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Building Community Capacity to Control Malaria in Central Malawi

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Christian Reformed World Relief Committee

In collaboration with:

Nkhoma Relief and Development

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TABLE OF CONTENTS

List of Acronyms and Abbreviations	2
A. Main Accomplishments	3
Table of key activities and indicators for each objective	9
B. Factors Impeding Progress	16
C. Program Changes	16
D. Monitoring and Evaluation Activities	17
E. Technical Assistance	17
F. Specific Information Requested	18
G. PMI Team Collaboration In Country	18
H. Other Relevant Information	19
I. Publications or Presentations	19
J. Stories	20

List of Acronyms and Abbreviations

ACT	Artemisinin-based Combination Therapy
ANC	Antenatal Clinic
BCC	Behavior Change Communication
CBO	Community-Based Organization
CCAP	Church of Central Africa, Presbyterian
CDC	Centers for Disease Control
C-IMCI	Community-based Integrated Management of Childhood Illness
CRWRC	Christian Reformed World Relief Committee
DHMT	District Health Management Team
DHO	District Health Office
EOP	End of Project
FBO	Faith-Based Organization
GOM	Government of Malawi
HH	Households
HSA	Health Surveillance Assistants
IEC	Information, Education, Communication
IPTp	Intermittent Preventive Treatment (during pregnancy)
ITN	Insecticide Treated Net
LA	Lumefantrine Artemether
LLIN	Long Lasting Insecticidal Net
MCP	Malaria Communities Program
MOH	Ministry of Health
NGO	Non-Governmental Organization
NMCP	National Malaria Control Program
NRD	Nkhoma Relief and Development
PMI	President's Malaria Initiative
PSI	Population Services International
SP	Sulfadoxine-pyrimethamine
U5s	Under 5 (Children)
USAID	United States Agency for International Development

A. MAIN ACCOMPLISHMENTS

Background

Christian Reformed World Relief Committee (CRWRC) is partnering with Nkhoma Relief and Development to implement this Malaria Communities Program (MCP) in nine districts in the central region of Malawi. The objective of this five-year program is to reduce malaria associated morbidity and mortality among children under five and pregnant women through building and sustaining community capacity.

The behaviors promoted by this program include:

- Ownership and correct, consistent, year-round usage of insecticide treated bed nets by pregnant women and children under five.
- Pregnant women going for antenatal care (ANC) in their first trimester and receiving two doses of SP during pregnancy for malaria prevention.
- Caregivers seeking treatment immediately for children under five suspected of malaria, so that treatment with an anti-malaria drug can be given within 24 hours of onset of symptoms

This report outlines the major activities and achievements of this MCP during the 2010-11 program year, which was the fourth year of implementation.

Volunteer Recruitment

Expansion of the program to other areas within the catchment area was completed by early October. A total of 2,153 new volunteers were recruited through local leaders. With this number there are now 5,040 volunteers active in the program.

Staff and Volunteer Training

Six facilitators (who were formally volunteers) were recruited and trained in October 2010. Topics covered were malaria, behavior change communication, monitoring and evaluation, and sustainability.

The Supervisors and Facilitators went through a one-week training in Theatre for Development in October 2010, which was facilitated by colleagues from Ministry of Health – Health Education Unit. The training equipped the program staff with additional skills for doing effective dramas/skits during community campaigns. They have been teaching these skills to the program volunteers. Informal trainings in Theater for Development were done with all 336 volunteer groups by the Facilitators.

Between October and December, 2,153 new volunteers were trained in malaria and behavior change and communication through a two-day workshop.

Community Awareness Campaigns

Volunteers have conducted numerous community campaigns this year. These include specific campaigns that were done in preparation for the universal net distribution in Salima and

Nkhotokota and the net hang up campaigns that were done afterwards. Ntchisi also did special hang up campaigns to remind communities how to properly hang their nets after receiving them from the hospital. MCP community volunteers demonstrated to beneficiaries how to properly hang nets and encouraged them to use them all year to prevent malaria. Information and experience sharing was done using Theatre for Development methods. Drama, songs, poems, health talks, debates and question boxes were the presentation formats used.



Community members who attended the net hang up sensitization campaign in Ntchisi District. (Photo by William Chalira, NRD)

The following community campaigns and health talks were done during the year:

Number of community campaigns done in the year

Period	# Campaigns	Est. Attendance	Men	Pregnant ♀	Traditional leaders
Oct'10 – Sept'11	1,528	149,550	46,681	95,213	7,656

Number of Health talks done in the year

Period	Health talks	Est. Attendance	Men	Pregnant ♀	Caregivers
Oct'10 – Sept'11	1,913	96,246	5,035	12,997	78,214

During March, a film was shown in Dedza District to approximately 900 people on the importance of taking two doses of SP during pregnancy and early care seeking for children under five within 24 hours of fever. Stakeholders from Dedza District Health Office and Dedza District Council were also present. Communities are attracted to cinema shows more than other mass media formats. They were more attentive to the messages and responded very well to the questions.



