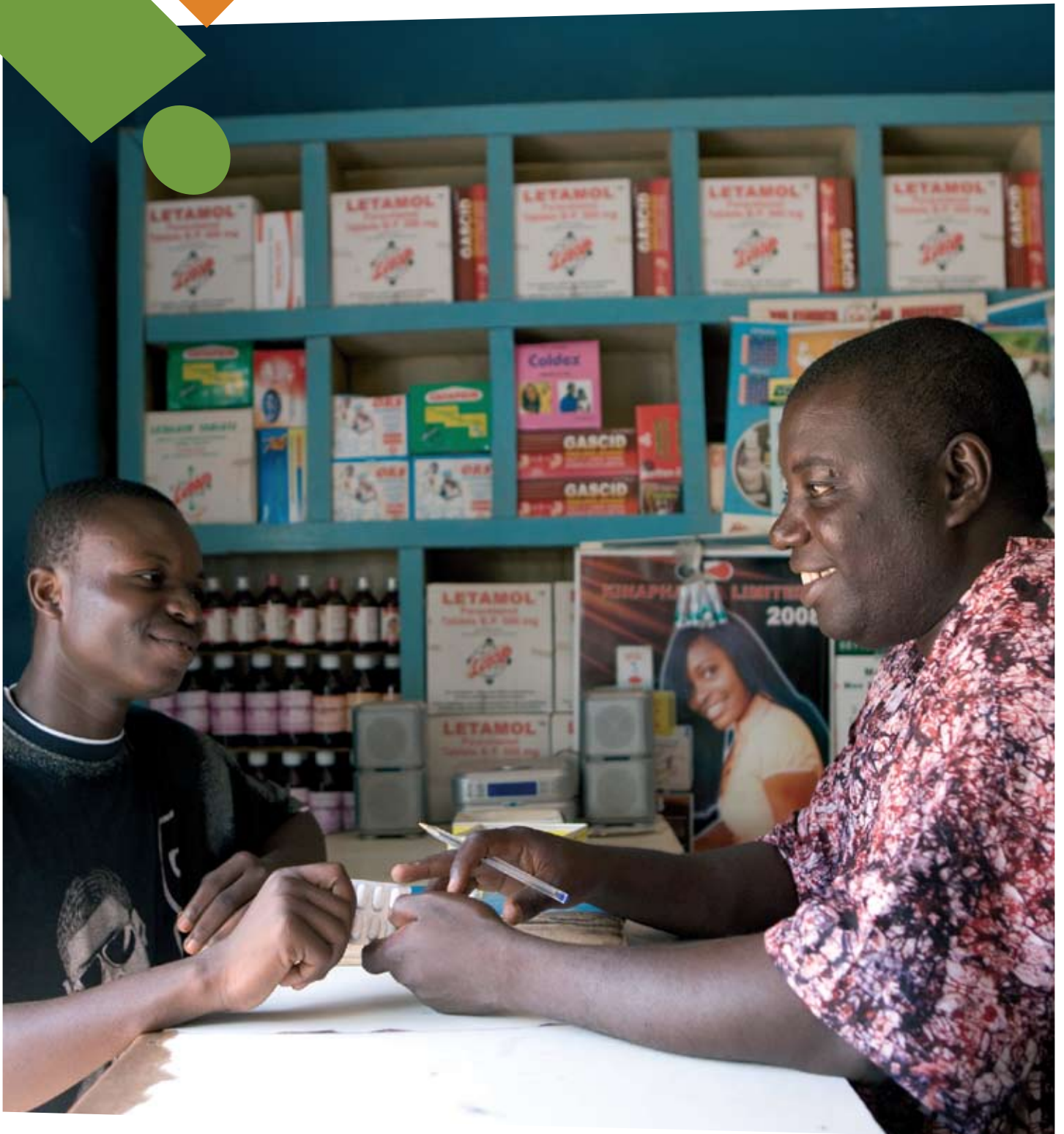


Mobilize Against Malaria

Pfizer Investments in Health

LESSONS LEARNED FROM GHANA



ACKNOWLEDGEMENTS

Pfizer's Mobilize Against Malaria program is proud to present *Mobilize Against Malaria: Lessons Learned from Ghana*.

