



ANNUAL PROGRESS REPORT

Phalombe Malaria Communities Project

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Glossary of abbreviations

ADC	Area Development Committee
AMF	Against Malaria Foundation
ANC	Antenatal Clinic
CBO	Community Based Organisation
CU	Concern Universal
DBU	Development Broadcasting Unit
DHO	District Health Officer
FANC	Focused Antenatal Care
FBO	Faith Based Organisation
FGD	Focused Group Discussion
GIS	Geographical Information System
HBC	Home Based Care
H/C	Health Centre
HIV	Human Immune Virus
HSA	Health Surveillance Assistant
IEC	Information Education Communication
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
KPC	Knowledge Practice Coverage
LA	Lumefantrine- Artesunate
LLINs	Long Lasting Insecticide Treated Nets
MAC	Malaria Alert Centre
M&E	Monitoring and Evaluation
NICE	National Initiative for Civic Education
NGO	Non Governmental Organisation
PLHIV	People Living With HIV
PMCP	Phalombe Malaria Communities Project
PMI	Presidents Malaria Initiative
PMTCT	Prevention of Mother To Child Transmission
PSI	Population Services International
PW	Pregnant Women
TFD	Theatre For Development
UK	United Kingdom
USA	United States of America
USAID	United States Agency for International Development
VDC	Village Development Committee
VHC	Village Health Committee

A. Description of main accomplishments

This report outlines accomplishments of the Phalombe Malaria Communities project during the 2010/2011 financial year, the third year of the four-year project. Concern Universal (CU) is implementing the Malaria Communities Project in Phalombe District situated in the Southern Region of Malawi. The overall objective of the project is to reduce malaria associated mortality and morbidity by 50% compared to the level at baseline. The project's specific objectives are: (i) Increased community awareness and knowledge on malaria prevention, treatment and case management; (ii) Promotion of correct and consistent use and treatment of Insecticide-Treated Nets (ITNs); (iii) Increased access to Intermittent Preventive Treatment (IPT); and, (iv) Building the capacity of indigenous organisations in malaria management.

The project achieved the following accomplishments during the third year in relation to the work plan:

During the reporting year 943 VHC members, 27 FBO members and 82 CBO members were re-oriented on Malaria prevention and control and community monitoring and evaluation. The re-orientation has assisted community structures to refresh themselves on malaria prevention and control. This has also improved monitoring, evaluation and reporting by community structures the project is working with.

The project facilitated a Mid-Term Evaluation (MTE) in October 2010. The MTE report was shared with PMI partners and district stakeholders. It demonstrated positive improvements in most indicators, notably those relating to malaria prevention during pregnancy, maternal knowledge of danger signs in children, and ITN ownership. For example, maternal knowledge of danger signs in children that may indicate the need to seek care significantly increased from 72.0% (66.6% – 77.0%) at baseline to 88.6 (84.5-92.0%) in the MTE. The report also indicated an increase in uptake of two doses of SP for IPT in mothers from 47.5% (baseline) to 62% (MTE). The report further indicated that 96% of people interviewed were aware that LA is the recommended anti-malarial drug for uncomplicated malaria cases as compared to 87% at baseline survey. Ownership of at least one treated bed net significantly increased from 27.7% (22.7%-33.1%) at baseline to 46.1% (39.9 – 52.4%) in the mid-term evaluation.

The project, in collaboration with district stakeholders reviewed the malaria communication strategy which it developed in June 2009 with technical assistance from the Programme Development Unit (PDU) of Concern Universal. Key malaria prevention and control messages have been reviewed for production of Information Education and Communication (IEC) materials on ITN use, IPT and case management.

20 health workers were briefed on the revised communication strategy for malaria, which the project facilitated. This has assisted health workers to accommodate the changes made in the strategy for effective delivery of malaria information to communities and fellow health workers.

32 health workers were briefed on the VHC training curriculum. This has assisted the health workers to effectively facilitate the re-orientation of VHCs, FBOs and CHBC on malaria prevention and control and community M & E.