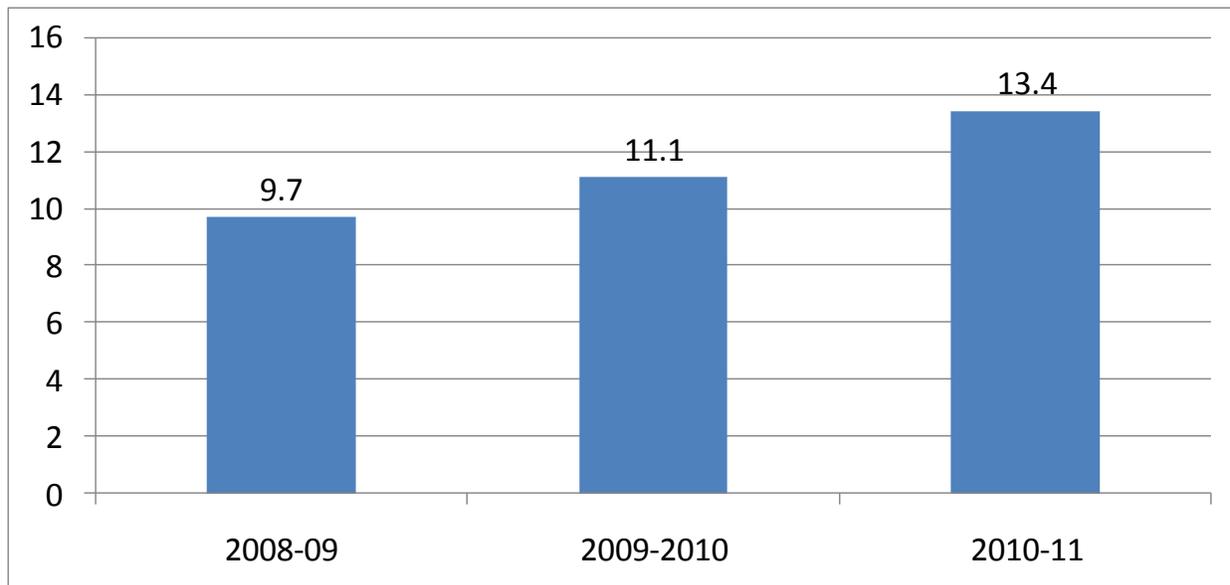
Community members in Salima District during a net distribution conducted by PSI with USAID funding. MCP program staff and volunteers assisted with the distribution. (Photo by Henry Nyekanyeka, NRD)

There is now 100% net ownership among MCP program beneficiaries in Nkhotakota and Salima as a result of the universal net distribution that was done this past year. CRWRC and NRD

would like to thank USAID for the funding which made it possible for PSI to conduct the exercise. This has contributed to tremendous improvement in number of malaria cases for under-fives and pregnant women.

Reports from health centers show some reduction in malaria cases since the program began and some increase in number of pregnant women who go to start ANC early, the health personnel attribute part of this reduction to community campaigns and household visits that are being done by the program. Below is an example of ANC attendance increase in Ntchisi.

Percentage of pregnant women starting antenatal clinic during 1st trimester for Ntchisi



Source: Health Management Information System book at the Ntchisi District Health Office

Household Visitation

Program volunteers are now visiting 50,400 households (the LOP target number) on a regular basis to do health promotion related to malaria. Volunteers have been monitoring which households have nets and which do not, which households have pregnant women that are due for a first or second dose of SP, and which households have children who have been ill with fever. All the households visited were reminded of LA (the first line drug) and the importance of taking under-five children to hospital within 24 hours of onset of symptoms. Volunteers also reminded pregnant women about taking two doses of SP as a way of preventing malaria in pregnancy.

A total of 18,434 pregnant women received a 2nd dose of SP during the year. Out of the 50,400 households, an average of 7,128 (14%) did not have nets by the end of the year. It was encouraging to note that all the beneficiaries from Nkhotakota had nets (when monitored in June) and all the beneficiaries from within Salima had nets, as well (apart from 436 who reside on the Dowa side of the Salima district border and benefit from MCP program in Salima). This follows the universal mass distribution of nets in two of our operating districts Nkhotakota and Salima. This exercise was spearheaded by PSI with USAID funding.

IEC Materials

T-shirts with malaria control messages were printed in December and distributed to all volunteers in February and March. Many of the volunteers that started with the program in earlier years needed new T-shirts to replace their worn-out ones. And there were 2,153 new volunteers that needed to be equipped with shirts, as well. Some T-shirts were distributed to local stakeholders, such as chiefs, who have been working to support the program.

Supportive Supervision and Sustainability

Supportive supervision of staff and volunteers continued. Supervisors conducted 115 performance visits during the year. Beneficiaries were interviewed to assess their level of knowledge and practice on malaria issues as a way of monitoring the work of the volunteers. Staff also met with local leaders to hear their assessment of the volunteers' work. Generally it was observed that both old and new volunteer groups are doing a commendable job in reaching out to families and communities with malaria information. Most beneficiaries demonstrated knowledge of malaria issues by the way they responded to questions. And the beneficiaries verified that their volunteers visit them regularly.

Project staff conducted 119 meetings with Health Surveillance Assistants and 143 meetings with local leaders to discuss exit strategy. This exceeds the planned number of meetings in the year, which was 168 for both HSAs and local leaders combined. During the meetings, it was agreed that groups of volunteers will be gradually handed off to MOH Health Surveillance Assistants (HSAs) and community leaders who will be responsible for their supervision after the project ends. HSAs have begun to join some of the regular twice-monthly meetings between Facilitators and volunteer groups. Reports are shared during these meetings. The HSAs have started taking a larger role while Facilitators have started to step back into a supportive role. Strong collaboration between volunteers and HSAs has been observed in program activities, as well as during outreach clinics in most districts.

The older volunteer groups are able to do most of the activities on their own and have prepared themselves towards sustainability by continuing to engaging more with the traditional and religious leaders and Health Surveillance Assistants.

Further to that, all 336 volunteer groups have started saving and doing income generation activities to generate funding for group expenses such as transport. Some traditional leaders have given volunteer groups gardens whose proceeds are being used to finance group activities. (See the success story on pages 20-21.)

There is a high rate of assurance that most care groups will continue with their work after the program phases out. This is largely due to the support the project staff have given them in learning to do group savings and income generating activities. The project offered no start up funds, only the encouragement and technical assistance to get started. All the care groups have been encouraged and are doing savings on their own. They contribute monthly and use the money to lend each other as well as their communities at a particular interest to ensure a revolving fund. Ntchisi is a model on this one as they currently have a total of K457,285 (\$2,771.42) in their respective savings. The program therefore feels it needs to give them more

technical support on Village Savings and Lending and also exploring with them on other IGA activities that they can do as this will help in the sustainability of the project as there will be an element of group cohesion.

Motivation Strategy

As a way of motivating volunteers to continue doing their work, the program gave awards to 42 care groups out of the 336 that have been formed (one group from each facilitator). Each group was given a small cash award (K8,000- \$50) to be contributed towards their group savings (which they had already started on their own) and to contribute to their income generating activity in order to support the sustainability of their activities.

