from house to house educating pregnant women on the need to attend ANC and personally following them to the Health Centre, ANC attendance has increased''.

These are just few of the many hard working CBAs making big differences in the lives of their community members in the fight against malaria.

## **2. Community theatre/drama performances making a difference in behavior change**

With ASPI's educational strategy to effect behavior change, three different Drama Performing Groups from the three interventions Districts- Ketu North, Ketu South and Keta Municipal were trained in malaria prevention and control. They went round performing theater/drama on malaria prevention in the various communities. This drama performing groups have now become household names in the communities where ASPI is working.

One of the many people who learnt from these performances is Juliana Tagborlo, a pregnant woman from Dzodze in the Ketu North district '' I was influenced to go in for ANC because in the theater performance, the nurse said if you attend ANC when pregnant and consistently sleep under ITN, I will protect myself and my baby against malaria. She also said, ''I was taking herbal drugs and drugs from Chemical Shops but after all this, I had difficulty in delivery and my first baby was very small and weak''. She continued to say that '' I have seen a lot of improvement in my health after going for ANC in my second pregnancy. As after watching the drama, I also asked the nurses at the clinic questions to understand more about malaria''.

Togbui Ekle II of Penyi said he is happy that the issue of malaria is acted in a drama/theatre since it will stick in their minds as it looks real to them.

One thing worthy of praise in during the Community Theater/Drama is the effectiveness in drawing the full attention of the audience. Even in situations where heavy rains temporarily disrupted the performance the community members stayed behind till the rain had stopped and the performance concluded. Specific example is Dzita and Atiteti all in Keta Municipality where the community members endured heavy rains and watched the theatre performance to the end.

In addition, since the Drama Groups have been performing on the local radio stations, people were compelled to come out in their numbers to see the real people behind the voice on the radio stations. One Community member at Akame called Gifty said, “ if not the name of the drama people who were coming I wouldn’t have come to be part of this important program but all the same I was enticed by them and I came to know more about malaria”.

### **3. Partnership with Faith Based Organizations to fight malaria**

The role of FBOs in community mobilization cannot be overemphasized. It is a common deduction that religious gathering provide excellent platforms for education with cooperation, support of the religious leaders. It is in view of this that ASPI invited and oriented 90 leaders of various FBOs from beneficiary communities on malaria prevention and control.

As a result, ASPI is now working with these FBOs in educating their members on the dangers of malaria and how to prevent it, especially in the pregnant women taking SP to protect them and their children under 5 years from malaria and consistent sleeping under ITN and seeking early treatment within 24 hours of onset of symptoms. This is accomplished by these FBOs inviting ASPI staffs who go for educational talk on malaria, prevention and control during gatherings.

One of the Leaders, Rev. Godfred Gbodzi of Hatsukope Assemblies of God Church said “ I am happy to be part of this important training as I have leant a lot about malaria. Before coming here I was ignorant about malaria and the mode of transfer for the malaria parasite but I am now clear that it is only mosquito that spread malaria and not working under the hot scorching sun as some people believes it to be the cause of malaria”.

Elder Samuel Allah of Church of Pentecost, Aflao also said after an educative talk on malaria by ASPI staff that “I and my congregation are highly honored to benefit from this educational talk on malaria by ASPI, believe that we will not be hearers alone who deceived themselves but the doers so that we live a community of malaria free”.

## K. PHOTOGRAPHS OF PROJECT ACTIVITIES:



Mis Lisa Kramer (PMI Program Manager, USAID Ghana) delivering a speech during one of ASPI's Malaria Education Durbars. Sitting among the people at the back is Miss Laurel Fain (Health Office Chief, USAID Ghana) and Hon. Bernard Frank Amable (the District Chief Executive of Ketu South District).



Beneficiary community members departing from a malaria education durbar ground with their purchased ITNs (at subsidized price of 2.0 Ghana Cedis)



A demonstration of home management of fever in children (sponging) during a community drama performance.



A CBA (Rejoice) educating community members on malaria prevention and treatment during home visiting activities.