This document is intended for stakeholders interested in a new ways of leveraging public and private sector capacity to provide health care at the community level, especially in resource limited settings.

This report is based on 37 interviews conducted in 2010 with representatives from program sponsors Pfizer Inc, implementation partners Family Health International (FHI) and Ghana Social Marketing Foundation (GSMF), Monitoring and Evaluation (M&E) partners Health Partners Ghana (HPG), Ghana Regional and District Health Management Team executives, Licensed Chemical Seller (LCS) Association executives, Local Non-Government Organizations (NGO) and Community-Based Organizations (CBO) and Licensed Chemical Sellers (LCSs).

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Our sincere thanks to the Licensed Chemical Sellers who participated in the Mobilize Against Malaria initiative. They have unequivocally demonstrated that with the right training they can be a powerful ally to health professionals at the community level.

We also recognize the deep commitment and support of the Ghana National Malaria Control program and the Ghana Ministry of Health in making the Licensed Chemical Sellers pilot a success.

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For more information about Pfizer's Mobilize Against Malaria and Pfizer Investments in Health go to www.pfizer.com/malaria.

ABBREVIATIONS

ACT	Artemisinin Based Combination Therapy
FHI	Family Health International
GSMF	Ghana Social Marketing Foundation International
LCS	Licensed Chemical Seller
LSHTM	London School of Hygiene and Tropical Medicine
MAM	Mobilize Against Malaria
MoH	Ministry of Health
M&E	Monitoring and Evaluation
NMCP	National Malaria Control program
NGO	Non-Governmental Organization
RFP	Request for Proposal
SP	Sulfadoxine-Pyrimethamine
SWOT	Strength, Weakness, Opportunity and Threat

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The Mobilize Against Malaria (MAM) program works with communities in Ghana to improve malaria symptom recognition, treatment, and referral through targeted training activities, while supporting community mobilization activities to strengthen the demand for prompt and effective malaria treatment. In Ashanti Region, over 1,000 Licensed Chemical Sellers have received training and professional support to play a greater role in their communities' health care. Meanwhile, through public awareness campaigns on the radio and through community meetings, families are learning the facts about malaria and why utilizing local healthcare is so critical.

This report was written because the implementation of malaria interventions in the "real world" is not always straightforward, especially where it involves the integration of the private and the public health sectors. As valuable evidence of the work by funders, implementers and NGOs to fight malaria on the ground, *Mobilize Against Malaria: Lessons Learned from Ghana* demonstrates both the challenges and huge potential involved in capacity building and advocacy at local, district and national level. The report addresses key questions regarding successful program design and implementation, including managing partnerships from proposal stage onwards; project planning; formative research and program initiation; stakeholder assessment and engagement; developing effective program tools for implementation at community level and monitoring and evaluation.

MAM Ghana offers lessons learned in attempting to improve the delivery of treatments such as ACTs, and documents the efforts of program implementers to bridge the gap between the private and public health sectors. The *Lessons Learned* report tracks the implementation of a dual-pronged approach to implementation, which addresses both the supply of quality healthcare, as well as the communities' demand for treatment. It documents the experiences of a range of different partners and stakeholders, from the formation of strategic partnerships to relations with funders, unexpected obstacles and the need for a responsive approach to program design.

MAM partners in Ghana have engaged a range of key stakeholders, working closely with the National Malaria Control program at the national level and District Health Management Teams through to frontline health workers at local level. MAM continues to lobby for the recognition of the significant contribution of Licensed Chemical Sellers – small private-sector healthcare outlets that are often the first port of call for rural communities – within local health care systems. In addition to the core program aims, MAM partners have advocated for broader, systemic improvements to the supply of affordable ACTs through the public sector.

Many of the program tools developed by MAM Ghana have been adapted for use within larger initiatives such as AMFm, which will build upon the significant impact already achieved in Ashanti Region. The *Lessons Learned* report demonstrates the importance of monitoring and evaluation on different scales, from independent monitoring by a national evaluation partner, to cross-cutting evaluation on a comparative scale across the MAM Program as a whole. As the final results from MAM Ghana are gathered and evaluated throughout 2011, *Mobilize Against Malaria: Lessons Learned from Ghana* provides an opportunity to reflect on some of the practical lessons that have arisen from processes of program design, policy-making and advocacy.