The volunteer motivation strategy that was adopted in the past year has boosted the morale of the best performing volunteer groups. Each of the 5,040 volunteers was given a tablet of soap in addition to a t-shirt. They really appreciated it. There has been a drop-out rate of 7% which is below the 15% rate that the project set as a threshold to stay below.

Collaboration with Stakeholders

Collaboration with stakeholders has really benefitted the program in so many ways, and continual collaboration is the one that can help a lot in ensuring sustainability of the program activities. At the moment most HSAs in all the districts are able to collect reports from volunteers. Model districts are Lilongwe, Ntchisi and Nkhotakota. It was observed that there has been excellent support from the HSAs in the areas where program staff and care groups are active in helping out at the health facilities and in outreach programs and work closely with the MOH staff. As one way of strengthening relationships with health personnel, one care group from Nkhotakota helped at Benga Health Centre by cleaning the surroundings and mopping and dusting inside the health center. This was greatly appreciated by the Benga staff.

Some care group has also molded bricks to help in constructing outreach clinics. These are some of the ways that the community volunteers are strengthening mutually supportive ties to the health facilities.

Good coordination and reporting on programs progress to DHOs also has helped a lot to improve data collection. Project staff are now able to get timely quarterly data from health facilities, even in HMIS, without facing any difficulties in districts where DHO relationships are good.

In addition, project personnel have built very good rapport with local leaders by actively involving them starting from selection of volunteers to any activity being done in the area. Traditional leaders are very active in care group work and in facilitating smooth running of the program by involving care groups in their committee meetings and coming up with laws that help communities to abide to malaria messages.

For example, MCP staff facilitated the Anti ITN Abuse policy in Chief Kachindamoto area in Dedza this past year. These laws have been followed and shown positive results. This has been the case due to good collaboration with key players like other partners and chiefs (see success story starting on page 24).

Advocacy

In one of our target areas, Kasungu, the DHO has started ANC clinics and expanded net distribution as a result of the advocacy efforts of MCP staff. This further demonstrates the importance of investing in relationships with the district health officials.

MCP staff are still advocating for a health center to be built at Kapyanga in Thumba, Kasungu. A letter was written to possible donor seeking financial support, and project staff are still following up the issue with the Member of Parliament for the area. As of September 2011, the potential donor had not yet released list of projects that they were going to fund.

The program continued to advocate for improved delivery of health services in clinics and ensuring adequate drug supply to health centers. There have been stock-outs of LA and SP in the year, but the situation improved towards the end of the year.

The program followed up with USAID Deliver on the issue of LA shortages (LA was stocked out 4 to 6 months of the year). It was reported that it was a general problem for the whole country but that it was going to be rectified. By September 2011, all the health centers indicated that they at least received some LA, though for others said it was not enough.

Sustainability

Exit strategy meetings have been organized with partners at different levels, starting with HSAs, local leaders, district health officers and District Executive Committees. A total of 119 meetings were held with HSAs, 143 with local leaders and 30 with District Health Offices and District Executive Committees with the aim of handing over responsibility for supporting the care groups to the HSAs and local leaders. This is one way of ensuring that program sustainability. The program has actively involved local leaders and HSAs in exit strategy meetings to encourage ownership which will help them to continue monitor the work of the care groups once the program phases out.

This year, two care groups (from Dowa and Ntchisi) used part of their savings to buy nets for most vulnerable households who were not able to obtain nets from the hospital due to stock-outs. (see success stories #1 and #2 beginning on page 20).

Project Objectives	Indicators & Current Measurements	Key Activities, as outlined in the year 4 work plan	Status of Activities & Outputs Achieved	Comments
Strategic Objective 1: Strengthen and sustain community capacity for malaria prevention and treatment interventions.	Number of community groups formed EOP Target: 336 Year 4 Actual: 336	Recruit volunteers and establish new community groups	Completed	26 community entry meetings done in new areas 2153 active volunteers 336 Care Groups
		Provide training to new volunteers	Completed	2,153 new volunteers trained in malaria prevention and treatment, BCC, community mobilization, and use of monitoring form
	Number of volunteers reaching other community members with information on malaria prevention and treatment EOP Target: 5,040 Year 4 Actual: 5,040	Provide refresher training to volunteers recruited in earlier years	Not Accomplished	This activity was not done due to tight budget. Fuel shortages have led to higher fuel costs that have eaten into the budget.
		Train 5,040 volunteers in Theatre for Development	Completed	5,040 volunteers trained in Theatre of Development (informal)
	Number of households participating in the program EOP Target: 50,400 Year 4 Actual: 50,400	Facilitators meet with new volunteers/Care Groups at least twice per month and with old groups once per month	Ongoing	Facilitators have been meeting with Care Groups according to plan.
		Provide refresher training for Facilitators	Completed	42 Facilitators given training on Theatre for Development and refresher training on monitoring and evaluation and BCC
		Households with pregnant women and/or children under five are identified and assigned to new volunteers (10 per vol)	Completed	21530 of new HH identified and added to the program in Y4
		5,040 volunteers visit 10 households each twice per month (50,400 HH total)	Ongoing	50,400 households are receiving regular visits from MCP volunteers

Project Objectives	Indicators & Current Measurements	Key Activities, as outlined in the year 4 work plan	Status of Activities & Outputs Achieved	Comments
		Assessment of Care Group capacity and determination of which groups can operate independently	193 Care Groups assessed 142 Care Groups that are able to function without regular support from a Facilitator	<p>This is done by looking at group capability to come up with a vision in line with program goals. How united they are, and how active are the group members? How great is their sense of ownership and how are they collaborating within themselves and with partners? What is the quality of their leadership, their knowledge and skills, and their capability to do resource mobilization (both for program materials and their own way of ensuring sustainability)? Depending on how much they score on each of the above areas the group is either phased over into working independently or will continue to be supported and monitored.</p> <p>The program will devote its time in the first quarter of year five to assist those groups that lag behind so that all the groups are in a position to work independently by end of second quarter.</p>
		Advocate for improved delivery of health services (ANC, U-5 outreach clinics, adequate drug and net supplies, etc) in GOM and CHAM institutions	17 of advocacy meetings held during Y4	Advocated for an ANC in Kasungu. It is now operational. Nets for Kasungu beneficiaries through ANC were distributed through NMCP. Also advocated for LA availability in health centers and use of SP for pregnant women only.
		Facilitate an exit strategy by holding quarterly program progress review with MOH HSAs and local and religious leaders	119 and 143 meetings held with HSAs and local leaders respectively during Y4 to build local ownership for ongoing support of Care Groups	There has been a noticeable improvement in local ownership of the program by HSAs in most of the areas. The major challenge is with HSAs that do not live within their catchment area. They fail to attend most of the care group meetings.
		Program staff assess the performance of individual	115 community performance	The assessments performed revealed that there has been a tremendous change in most of the