The project received 20,000 Long Lasting Insecticide Treated Nets (LLIN) from Against Malaria Foundation during the year under review. These nets have been distributed to 65 villages of Nambazo and Kalinde health centre catchment areas that have a population of 45,681. This distribution has increased household ownership of ITNs in the target areas to over 70%. The project conducted post- distribution monitoring and evaluation in April and July 2011 to assess the impact of LLIN distribution on malaria incidences. In April net usage survey was conducted to 200 households who received free nets in August 2010 and it was found that, out of 469 nets inspected, 372 (79 %) were in very good condition (i.e. with less than two holes of less than 2cm), 70 (15%) were okay (with fewer than 10 small holes) while only 27(6 %) nets were in poor condition (more than 10 small holes or 1 big hole). A second net usage survey of 206 households who received free nets in December 2010 was conducted and it was found that out of 472 nets inspected 337 (71 %) were in very good condition, 106 (22%) were okay while only 29 (6 %) nets were in poor condition. In all these surveys net ownership was at 100% as all households sampled were found with free nets which they received. In addition to free nets distributed through the project, Phalombe District Health office also distributed 102,430 free nets to areas which were not reached during first and second distribution.

The project team together with the trained drama groups conducted 1,175 community campaigns using theatre for development (TFD) approaches. TFD approaches ensured that unique negative behaviours that hinder progress in malaria prevention and control are isolated, analysed and solutions discussed in a participatory manner. These campaigns were conducted at village level and 19,314 people were reached with messages, mainly focusing on behaviours that hinder progress in malaria prevention and control. Edu-entertainment using a Public Address System was also used during these awareness campaigns.

The project conducted video shows at health facilities and outreaches during Ante Natal Clinics and under-five clinics. A total of 23 video shows were conducted reaching 8,053 people (1,098 Ante Natal mothers, 6,608 under-five children and 347 men).

The project hosted a technical support visit by Debra Prosnitz (PMI-USA) who visited the project from 25th to 29th April 2011. She had the opportunity to interact with PMCP project staff. She also visited the project's key stakeholders, Phalombe Health Office and Holy Family Hospital. She had also an opportunity to have a feel of the project activities at community level where she visited VHCs, CBOs, FBO and one malaria community awareness campaign.

Activity Implementation Matrix

Project objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the workplan)	Status of Activities (including outputs)	Comments
<p><u>Objective 1</u></p> <p><i>Increased community awareness and knowledge on malaria prevention, treatment and case management</i></p>	<p><i>% of mothers with children 0-23 months who demonstrate knowledge on correct administration of LA</i> Year 3 target: 75% Year 3 actual: Not surveyed (NS)</p> <p><i>%of mothers/caretakers of children aged 0-23 months who have knowledge of basic symptoms of malaria</i> Year 3 target: 82% Year 3 Actual : Not surveyed</p>			
	<p>Number of local leaders members oriented on malaria prevention and treatment Year 3 Target: 60 ADC members, 460 VDC members, 2300 VHC members Year 3 Actual: 45 ADC members 208 VDC members 943 VHC members</p>	<p>1.Orient ADCs, VDCs and VHCs on malaria prevention and control and community M&E</p>	<p>ADC, VDC and VHC members have been oriented in malaria prevention and case management and Participatory Monitoring and Evaluation (PME).</p>	<p>HSA's facilitated orientation meetings in their respective areas. There has been re-organization of VDCs early this year and the re-orientations provided an opportunity for VDC members to understand their roles in malaria prevention, control and community M&E Only 208 VDC members were reached as few VDCs were really re-organised and others are still in the process. In VHCs the project has decided to work through focal persons in each VHC who will be responsible for reporting and monitoring malaria</p>

