

ProMPT Ghana – Promoting Malaria Prevention and Treatment - aims to strengthen the capacity, effectiveness and reach of Ghana's National Malaria Control Programme and support the engagement of all key actors in malaria prevention and control, including health workers, non-governmental organisations, schools, communities and the private sector.

COUNTRY

Ghana

DONOR

USAID

LENGTH OF PROJECT

March 2009 - December 2012

PARTNERS

University Research Co., LLC The Population Council

PROJECT OUTLINE

Malaria is the number one cause of morbidity in Ghana, causing 38 percent of all outpatient visits, 36 percent of all admissions and 33 percent of all deaths in children under five. Of the 3.1 to 3.5 million cases of clinical malaria reported each year, 900,000 cases are in children under five with 20,000 of these dying from the disease. ProMPT works towards reducing malaria morbidity and mortality through implementation of proven interventions in prevention and treatment. The main components of the project include:

- Prevention of malaria through long lasting insecticidal nets (LLINs)
- ✓ Malaria in pregnancy
- ✓ Case management
- ✓ Home based care
- ✓ NGO collaboration and capacity

building

- ✓ Behaviour change communication (BCC)
- ✓ Monitoring and evaluation
- ✓ Capacity building of the National Malaria Control Programme (NMCP)

ProMPT has supported one of the first mass door-to-door hang-up campaigns ever held in Africa and distributed 7,547,576 LLINs. The first mass distribution took place in the Northern Region; a survey led by Malaria Consortium six months later showed a substantial increase in net use in the region which has led to change in national policy to achieve universal coverage in other areas. Malaria Consortium also provided technical support to the NMCP to develop systems for the continuous distribution of nets to maintain universal coverage through antenatal clinics, the vaccination programme, child health promotion weeks and primary schools. These approaches will be piloted by ProMPT to determine which are the most effective for Ghana.

Another project - Networks, in which Malaria Consortium is a leading partner, is collaborating with the NMCP and partners to perform a baseline survey in Eastern region and will evaluate the performance of each channel of distribution in an endline survey after one year.

To assess the factors influencing low uptake of intermittent preventive treatment of pregnant Women (IPTp), ProMPT have collaborated with Ghana's NMCP. 11,500 training manuals and job-aids have been reproduced for health workers in IPTp, and support has been given on improving care for malaria in pregnancy. ProMPT has completed a supply needs assessment for uptake of IPTp in health facilities, and purchased and distributed necessary equipment and supplies to selected health facilities including water filters to enable medications to be taken under direct observation.

Case management training has included sessions for updating prescriber knowledge on the

revised anti-malaria drug policy and strengthening the process of confirmation of malaria cases using either rapid diagnostic testing or microscopy prior to treatment. ProMPT has also trained licensed chemical sellers in the proper use of artemisinin-based combination therapy.

In order to improve the quality of care, ProMPT has developed a supportive supervisory programme that includes on the job training and mentoring of health staff focused on general case management and care of and prevention of malaria in pregnant women. Thirty-four regional supervisors and over 400 district supervisors have been trained and their action plans for supportive supervision developed.

To increase home based care of malaria, acute respiratory infection and diarrhoea, ProMPT has supported the NMCP by organising workshops for stakeholders and developed a rollout implementation plan.

NGO collaboration and capacity building has been ongoing through the training of NGO field staff on using participatory approaches for community-based malaria interventions. ProMPT is working with Regional Health Authorities

to train community volunteers and promote community-based problem solving for health issues. This process is strengthened through advocacy meetings held with community leaders.

The BCC strategy is implemented with the National Malaria Control Centre, a multi-sectoral body set up by the NMCP to oversee all issues regarding malaria communications. BCC activities are grounded in firm behaviour change theories and core formative research. Activities are aimed at addressing the key behavioural determinants in malaria prevention and control among key target groups. BCC activities are focused on integrated channels including mass media, educational material development, interpersonal communications, community engagement, and institutional and policy level advocacy in all interventions areas including LLINs, malaria in pregnancy and case management.

This project has a direct impact upon efforts to:

- ✓ Combat malaria
- ✓ Manage common childhood illnesses
- ✓ Strengthen national health systems
- ✓ Provide monitoring and evaluation outputs
- ✓ Encourage behaviour change through communications
- ✓ Provide operational research outputs
- ✓ Reaching at risk populations

KEY ACHIEVEMENTS

Key achievements for the project to date (end 2011) include:

- The distribution of over 7.5 million LLINs through universal coverage campaigns
- Increased awareness of malaria prevention through a multi-media BCC campaign
- Strengthened capacity of healthcare providers in malaria diagnosis and treatment
- Trusting relationship and strong collaboration with NMCP

Malaria Consortium

EC2A 4LT, United Kingdom

including capacity building especially in monitoring and evaluation, and health information systems.

Malaria Consortium staff in country have been highly instrumental in implementing the LLIN programme and the continuous distribution strategy as well as providing technical input in to the malaria in pregnancy programme and the training materials the support to NMCP.

info@malariaconsortium.org www.malariaconsortium.org

UK Registered Charity No: 1099776

Development House 56-64 Leonard Street, London

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