Project Objectives	Indicators & Current Measurements	Key Activities, as outlined in the year 4 work plan	Status of Activities & Outputs Achieved	Comments
		volunteers by visiting beneficiary HHs	assessment visits made by project staff during Y4	households' attitudes toward malaria prevention and treatment. This shows that care groups are doing their work. The assessments also revealed that most households interviewed are able to practice the behaviors that are being promoted.
		Develop a volunteer management and retention strategy	Rate of volunteer turnover during Y4 was 7%	The goal was to keep volunteer turnover below 15%. In most districts volunteers dropped out because they had found jobs. Others got married and followed their spouses. In Mangochi most of them went to fishing business. It was sad to note that 12 volunteers passed away during the year.
		Contact BASICS to learn more about which of their small grant recipients are working in the same districts as us and explore opportunities for collaboration	Completed	The meeting was held, but there was not much that could have been done as BASICS indicated that they were closing in September 2011.
Strategic Objective 2: Increase the proportion of households with a pregnant women or children under five that own at least one ITN.	Proportion of targeted households with a pregnant woman or children under five with at least one ITN EOP Target: 90% Year 4 Actual: 86% Number of households participating in the program that own at least one ITN Year 4 Target: 45,360 Year 4 Actual: 43,272	Volunteers sensitize households and the community about how to access free or subsidized LLINs through local distribution points. Education is done through home visits and community awareness campaigns	1528 community campaigns done in Y4 50,400 HHs who have received messages about the how to access LLINs from GOM distribution points	
		Identify distribution points and monitor the availability of LLINs to reach the target group. Provide information to PMI partners, DHMT, and	3 meetings held with PMI partners, DHMT, and NMCP during Y4	Discussions were done at district level, and so far one distribution point was initiated in Nkhotakota. Discussions were done with other parties too, but some districts indicated that they cannot be taking LLINs to proposed outreach clinics, due to shortage of staff to monitor the distribution process.

Project Objectives	Indicators & Current Measurements	Key Activities, as outlined in the year 4 work plan	Status of Activities & Outputs Achieved	Comments
		NMCP about locations where supplies of nets are inadequate in relation to the numbers of women coming for ANC, U-5 outreach clinics and delivery at health centers.		
Strategic Objective 3: Increase the proportion of children under five and pregnant women who sleep under an ITN every night.	Proportion of pregnant women in targeted households who slept under an ITN the previous night Year 4 Target: 85% Midterm Evaluation Actual: 63.5% ¹	Train new volunteers in BCC techniques for increasing the number of pregnant women and children under five sleeping under ITNs	2,153 volunteers were formally trained on BCC during Y4	
	Proportion of children under five in targeted households who slept under an ITN the previous night EOP Target: 85% Midterm Evaluation Actual: 79.4% ² Number of households participating in the program that received	Link with PMI partners in country to access IEC materials on ITN use. Volunteers share the IEC materials with beneficiaries	This was not done. Some volunteers just accessed materials from their local health facilities which they were mainly using during health talks and during community campaigns	

¹ Out of 170 households interviewed at midterm (Aug 2010), 108 (63.5%) said the woman slept under the ITN all the time during her last pregnancy.

² Out of 170 households surveyed at midterm (Aug 2010), 135 said that at least one child had slept under a net in the home the previous night. The way the question was asked does not allow us to see if all the U5 children in the household were under a net. We only know that 79.4% of households are putting at least some of their children under the net to sleep.

Project Objectives	Indicators & Current Measurements	Key Activities, as outlined in the year 4 work plan	Status of Activities & Outputs Achieved	Comments
	<p>messages about proper net use EOP Target: 50,400 Year 4 Actual: 50,400</p>	<p>50,400 households plus thousands of additional community members receive messages about proper net usage and are assisted to use nets properly</p>	<p>50,400 HHs visited by volunteers who assisted them with proper net usage</p> <p>We did not do specific campaigns on net usage but usually cover all the behaviours during all community campaigns conducted. Should we put the total number of community campaigns done which is 1528?</p> <p>Estimated number of community campaign attenders: 149,550</p>	<p>Most of the households are able to use nets properly those there are still some from lakeshore who were either using or selling nets to be used for fishing, as one way to overcome this the program together with other key players came up with anti LLIN abuse policy</p>
<p>Strategic Objective 4: Increase the proportion of pregnant women receiving two or more doses of SP for IPTp during their pregnancies.</p>	<p>Proportion of women in targeted households who received two or more doses of IPTp during their last pregnancy in the last two years EOP Target: 85% Midterm Evaluation Actual: 72.9%³</p>	<p>Train 5,040 volunteers in IPTp promotion</p> <p>Coordinate with PMI partners in country to access IEC materials on IPTp. Volunteers share the IEC materials with</p>	<p>Done</p> <p>Not done. IEC materials collected from local facilities to help in giving health talks and during community</p>	

³ In the survey performed at midterm (August 2010), 124 out of 170 respondents said they had two or more doses of SP to prevent malaria during pregnancy.