				activities. Re-orientation for all VDC, ADC and VHC members has been planned for year 4 as part of the exit strategy
# of review meetings conducted Year 3 target: 1 Year 3 Actual: 1	2.Review Phalombe Malaria Communication Strategy with partners and PDU	Phalombe Malaria Communication Strategy reviewed with partners and PDU. 25 participants attended the review session		Malaria messages were reviewed to address gender, HIV and AIDS, environmental issues. The volunteer training manual was also reviewed to address these 3 key issues.
Year 3 target: 1 Year 3 actual : 1	3.Facilitate an external mid –term evaluation for the project	Mid–Term evaluation was conducted in October 2010. The report was further disseminated to DEC members and key project stakeholders		The report indicated increase in maternal knowledge on dangers of malaria in children. The proportion of mothers consistently using bed nets during pregnancy increased from 32.5% (27.0%-38.3%) at baseline to 76.3% (69.3-82.4%). Uptake of two doses of SP for intermittent preventive therapy (IPT) in mothers of children 0-59 months significantly increased from 47.5% (41.5%– 53.5%) at baseline to 62.0% (55.1-68.5%) in this survey
Year 3 Target: 1session(40 health workers) Year 3 Actual : 1 session(32 health workers)	4.Conduct TOT for health workers on VHC training manual	1 session with attendance of 32 health workers was conducted		The training session enabled health workers to effectively facilitate re-orientations of VHCs, CBOs, FBOs in their catchment areas.
Year 3 Target: 1session(20 health workers) Year 3 Actual : 1 session(20 health workers)	5.Conduct TOT on communication strategy for malaria with project facilitators	1 session with attendance of 20 health workers was conducted		The training provided an opportunity for project staff and key stakeholders to have a better understanding of the strategy and able to effectively disseminate it to other structures and communities.
# of quarterly meetings conducted Year 3 target: 56	6.Conduct quarterly review meetings with ADCs, VDCs, VHCs,	31 quarterly review meetings were conducted in the third year.		These meetings have assisted in proper planning and improved coordination among stakeholders. It

	Year 3 Actual: 31	CBOs, FBOs, HBCs and drama groups		was also highlighted that through these meetings community structures have improved in their reporting on malaria activities
	# of types of IEC materials developed or adapted and distributed Year3 Target: 3 types of IEC materials developed and adapted and distributed 2 types of materials to at least 1500 mothers or care givers of under-five children, 300 T/shirts, 1200 LA 2011 Calenders, 10,000 leaflets, 15 wall brandings Year 3 Actual: 39 posters, 0 calendars, 0 T/shirts, 1303 flyers, 278 Leaflets, 0 wall brandings Number of community campaigns conducted	7.Develop and distribute IEC materials on malaria prevention and case management	The project distributed posters, fliers and leaflets which were sourced from DHO	Distribution of IEC materials was carried out at health facilities during clinic sessions, at community campaigns, during road shows and during health education sessions. Lack of adequate funds made the project not to produce T-shirts, calenders and wall branding
	Year 3 target: 184 campaigns, 4road shows, 2 cycle for life, 1 night of nets campaign Year 3 actual: 125 campaigns, 3 road shows, 0 cycle for life	8.Facilitate community campaigns to raise awareness on health seeking behavior, prevention and treatment	A total of 177 community campaigns and 3 road shows were conducted during third year. 33'624 caregivers of under five children were reached with malaria messages in third year.	The communities are fully participating in these campaigns and over 70% are women/mothers. There is need for the project to put in strategies that would address gender disparities regarding male participation to the malaria campaigns

	<p>Year 3 target: 3000 talks, 30,000 mothers/caretakers reached</p> <p>Year 3 Actual: 1,903 talks, 57,216 mothers/caregivers reached</p>	9. Conduct health talks at under five clinics, schools, village meetings, church sessions on malaria prevention and case management	1,903 health talk sessions were conducted and 57,216 mothers and care givers (of which 14,663 men) were reached with malaria prevention and treatment messages	Though the target for health talks sessions was not reached for the year 3, the number of people reached has exceeded the target for the year. Health talks are being conducted at health facilities, outreach clinics, under five immunization clinics, village clinics, community meetings, home visits and churches
	<p># of hhs visited Year 3 target: 20,000 house holds With U/5s, pregnant women and PLHIV Year 3 Actual: (56,437) 52229 home with u/5s 3509 Pregnant women 699 PLHIV homes</p>	10. Conduct home visits to raise awareness on ITN use and treatment, IPT and case management	56437 home visits were conducted in year 3. 2 post net distribution survey was conducted to 406 households	The home visits indicated an increase in net usage and also in early treatment seeking behaviors among community members. Post net distribution survey indicated 100% net ownership on the free nets distributed. Out of the 941 nets distributed 709(75%) were in very good condition, 176(19%) in good condition and only 56 (6%) were found in poor condition (summary of April and July surveys)
	<p># of video shows conducted Year 3 target: 259 Year 3 Actual: 23</p>	11. Conduct video shows on malaria prevention and case management	23 video shows were conducted at health facilities. 7,706 mothers and 347 men attended the shows.	Video shows stimulate interest among rural communities and can be used as teaching aids for health talks, providing edutainment; visual aspect is easily internalized by the audiences; has proved to be very effective since people associate video with entertainment. The low achievement was due to low availability of video set at community level as it was expensive to hire from the district headquarters