The ultimate success of Mobilize Against Malaria will be measured not only in terms of its own impact, but in the learning that spreads through the field, as partners replicate and build on these important pilot programs.

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BACKGROUND

Malaria is an infectious disease spread by mosquitoes. It affects at least 300 million people and causes nearly 1 million deaths each year¹, 90% of which occur in Sub-Saharan Africa. Malaria is responsible for 40% of public health expenditure in sub-Saharan Africa, between 30-50% of all inpatient hospital admissions and up to 60% of outpatient health clinic visits². It has been estimated that malaria causes a growth penalty of up to 1.3% in some African countries, which contributes substantially to disparities in GDP among countries with and without malaria³.

In Ghana, nearly a third (26%) of all childhood deaths is related to malaria. In 2008, about 40% of all outpatient visits and 44% of under-five outpatient visits were attributed to malaria^{4,5}. It is estimated that malaria reduces Ghana's GDP by one to two percent per year⁶.

PFIZER'S MOBILIZE AGAINST MALARIA PROGRAM

Mobilize Against Malaria (MAM) is Pfizer's signature philanthropic program to combat malaria. MAM is a five-year (2007-2011), \$15M initiative announced at the Clinton Global Initiative in 2006, designed to address critical gaps in malaria treatment and education in Ghana, Kenya and Senegal. The purpose of the MAM Initiative is to reduce malaria morbidity and mortality through the effective delivery of Artemisinin-based Combination Therapy (ACT), the national standard for treating uncomplicated malaria in Ghana, Kenya and Senegal.

Each of Pfizer's three MAM programs uses a dual-pronged approach that addresses both the supply of quality public healthcare, as well as communities' demand for treatment. Specifically, MAM aims to improve malaria symptom recognition, treatment, and referral through targeted training activities while supporting community mobilization to strengthen the demand for prompt and effective malaria treatment.

¹<http://www.who.int/mediacentre/factsheets/fs094/en/index.html>

²<http://www.who.int/mediacentre/factsheets/fs094/en/index.html>

³http://www.rollbackmalaria.org/cmc_upload/0/000/015/363/RBMInfosheet_10.htm

⁴http://www.who.int/countryfocus/cooperation_strategy/ccs_gha_en.pdf

⁵<http://rbm.who.int/wmr2005/profiles/ghana.pdf>

⁶http://www.unicef.org/wcaro/WCARO_Ghana_Factsheet_malaria.pdf

INTRODUCTION

THE MOBILIZE AGAINST MALARIA PROGRAM IN GHANA

Despite substantial efforts by the government, international organizations, and NGOs to promote prevention, malaria continues to be a challenge in Ghana. Health care facilities in rural communities can be few and far between, and are often over-burdened and under-resourced. Lack of reliable transport in many communities is likely to contribute to patients not seeking timely medical attention. These factors, along with a lack of awareness of the proper treatment required, have prolonged the impact of malaria as a critical public health problem in Ghana.

Access to ACTs in Ghana remains below 80%, often due to lack of affordability or lack of awareness regarding MoH recommendation to use ACTs over other treatment options. ACTs from private drug companies are expensive, and many patients prefer to purchase cheaper but less effective monotherapies⁷. It was against this background that Pfizer took a closer look at ongoing malaria intervention strategies in Ghana, with the view to supporting a promising model for the effective delivery of ACTs. One of Pfizer's key observations was that the first point of contact for many patients who have fever is a Licensed Chemical Seller (LCS) rather than a doctor or a nurse at the hospital. Baseline data for MAM Ghana showed that 56% of children under five with a fever were taken to an LCS for treatment.

Of these, 43% received an anti-malarial, but only 4.5% received an ACT⁸. It became clear that LCSs, particularly in rural communities, were an instrumental part of the private sector closest to the patient, often serving as a primary healthcare provider. MAM Ghana was developed to educate and empower LCSs, equipping them with the knowledge required to play a greater and more effective role in their community's healthcare.

Concurrent with LCS training, MAM Ghana also sponsors public awareness efforts to educate the general public about the symptoms of malaria and the importance of early recognition and prompt, effective treatment. The overall strategy is to create "demand" through community awareness and ensure "supply" through LCS education.