Project Objectives	Indicators & Current Measurements	Key Activities, as outlined in the year 4 work plan	Status of Activities & Outputs Achieved	Comments
	<p>Proportion of women in targeted households that cite IPTp as a necessary treatment during pregnancy EOP Target: 100% Year 4 Actual: 90% from mini survey done in June</p> <p>Number of volunteers trained to counsel pregnant women to obtain treatment EOP Target: 5,040 Year 4 Actual:5,040</p> <p>Number of pregnant women participating in the program who received two doses of IPTp EOP Target: 9,425 Year 4 Actual: 18,434</p>	<p>beneficiaries.</p> <p>Volunteers promote behavior change among pregnant women to increase earlier ANC attendance and to increase their understanding of the importance of IPTp (which is provided free at ANC clinics)</p>	<p>campaigns</p> <p>Done</p>	<p>The number that received 2nd dose of SP exceeded the target number</p>
<p>Strategic Objective 5: Increase the proportion of children under five with suspected malaria receiving</p>	<p>Proportion of U5 children in targeted households with fever in the last two weeks who received treatment with an anti-malarial within 24 hours of onset of fever EOP Target: 85%</p>	<p>Link 42 Facilitators to training on the new first-line drug</p> <p>Facilitators train and offer refreshers to 5,040 volunteers on the new first line drug</p> <p>Coordinate with PMI partners in country to access IEC materials on malaria treatment.</p>	<p>42 facilitators refreshed in first line drug</p> <p>5,040 volunteers trained in the new first line drug by facilitators</p> <p>Not done</p>	

Project Objectives	Indicators & Current Measurements	Key Activities, as outlined in the year 4 work plan	Status of Activities & Outputs Achieved	Comments
treatment with an antimalarial drug within 24 hours of onset of symptoms.	Midterm Evaluation Actual: 62.9% ⁴	Volunteers share IEC materials with beneficiaries.		
	Number of Facilitators trained on use of new first line drugs EOP Target: 42 Year 4 Actual: 42	Identify and report availability (stock outs) of new ACT medicines in remote areas of program operation	Done	There were acute shortages of LA during the year, which left health facilities with no choice but to give SP as treatment. This consequently created shortages of SP for pregnant women.
	Number of volunteers trained in the new drug policy EOP Target: 5,040 Year 4 Actual: 5,040	Volunteers use IEC and BCC to inform households about the new drug policy and to change the behavior of caregivers so that children receive prompt and effective treatment	Done	Used existing IEC materials.
	Number of households participating in the program that received information about the new drug policy. EOP Target: 50,400 Year 4 Actual:50,400 (at least each family by the end of the year was visited and taught about new drug policy	Volunteers conduct community awareness campaigns on early care seeking/treatment	Done	

⁴ Of the 170 households surveyed, 70 said they had a child that had been sick with malaria in the past two weeks. Of those 70, 44 had been treated for the fever within 24 hours. But the way the question was framed in the survey it is not certain how many of them were treated with an anti-malarial drug.

B. Factors that Impeded Progress

The major challenges that stand in the way of accomplishing all the behavior change objectives of this Malaria Communities Program are frequent stock outs of first line anti-malarial drugs and LLINs in most health facilities and the long distances of some health centers from where our beneficiaries live. There was noticeable shortage of LA in most health facilities, and some also had shortages of SP as they were using it as treatment in place of LA. A major factor that contributes to stock-outs is that all health facilities receive the same amount of LA (the first line anti-malarial drug), regardless of the size of population served by the facility. Project staff have been following up with USAID Deliver on this issue.

During the year, the percentage of those with nets was mostly unchanged until a mass universal distribution of nets began. Prior to that, several health centers reported LLINs stock outs. LLINs were not available in some districts in the month of March. Net ownership rates are lowest in the districts that have not yet been targeted for mass universal net distributions, as in Dowa District. There are still reports that some families within Salima also failed to receive the nets. It was later discovered that these beneficiaries who live along the Dowa-Salima District border, though benefiting from services within Salima district, are actually counted as population of Dowa. That is why they did not receive the nets when they were being distributed.

Other challenges that affected our activity implementation included:

- Fuel shortage (on and off through the year) affected the movements of both the Coordinators and the Supervisors. Fuel costs have gone up a lot, as a result, impacting the project budget.
- Distribution of fertilizer coupon programs in the communities by the government affected some of the scheduled community awareness campaigns and volunteer trainings.
- Three Facilitator from Dowa, Salima and Ntchisi each resigned in June and September. The program has since replaced them with good performing volunteers who were assessed and found to have the necessary qualifications and skills.
- In Mchingi District there were a lot of volunteer drop-outs due to major road construction work (drew away a lot of male volunteers who wanted employment). Mangochi had the second highest number of drop-outs due to many volunteers going back to fishing businesses. Plus there were seven deaths. A total of 12 volunteers passed away in the year.
- Formal refresher training was not given to volunteers recruited in year one due to shortage of funds. However, Facilitators were encouraged to continue doing monthly informal refresher trainings with them to ensure that they are updated in malaria management.

C. Program Changes

No significant changes or adjustments were made to the program strategy or objectives during the past 12 months.

D. Monitoring and Evaluation Activities

Facilitators meet with volunteers two times per month. The second meeting of the month is the time to gather reports on the households that are being visited by the volunteers. Each month the Facilitators provide a report to the District Supervisor on all the beneficiaries and volunteers in their working areas. On a quarterly basis, the Supervisor brings the Facilitators together at the district level for a meeting to discuss accomplishments and challenges. On a quarterly basis, the Supervisors also meet with the DHMTs and other district authorities to share information about the program. After which all the supervisors and coordinators meet again to share reports, address issues and challenges and plan together for the next quarter

Performance Visits

During the past year, 115 performance visits were made by the district Supervisors and/or the MCP Coordinators. Visits were done in collaboration with other stakeholders in the catchment area (local leaders, HSAs, etc). The purpose of these visits was to allow project staff to assess the performance of individual volunteers by visiting beneficiary households. These assessment visits have been very helpful as the program staff and stakeholders have been able to assess the level of malaria knowledge among beneficiaries and to evaluate the effectiveness of the volunteers. It is apparent that household visits done by volunteers have helped beneficiaries to become more aware of malaria, its causes, management and prevention, as evidenced by correct answers that were given by beneficiaries during the performance assessment visits. It was also encouraging to note that most beneficiaries take their children to hospital within 24 hours of onset of symptoms of malaria. Those who fail to do so are usually hindered by long distances to the health facility.