	# of advocacy meetings conducted with opinion leaders Year 3 target: 4 Year 3 Actual: 1	12. Conduct advocacy meetings with opinion leaders in malaria prevention and treatment	1 advocacy meeting was conducted in the year to discuss a major advocacy issues that came from the community during campaigns and FGDs with pregnant women.	ITN abuse was an issue advocated for as the project was making preparations to distribute LLINs. This was presented at Phalombe district consultative meetings which were attended by Chiefs, MPs and DEC Members. No other advocacy issue was identified during the reporting period.
	# of press conferences held Year 3 target: 2 Year 3 Actual: 0	13. Conduct press conference with media fraternity on issues of advocacy in relation to malaria prevention and treatment	Not done.	It was noted that this activity is expensive in nature hence the project involved the media for coverage when carrying out other project activities.

<p>Objective 2:</p> <p>Promote correct and consistent use and treatment of ITNs</p>	<p><i>% of mothers with children age 0-23 months who slept under an ITN most of the time or all the time during the most recent pregnancy</i></p> <p>Year 3 target: 78%</p> <p>Year 3 actual: NS</p> <p><i>% of mothers with children age 0-23 months who slept under an ITN most of the time or all the time during the most recent pregnancy</i></p> <p>Year 3 target: 78%</p> <p>Year 3 actual: NS</p>			
	<p># of drama groups or bands reoriented/trained in theatre for development on use of ITNs</p> <p>Year 3 target:</p> <p>6 drama groups 2 bands</p> <p>Year 3 actual:</p> <p>6 drama groups 0 bands</p>	<p>1.Reorient drama groups and bands to reflect demand creation and use of ITNs</p>	<p>6 drama groups were provided with technical information on malaria after each performance</p> <p>No bands were trained</p>	<p>The project reviewed the District Malaria communication strategy and the information was shared during the performances. No bands were reached as most of them are not active and the project will make a follow up to trained bands in year 4 to have an understanding on why bands are not active.</p>

	# of participatory drama performances conducted Year 3 target: 184 Year 3 actual: 175	2. Conduct participatory drama performances in the community	175 drama performances were conducted in Phalombe communities in year three. 31,790 people were reached with malaria messages through participatory drama performances	Drama performances are conducted at community campaigns and under five clinics. The drama clubs use TFD approaches to engage the audience in constructive discussions on issues regarding malaria prevention and control. This approach is key to soliciting advocacy issues on malaria prevention and treatment
	Year 3 target: 2 bands 6 songs Year 3 Actual: 0 bands 0 songs	3. Conduct song competition on malaria prevention and ITN use	No bands were engaged and no songs have been produced in year 3	The project used the DVD developed by the project in year 2. It was observed that the DVDs were not widely shown around the project area due to low availability of video sets at community level and it was decided not to develop more.
	# of households inspected for proper ITN use Year 3 target: 20,000hhs Year 3 Actual: 56,437 hh	4. Conduct household ITN use inspection	56,437 households inspected for ITN use during home visits and 2 post net distribution surveys were conducted	The project distributed 20,000 nets sourced from Against Malaria Foundation which benefited 10,279 households. Following the successful distribution of these nets National Malaria Control Program unlocked 102,430 nets which were also distributed to households in Phalombe District (13 health facilities catchment areas). Post net distribution survey indicated 100% net ownership on the free nets distributed. Out of the 941 nets sampled 709 (75%) were in very good condition, 176 (19%) in good condition and only 56 (6%) were found in poor condition.
	# of Focus Group Discussions conducted with men and women	5. Conduct Focus Group Discussions with men	12 Focus group discussions for men and women	FGDs showed that the myths and misconceptions surrounding net