The core premise of the MAM Program is that LCSs, if trained properly, can play a critical role in managing uncomplicated malaria at the community level and, if trained to recognize the signs and symptoms of complicated malaria early, refer patients promptly to public health facilities for diagnosis and treatment.

Photo courtesy of Mark Tuschman and Pfizer's Mobilize Against Malaria Program



⁷WHO World Malaria Report 2009

⁸Health Partners Ghana, MAM Baseline Survey Report 2008

Licensed Chemical Sellers in Ghana

There are thousands of LCSs in communities throughout Ghana. LCSs are small retail outlets that act as a major source of basic medicines, particularly in rural areas. Licensed by Regional Pharmacy Councils, LCSs sell over-the-counter medication but unlike pharmacists, they do not undergo rigorous medical education and are usually licensed following a few weeks of training. Many LCSs in rural villages are typically farmers, retired government personnel or retired teachers.

Formative research carried out by FHI indicated that many LCSs were unsure of the signs of malaria, and were not able to identify the symptoms of severe malaria that warranted referral to a health facility. Research for GSMF's communications strategy showed that communities held similar views about malaria.

Some of the common misconceptions held by LCSs and community members included:

- The belief that malaria was a common disease, was not dangerous and does not kill
- Unaware that malaria was spread by mosquitoes
- The impression that malaria was caused by:
 - eating fatty/oily food
 - heat
 - house fly
 - unripe mangoes
 - dirt
 - hard work
- The belief that mosquitoes die after 3 days, so malaria can only last few days, maximum 1 week
- Unaware of the proper treatment for malaria
- Did not know all the symptoms of malaria
- Did not know how to differentiate between uncomplicated and severe malaria
- Was treating malaria with monotherapies or Sulfadoxine-Pyrimethamine combination therapy (SP) and sometimes with herbal medicines
- Did not know that the MoH had recommended ACTs for treating malaria



MAM IMPLEMENTATION PARTNERSHIPS IN GHANA

FHI

FHI is an international NGO that has been working in Ghana for many years. FHI's vast experience in reproductive health and infectious diseases includes prevention and awareness campaigns around HIV/AIDS and malaria, and is well recognized in Ghana and around the world. FHI Ghana has been particularly effective in building the capacity of local NGOs by engaging them as community partners for program implementation and supporting them to adapt and transfer public health skills to community members in resource poor settings. As part of the MAM Program team in Ghana, FHI is responsible for engaging and training LCSs in the Ashanti Region.

GSMF

GSMF is a national NGO known for its expertise in social marketing through effective communications, and for its long history of working with LCSs in Ghana. Prior to 1988, Ghana did not have a formal LCS Association. GSMF was instrumental in bringing the LCS together to receive formal training, form their own networks and strengthen their role in district, regional and national health care system. This effort led to the establishment of National, Regional and District LCS Associations, in which membership has grown considerably over the years. As a MAM Program partner in Ghana, GSMF is responsible for community mobilization activities, thereby assisting in generating 'demand' for ACTs.