Stakeholders involved in these performance visits included: chiefs, local NGO staff, church leaders, HSAs, DHMT members, other partners working in malaria programs and chairmen of different village committees. Stakeholders present were able to address problems that beneficiaries face. For example, hospital personnel were able to respond to issues such as delays in receiving treatment at the hospital. Chiefs were able to respond to community suggestions to form new by-laws that will help protect pregnant women and under five children living near the lakeshore. These visits also helped to strengthen the relationship amongst stakeholders who were involved in the exercise.

E. Technical Assistance

TA Needs for 2011-12

- Technical support will be needed on how to help care groups to be self reliant and hence able to support their own work after completion of the program. Technical support will be sort from fellow partners from either CARE or Department of Community Development, who will be able to impart knowledge to program supervisors and facilitators who in turn will train care groups on the same
- Technical assistance will also be needed to help staff in redness of final evaluation process

TA Received in 2010-11

- Received technical support from MCHIP on monitoring and evaluation. All the data collection and inputting tools were reviewed and collections were made to ensure that they are consistent.
- The Program Coordinator and Assistant Coordinator participated in the training conducted by MCHIP in the month of May at Capital Hotel Lilongwe. Malaria in pregnancy and case management were two areas that were covered in the training.

F. Specific Information

No specific information was requested during the work plan consultation for this project or from the review of previous reports.

G. PMI Team Collaboration in country

- Project staff continue to attend PMI partner meetings. Through these meetings, partners share ideas that help in information giving as well as improvement of services
- Project staff attended a meeting at NMCP on malaria in pregnancy where a review was made on IPTp posters with other stakeholders.
- Quarterly review meetings have been happening with health personnel in all of the districts, including Health Surveillance Assistants, Health Centers and District Health Management Teams. Issues covered in these meetings include progress of the program; shortages of LA, ITNs and SP; advocating for better health services; and how to collaborate to ensure sustainability. The health personnel indicated that LA shortage was a general problem country-wide but reassured the program that things will be back to normal towards the end of the year, they however acknowledged that due to shortage of LA in the facilities, people were given SP, which also created shortages of SP for pregnant women. It was further learned that LLINs were not distributed to health facilities in the month of March, which is why there were stock-outs of LLINs. The situation of LA improved towards the end of the year.
- Exit strategy was also discussed in the meetings where health personnel were encouraged to continue taking a big role in monitoring the work of volunteers. The Health Surveillance Assistants from MOH appreciated the work done by volunteers who are able to help them in their impact areas by reaching to a large number of people with malaria messages, which they said they could have not be able to do so on their own due to workload and shortage of staff within MOH
- Meetings with local traditional leaders and extension workers were held in all the districts at either Village Development Committee, Area Development Committee or Area Executive committee meetings. In these meeting program staff presented reports on progress of the program and participants appreciated the work that is being done as they reported to have generally experienced reduced numbers of malaria cases and deaths in their areas as the communities are now aware of how to prevent and treat malaria. The program completed distribution of last lot of nets that were given by National Malaria Control Program to be distributed to Kasungu in the month of January.

- Contacted BASICS to learn how they do their small grants with communities and possibility of collaboration. BASICS informed the program that it was closing down as of September 2011 and therefore could not help the program.
- Evangelical Lutheran Development offered itself to train three of MCP volunteer groups in Dowa in micro-finance to help them on how they can save and revolve money as way of sustaining their activities.
 - NMCP distributed 687 nets to Thumba area in Kasungu when MCP project staff made an appeal for a distribution of nets to beneficiaries who are very far from health facility (39 km).
 - Commemoration of SADC Malaria Week took place from 17th to 24th December, with official launching done on 17th December 2010 at Capital Hotel in Lilongwe. MCP was among the other NMCP partners that took part in organizing the event. The event was a success. Different partners in malaria prevention and control displayed their work.
- PSI distributed LLINs in Nkhotakota and Salima districts in the month of June (universal coverage—one net per two family members). MCP volunteers, especially in Nkhotakota, were actively involved in the dissemination of messages of the dates of distribution. The universal mass distribution of nets has contributed to 100% net ownership in nkhotakota and these beneficiaries from within Salima district. The program would like to recognize the work done by USAID through PSI, which has helped to improve ownership and subsequently usage as such contributing to malaria case reduction. The program is currently monitoring net usage in the area which will be reported by end of first quarter for year five.
- The program would like to commend Save the Children, especially in Ntchisi. On the day when MCP project staff went to monitor availability of LA in their village clinics, it was observed that all their 32 village clinics in our catchment area had LA in stock and that even beneficiaries commented that this has helped them a lot in practicing the behavior of taking under fives to health facility within 24 hours, as distance is no longer an issue to them.
- The program received an MCHIP visitor in the month of April who came in to support the program technically. The monitoring and evaluation system for the program was reviewed, and recommendations were made. The visitor was impressed by the knowledge on malaria in the communities and the ability to reach targets using the care group model.
- The program has been included in task force for NMCP for universal net distribution in November. The program will do BCC awareness campaigns in all of its catchment areas.

H. Other Relevant Aspects of the Program

Not applicable

I. Publications

No project team members have published any papers or made any presentations on the project at any major conferences or events since the last annual report.

J. Stories

Story #1: A Model Group Makes Progress Toward Sustainability

Chipolopolo village is situated in western Ntchisi District. It is 47kms from the nearest referral health facility, Ntchisi District Hospital, and 17 kms from the two closest health facilities, Malomo and Kamsonga.

The Malaria Communities Program's volunteer Care Group in Chipolopolo is proud for being one of the best volunteer groups amongst the 40 MCP volunteer groups in Ntchisi District. The group does excellent work disseminating malaria messages to the community members around Chipolopolo village. Since MCP program activities started in this community in 2009, this area has not registered any death of children under five due to malaria. Whereas in the same period of time prior to the start of the program, there were twelve malaria related deaths among children. One caretaker said, "Since the program trained volunteers in our area three years ago, the area is now free from death of under five children as result of malaria, due to close supervision of volunteers for every selected household and community awareness on the disease."