	on the perceptions about use of ITNs Year 3 target: 12 Year 3 Actual: 12	and women on the perceptions about use of ITNs4.Conduct household ITN use inspection	conducted with attendance of 89 men and 110 women	usage has declined as people are now aware on importance of net usage through health talks and community awareness campaigns
Objective 3 <i>Increased access to IPTs (by pregnant women)</i>	<i>% of mothers of children age 0-23 months who received at least 2 doses of IPTp for malaria during the pregnancy with of the youngest child (<2yrs old)</i> Year 3 target: 85% Year 3 actual: NS			
	# of pregnant mothers reached with IPTp messages Year 3 target: 120 talks, 3000 pw reached Year 3 actual: 165 talks, 4,925 pregnant women reached	1. Conduct 120 health talks on the importance of IPT for pregnant mothers attending ANC	165 health talks conducted and 4925 pregnant women reached through health talks at ANCs	This has provided an opportunity for pregnant mothers to have a better understanding on malaria in pregnancy
	Year 3 target: 30 HSAs Year 3 actual: 0	2.Train HSAs in malaria case management and IPT	Not done	During year 3 Phalombe District Health Office refreshed 20 health workers in malaria case management which has increased the number of health workers trained in the district to 58
	# of HWs trained in FANC Year 3 target: 10 Year 3 actual: 0	3.Train health workers in Focus Antenatal Care (FANC) for pregnant women2.Train HSAs in malaria case management and IPT	No health workers (nurses and clinical officers) were trained on Focused Antenatal Care approach during the quarter.	Efforts were made to make a follow up on 10 health workers trained in FANC in year 2 and it was found that all of them are ably providing FANC services
Objective 4 <i>Build the capacity of indigenous organisations in malaria management</i>				

	<p># of HBC volunteers trained in malaria diagnosis, treatment, prevention and control, and malaria cycle Year 3 target: 15 groups Year 3 actual: 15 groups</p>	<p>1. Conduct training sessions for HBC volunteers in malaria, control and treatment in PLHIVs</p>	<p>15 HBCs trained in malaria prevention and control and message dissemination. A total of 143 CHBC providers have been trained.</p>	<p>The training has improved service delivery on malaria to chronically ill people and PLHIV in the project area. It has also improved in reporting on households with chronically ill or PLHIV reached with malaria messages and home visits</p>
	<p># of CBO members trained in malaria prevention, control and treatment Year 3 target: 23 Year 3 actual: 33</p>	<p>2.Orient CBO members in malaria prevention, control and message dissemination</p>	<p>33 CBOs were trained. A total of 82 members attended the training.</p>	<p>There are 33CBOs that are registered by the district assembly in Phalombe district hence the training was done for those CBOs that are registered. This has improved the coverage of CBOs on malaria activities and roles and responsibilities of CBOs in malaria prevention and control was properly defined.</p>
		<p>3.Orient FBO members in malaria prevention, control and message dissemination</p>	<p>12 FBOs were trained. A total of 27 members attended the training</p>	<p>There are now 12 FBOs that are registered by the district assembly in Phalombe district hence the training was done for only those FBOs that are registered.</p>

B. Factors that impeded progress

There were still stock outs of Fansidar SP in some health facilities which had an effect on IPT uptake for pregnant women. The project made a follow up with Phalombe District Health Office, upon which Fansidar SP has been delivered to health facilities. On IPT, it was resolved at the quarterly review meeting that a focal person at each facility should be able to capture the missing data and they will be reporting the situation monthly.

Fuel shortages in this quarter affected supervision and monitoring of community and health facility based activities. This was however solved as fuel was purchased in bulk which made it possible to implement most planned activities.

Volunteer motivation still remains a challenge as there is a lack of consistency on policy amongst NGOs in Phalombe, some providing incentives or materials to their volunteers, which is causing some community volunteers to be de-motivated. However, during the re-orientation sessions and community meetings, volunteers were reminded of their critical role in reduction of malaria mortality and morbidity among their communities. The project has also planned to purchase T-shirts in year 4 to be distributed to volunteers.

The ITN that were distributed to villages in the catchment area were not enough as some households required more than three nets but they were given only two. The project through its campaign to communities, encouraging people to use nets every day and correctly, has created increased demand for ITN such that everyone in the community should have a net.

C. Program changes/adjustments

The project engaged in the distribution of 20,000 LLINs donated by AMF. This activity affected the year 3 project budget since the project had to meet costs for shipping, community mobilization, redistribution campaigns and logistics. However this activity was beneficial since it has increased the number of people that use ITNs correctly and consistently in the area.

D. Monitoring and evaluation activities

The project facilitated a mid-term evaluation in October 2010 and the results were disseminated at district and community level.

A joint technical support visit was conducted to all 15 health facilities in Phalombe by Concern Universal, Phalombe District Health Office and Holy Family Hospital. The visit further strengthened the coordination among stakeholders and on site technical advice was provided to management of these health facilities.