She attributes this success to the fact that the behavior change messages – around net ownership, consistent net usage, prevention of malaria in pregnancy, and immediate care seeking for children with malaria symptoms – have been shared so widely in the community by the volunteers. Each volunteer is expected to visit 10 households on a regular basis, but in addition, the volunteer group has been active in organizing community campaigns where messages are shared through drama, songs, and poetry – both in the community and at outreach clinics. There has been a noticeable change in the number of pregnant women going for ANC visits in the first trimester of pregnancy and finishing the recommended dosage of SP.

In the fourth year of the program, the MCP volunteers in Chipolopolo started saving money together as a strategy for sustaining their group activities after the end of the program. Project personnel provided them with training on group savings and income generating activities. Their group fund has now grown to K154, 000 (about \$939). The group revolves the funds by giving each other and even outsiders loans which they pay back with interest. These funds are used to purchase refreshments for meetings with chiefs. The group also bought two ITNs and gave them to the most vulnerable households in the village. According to the chairperson of the volunteer group,



Members of the Chipolopolo volunteer group wearing their group uniform: the message t-shirts they received from the program and the matching wrappers they bought from their own savings. They are singing songs with malaria control messages at a community awareness event they organized.

“It is important for the group to join hands and contribute and assist in any other issues within their villages because the big benefits are not for the organization but for them and the entire community.”

The group also used some of their savings to buy wrappers (*zitenje*) for all female volunteers which they wear along with the t-shirts provided by the program (which are printed with NMCP approved malaria control messages). Wearing matching clothes shows the unity of the group and their group identity. It serves as a uniform when they are out doing community mobilization and health promotion activities.

Having realized and recognized the hard work done by the group, chiefs have given the group a garden. Group members will cultivate and sell crops on this plot, and all the proceeds will go to the group, with the aim of increasing their savings, which will help to support the MCP volunteer group’s activities after the program ends.

The group village headman of Chipolopolo said that “This group had made a lot of chiefs in that area to recognize the importance of pregnant women to sleep under ITNs every night throughout the year not as it were in the past. Currently, during funerals, pregnant women are allowed to sleep at their home.” (Traditionally people sleep outdoors when they travel away from home for a funeral, and this creates challenges for hanging nets.)



Group of local leaders from Chipolopolo group in Ntchisi showing program staff a garden that they have given to their group of volunteers so they can generate income for sustaining the program after the project ends

Because of the efforts of project staff many project volunteers, traditional and religious leaders and outreach staff of from the public health system are all working together in concert. The groups work hand in hand with the Health Surveillance Assistants (community health workers based out of the public health center). Volunteers and HSAs meet together regularly and report to each other at village level. They also collaborate to promote health messages at outreach clinics. The linkages between the community volunteer groups and the HSAs represent another important strategy for sustaining the improvements that have been achieved by the program. When MCP project staff are no longer deployed in the community after June 2012, it will be the relationships of cooperation between the community volunteers and the health center staff that will ensure that attention remains focused on malaria prevention and treatment at the household and community level.

The District Malaria Coordinator for Ntchisi recognized the Chipolopolo group as one of the best – a “model group” – and he found it very encouraging to see volunteers doing more than what could have been done by paid Health Surveillance Assistants. Communities of Chipolopolo

village and their chiefs in Ntchisi District acknowledge the work being done by the volunteers has saved lives of people in Chipolopolo village.

Story #2: Care Group Buys Nets for Five Poor Families with Their Own Savings

In Dowa District there are 32 volunteer Care Groups visiting households, giving health talks and doing community campaigns to change malaria prevention and care seeking behaviors of households. One of these groups is Msonjora. This is a hard working group which always meets in large number whenever carrying out awareness campaigns. There is strong group cohesion, and group members support each other very well.

The community served by Msonjora group is five kms west of Kayembe Health Center. Although the community is quite close to the health center, there were 15 households that did not have ITNs. This was due, in part, to shortages at the health center. The group encouraged those households to purchase nets from the shops. But there were five households that were more disadvantaged than the others and could not afford to buy nets on their own.

Msonjola group is known for its unity and hard work. They started contributing money to a fund they set up specifically for helping the needy families in their community. They used the money they saved themselves in this fund to buy five LLINs for the five households.



Recipients of three of the five nets bought by Msonjola Care Group, along with members of the Msonjola group, the MCP program facilitator for the area, the MCP district supervisor for Dowa, the village head and the HSA for the area (Photo by F. Mwale, NRD)

The group’s chairperson explained the decision to buy nets for the families this way: “We were so moved with the activeness of these families in the program and their ability to change their behavior, but they kept telling us that they hoped to one day find and get nets at the health center, but this did not happen” (because of stock-outs at the health center).

In addition to helping these five families, the group also wanted to do something that would motivate other families to be active in the program and to buy nets on their own. “We wanted to show our concern and let households have confidence in us their volunteers that we have them in our hearts,” said the group’s chairperson.

Mrs. Jeany is from one of the five households in Jana village that received a long-lasting net purchased with the volunteers' own funds. She had this to say: "I am very happy because of the net that the volunteers that look after us have decided to give me. I am very poor and much as I wanted and admired to sleep in a net I never had such a chance as I have not been able to get a net from the hospital and could not dream on how I can get the money to buy a net. Having been taught about malaria I have always been afraid that I might caught it despite taking SP as I was not sleeping under ITN. But now being a pregnant woman I know am safe and my health will be good and that of my unborn baby. I will have a peaceful sleep as there will be no more experience of mosquito-bites as before. I really want to thank the volunteers for such a kind gesture and encourage them to help others who may be in a situation like of myself where they are desperate but cannot afford to buy a net."

The group members say that they plan to provide additional ITNs through locally generated funds if they come across other less privileged beneficiaries in the village, even after the program ends. All benefiting families are thankful to the care group and promise to use the nets properly as well as encourage others to always sleep under LLINs.

When the group's chairperson was asked about the potential for the sustainability of the group after the program phases out, she had this to say: "Our group is looking beyond the program and we are exploring how we can continue functioning after the program ends. One of the major things that we discussed and thought of coming up with was an office where the group could be operating from. Having this in mind we decided to build for ourselves (using our own savings) an office which we could use as our meeting place and where we will also be meeting people who would like to borrow money from our village saving loan initiative."