An annual planning and review meeting was conducted at district level for Phalombe District Hospital, Holy Family Hospital, Concern Universal and District Council. This

meeting gave an opportunity for all stakeholders to reflect on year 3 activities and plan for year 4 activities.

E. Technical assistance

The project was visited by Debra Prosnitz (PMI-USA) as part of technical support and learning from 25th to 29th April 2011. She had the opportunity to interact with project staff, key stakeholders (Phalombe District Health Office and Holy Family Hospital), community members and community structures (Village Health Committees, CBOs and FBOs). The visit motivated community members, as it was the first time to have such high level visitor, and has encouraged their participation in project activities.

2 project staff (Community Malaria Facilitator and Monitoring Coordinator) attended phase two GIS training. The training focused on downloading data from a GPS receiver and database management using Microsoft Access. The training was facilitated by a GIS specialist from Feed the Children with funding from USAID. The training will assist the staff to finalise data entry and analysis to assess how the project is contributing to reduction of malaria morbidity and mortality.

One Community Malaria Facilitator, CMF, Mr Griffs Nyirongo, attended a three weeks project management training at Mpemba Staff Development Institute. It is expected that he will apply the skills and knowledge acquired in the day to day management of the project and also to impart the knowledge to other project officers.

F. Specific information requested

None

G. PMI Team Collaboration in country

Collaboration between CU and the PMI team has been very good. Project representatives have been attending PMI partners' meetings organized during the year. This has created a forum to share experiences and lessons among all PMI implementing agencies.

Two Project representatives (Southern Region Program Manager and Monitoring Coordinator) attended a PMI training workshop in Lilongwe from 2nd to 6th May 2011. The training focused on sharing best practices in Malaria in Pregnancy and community case management of malaria. The training was conducted by 18 PMI grantees from SADC and other African countries such as Angola, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mali Mozambique, Senegal, Tanzania, Uganda and Zambia.

One CMF represented the project during the National Malaria Control Program review and planning meeting. At this meeting the project in conjunction with Phalombe District Health Office made a presentation on mass LLIN distribution experiences. The presentation attracted a lot of interest from participants as most freely distributed materials face many challenges and are difficult to achieve. The main lesson was that timely and proper net

beneficiaries' identification and registration ensure that those who are really in need should benefit. Successful net distribution requires effective partnership and efficient distribution systems.

H. Other relevant aspects of the program

The project provided technical support on mass net distribution to the Local Development Support Programme which is being implemented by Concern Universal in Dedza and Ntcheu with funding from Irish Aid. The project is about to receive and distribute 250,000 LLIN to communities in Ntcheu District.

The project commemorated the 2011 international candlelight memorial function through its HIV & AIDS workplace program with the theme 'Touching lives'. The function was attended by all staff and some stakeholders. The workplace program has also conducted a HIV & AIDS survey amongst staff and families and has shared the results, as well as raising awareness on the dangers of Multiple Concurrent Partnerships, aiming at promoting faithfulness amongst married couples in the organization.

16 days of activism against gender based violence

Two project officers accompanied by Zantheka drama group and T/A Chiwalo of Phalombe attended the launch of 16 days of activism against Gender Based Violence at Nkosini, T/A Makwangwala headquarters in Ntcheu on 25 November 2010. The theme for the campaign was "Structures of Violence: Defining the Intersections of Militarism and Violence Against Women." The 16 Days of Activism Against Gender Violence is an international campaign on gender-based violence. Its main objective is to increase awareness on values and practices that propagate gender-based violence and measures that should be taken to address them at different levels.

World Aids Day (WAD)

CU launched an HIV and AIDs workplace program (OpenSpace) in 2007, since when the organization has annually brought together all CU staff and their spouses/partners to commemorate WAD. Last year the CU WAD commemoration was hosted by Phalombe. As a CU family, members of staff and their spouses congregated to take stock of what they have achieved so far and renewed their commitment as an organization to address HIV and AIDS among staff and family members and indeed the communities they work with.

I. Lessons Learnt

The project team learnt that re-orientation of community structures gives an opportunity to members to refresh their knowledge and be better able to implement malaria prevention and control activities. The refresher focused on monitoring and reporting on malaria activities as a challenge we observed over the time.

Achieving universal net distribution requires effective partnership and efficient distribution system. There is great need to accompany ITN distribution with health education in order to ensure that beneficiaries know how to take care of the nets and also that they have knowledge on net hanging. This was evidenced during the net usage survey.