Msonjola group posing in front of the incomplete building which will become their office and meeting space

The program has been encouraged with the group's initiative and their commitment towards their work which has affected other lives too.

Story #3: Curbing Net Abuse Along Lake Malawi

Sleeping under ITNs every night throughout the year is one of the most reliable ways of preventing malaria. However, a major obstacle to consistent net usage along the shore of Lake Malawi is the abuse of nets for the fishing trade. Most of the targeted groups are denied the use of a net, because men take the nets for other purposes. In some cases, husbands who abuse

alcohol sell the household's nets to fishermen so that they can get money to buy beer. In other cases the women themselves may sell a net meant for under five child in order to buy relish (vegetable accompaniment) for the family meal, if they didn't have any on a particular day. A lot of ITNs have been used for catching and drying (usipa) small fish in the shores of Lake Malawi in Ntakataka.

After noting that the issue is getting out of hand, the Dedza District Health Officer (DHO) called for a meeting where partners and community leaders discussed the matter. Those present at the meeting included Senior Chief for Kachindamoto/Kachere Traditional Authority (T.A.), Concern Universal, CRWRC/Nkhoma Relief and Development, Dedza DHO, and Evangelical Lutheran Development. The Dedza Malaria Coordinator from the Ministry of Health presented a malaria prevalence report that showed increased malaria cases coupled with high rates of malaria associated deaths despite efforts being done by different partners in the area.

In spite of the efforts by the DHO to ensure that nets are distributed to pregnant women and new born children, most of the nets continue to be found along the lake while most pregnant women and under fives continue suffering from malaria. The group suggested that there should be tough laws set to overcome this problem of using nets for fishing.

Since, CRWRC and NRD' malaria program is covering in the area of T.A Kachindamoto, it was agreed that CRWRC/NRD implement the action steps to prevent ITN abuse. In response, CRWRC/NRD called a meeting of the Area Development Committee (ADC) which included the Senior Chief of Kachindamoto and her Group Village Headmen (GVH). The MCP project staff facilitated a discussion in which the group developed the following by-laws intended to address ITN abuse:

- Anybody found catching fish using an ITN, shall pay a fine of a goat to senior chief Kachindamoto; five chickens to their GVH and three chickens to Village Head.
- Anybody found guilty of selling ITNs shall be penalized by giving the GVH five chickens and three chickens to the Village Head and shall also buy another ITN so that the one who was supposed to sleep under that ITN should still sleep under the ITN.
- Village headman will be held responsible to GVHs and so are GVHs senior chief Kachindamoto if their subjects defy the by- laws. (This was agreed in order to encourage them to take an active role in implementing the by-law)



MCP program beneficiary with her children narrating to the program supervisor for Dedza how she received the Anti ITN Abuse By-law (Photo by Yoas Chimpeni. freelance photographer)

Upon interviewing one of the beneficiaries, Sinoliya Redson had this to say; “I got the information on Anti- ITN abuse by-law through Village Head Mbandambanda on a community meeting. He is the one responsible for re-enforcing the by-law within our village. He told us that those found misusing the nets will be taken to IMKOSI (Traditional Authority) Kachindamoto for questioning and punishment. This is a good move and it will really help each one of us to be sleeping ITNs every night as nobody from the fishermen would be buying ITNs from villagers as it was before.”

To make sure that the by-law is adhered to, the Anti-ITN Abuse By-law team formed another team responsible to monitor the system. This new team conducted a sweep. ITNs that were at the lake were taken away from fishermen while traditional leaders informed their community residents of the new by-law.

Group Village Headman Msunduzeni (pictured here) is part of the group that is disseminating anti-ITN abuse messages in all community gatherings. He claims that “use of ITNs for fishing has been stopped due to the by-law that has been initiated. In all our meetings we keep on reminding communities about it. We tell them that ITNs are for sleeping under in order to prevent malaria, not for fishing. Anybody found guilty will face the law. This has helped to minimize very much the number of nets being used for fishing”.

An assessment conducted on October 13, 2011 showed that people are abiding by the policy. The assessment was conducted in the area of GVH Kakhome through interviews and transect walk.

The program supervisor interviewed the chairperson for the market, the chief and fishermen, whose name is Shaibu (pictured here at the right). The Chairperson had this to say: “The GVH (Msunduzeni) advised me that no ITNs should be seen at the market place. So as a Chairperson of this market, I walk around the market just to check if anybody is using an ITN.



Group Village Headman Msunduzeni after addressing a community meeting to discuss the Anti-ITN Abuse By-law (Photo by Yoas Chimpeni, freelance photographer)



An interview with Shaibu, Chairman in the Market (Photo by Yoas Chimpeni, freelance photographer)

But since we announced the by-law and the fine that follows if somebody is found with an ITN out in the fishing area, I haven't noticed any net, which to me shows that people have responded very well to the call. We are encouraging people to use nets to sleep under in order to prevent malaria and not for fishing”.

The program supervisor caught unawares a number of fishermen who had just returned from fishing. Before the by-law was put in place, blue and green ITNs could be seen everywhere among the nets that fishermen were using. But the picture here shows only brown and pink fishing nets were seen. This suggests that the fishermen are no longer misusing the sleeping nets. When project staff interviewed them, they admitted that before the by-law was put in place they were indeed using the ITNs to catch small fish (The ITNS have very small holes and are



Fishermen at Chitukula Beach taking fish out of their nets (Photo by Yoas Chimpeni, freelance photographer)

able to catch lots of small fish.) But after the by-law was put in place, none of them dares to use ITNs as there is a committee which has the authority to punish anybody who is not observing the law. This has made them to change their practice.

It is good to note that the behaviour which for years has affected one of the program objectives of increasing number of pregnant women and under-five children who sleep under ITNs all year round with the aim of preventing malaria has eventually been addressed.

The program would like to thank all the partners for the joint support that has been given to ensure that this by-law becomes effective. It is encouraging to note that even local villagers are monitoring each other in order to avoid net abuse.

The program will monitor and compare statistics of maternal and under five morbidity due to malaria for 2010,2011 and 2012 from within the Health centre that serves the area in order to find out if there is any correlation between the law being put in place and reduction in number of malaria cases.