The visit by USAID delegate Debra Prosnitz (PMI-USA) encouraged many communities that she visited, for example Sakwedwa village, to restart submitting monthly reports. The visit also increased visibility of the project and demand for its services; for example villages near Sakwedwa requested malaria campaign meetings in their villages.

The video shows on malaria provided an opportunity for people to see what the effects of delaying a patient's attendance to hospital are. It also provided an opportunity to the communities to start challenging their beliefs, particularly the use of traditional healers. It was observed that most community members had a feeling that traditional healers were better than trained medical staff. However, the lack of video sets in rural communities continues to pose a challenge to this aspect of the work.

Many more people attend community sensitization meetings when the meetings are conducted close to their villages, compared to the past when people were travelling long distances to the health centre for such activities. Participants commended the organisation for this and promised to work hard. They requested stakeholders to improve on supervision and support as well as providing necessary material and incentives.

Design of any malaria project should take into consideration the issue of volunteer motivation/incentives.

J. General Recommendations

There is need to intensify interaction with all community structures (ADC,VDC,VHC, CBO,FBO) so that they are motivated to carry out their roles and responsibilities. Timely feedback on key issues should be emphasised.

Improve working relationships are necessary between HSAs at grassroots level and nurses at the health facilities in order to track down women that have not taken their second dose of SP.

The project needs to conduct quarterly joint supervisory visits with key stakeholders so that the challenges being faced at health facilities or at community level are responded to directly and immediately by all stakeholders.

There is need to conduct more campaigns in the communities to increase visibility of the project and demand for malaria services. The Ministry of Health should expand the Village Clinic services to the isolated and hard to reach communities in order to improve malaria treatment access, drug adherence and case management. The Ministry of Health should consider extending village clinic services to adults as well to achieve meaningful malaria control in Phalombe district.

H. Appendices

Impact Story

K. Appendices

Impact Story

Protecting Phalombe communities with LLINs

Mary Chilangwe and her two children, Mphatso and Chikondi from Chambilira village in Nambazo, are thriving and in good health. In fact, all of Mary's children are alive and well. Ever since the birth of her first child, Mary and her three children have slept under treated ITNs every day. There haven't been any cases of malaria in her household as compared to her neighbours



Many children in Phalombe are not as fortunate. The death toll caused by malaria is high, but the good news is that the majority of these deaths can be averted. Providing free LLIN to women and children is the simplest and most effective way of protecting them against mosquito bites that lead to malaria. Thanks to Against Malaria Foundation, USAID and other partners for distributing LLIN for free to communities around Kalinde and Nambazo health centres.

Case Presentation on Early and Appropriate Treatment Seeking Behaviour: Chrissy Muzongwe

“My name is Chrissy Muzongwe and I come from Mlelemba village in Traditional Authority Nkhulambe, Phalombe. I am 31 years old and married with three children, one girl and two boys. My third born baby is Chikondi. He is one year eight months old.

In my village malaria is common among under five children. Yesterday I observed that Chikondi was having fever, vomiting and diarrhoeah. I suspected that maybe he is suffering from Malaria and I decided to take him to the hospital for proper diagnosis and treatment.

In the past when I observed these signs to my children who were born before Chikondi I could have consulted the traditional healers to treat my children. This was a big problem I was facing as the traditional healers could not provide the right diagnosis and treatment for my children and sometimes predicting that my children were bewitched.”



Chrissy with her baby at Sukasanje Rural hospital explaining the signs she observed in her children to the Medical Practitioner



Chrissy with her child at a laboratory being tested for malaria parasites

“Thanks to Concern Universal and health workers for teaching us through video shows, drama performances and health talks, that fever, vomiting and diarrhoeah are signs of malaria and once we see a child having these symptoms and signs we should take them to hospital for proper diagnosis and treatment. When I noticed these signs on my child Chikondi I decided to take him to the hospital and that is why I am here today with my child.

Apart from telling us the signs of malaria they also teach us to use treated mosquito nets so that we prevent ourselves from mosquito bites that cause malaria. We are also told to comply with the doctor’s prescription on malaria treatment, that is completing the whole dosage.

A lot of people in my area have benefitted from the messages that Concern Universal and the health workers are teaching us on malaria prevention and timely seeking of malaria treatment from the hospitals.”