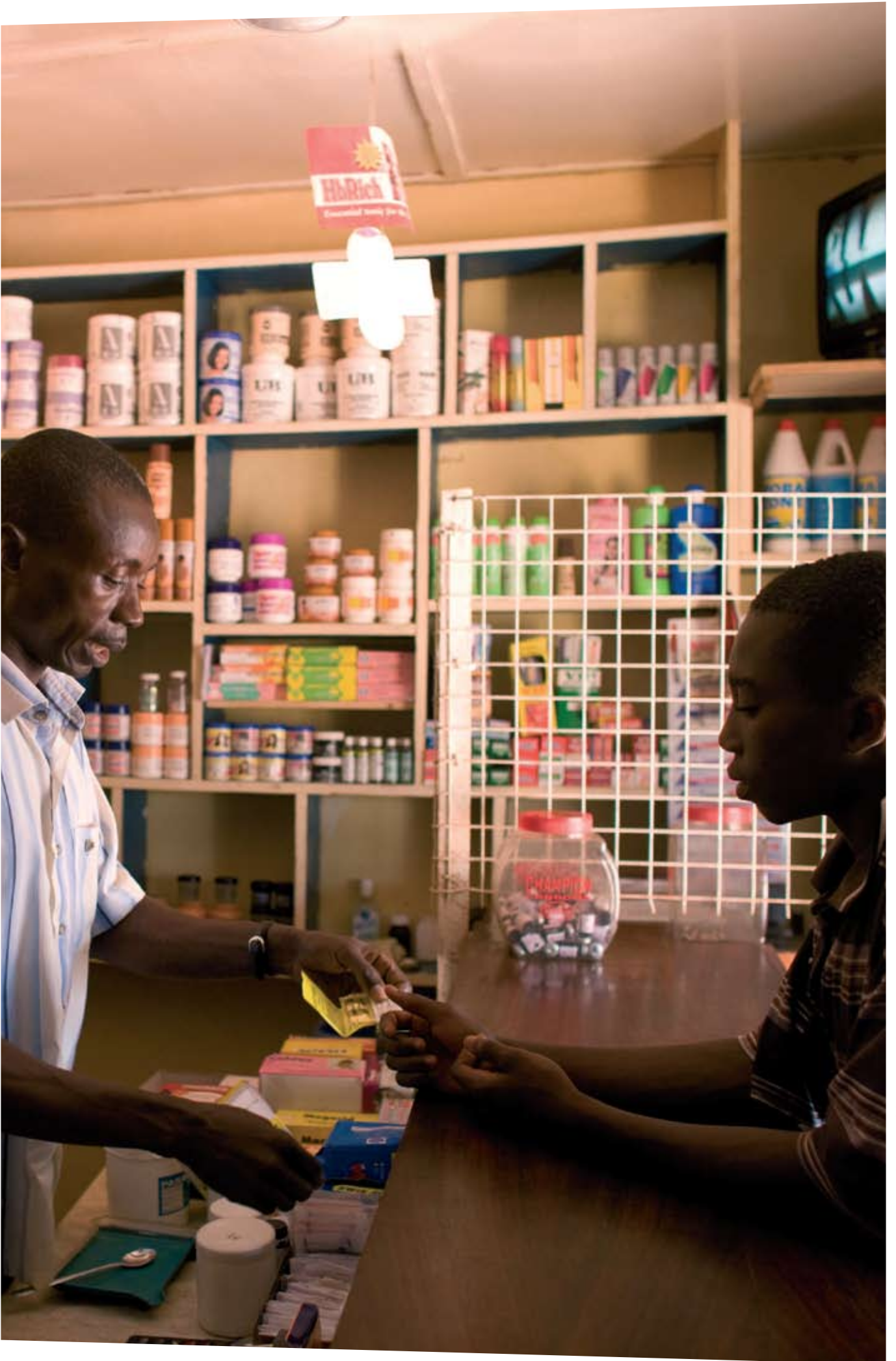


Photo courtesy of Mark Tuschman and Pfizer's Mobilize Against Malaria Program

LESSONS LEARNED

FORMING PARTNERSHIPS

FHI and GSMF recognized early on that the two organizations had complementary skills and would be better positioned if they joined forces to respond to Pfizer's aims for the MAM Program. Bringing together GSMF's prior experience working with LCSs and FHI's expertise in project management, a joint proposal was developed. Working with partners from this very early stage was a new experience for both organizations. Based on the strength of their joint proposal, Pfizer granted the five-year project to FHI working in partnership with GSMF in early 2007. This was the beginning of the Mobilize Against Malaria program in Ghana.

Lessons Learned from Forming Partnerships

SWOT Analysis

The partners independently conducted SWOT (Strength, Weakness, Opportunity & Threat) analyses to assess their capabilities for the MAM Program. This determined that both organizations would be better positioned by partnering with others who could bring complementary skills to the table. SWOT analysis prior to bidding for a project helps organizations keep their finger on the pulse of their capabilities and objectively assess the range of attributes a sponsor may be seeking in prospective partner. Depending on the outcome of the analysis, various options can be considered for competitive positioning; i.e. joint collaborators, primary and sub contractors, primary contractors plus consulting group etc.

Partner Selection

When selecting a partner, technical expertise is just one aspect of successful collaboration. Other characteristics that need equal consideration are organizational infrastructure and management systems, leadership style and cultural fit. Selecting a partner based on technical expertise to create a formidable team at the proposal writing stage is very tempting. However, implementation and M&E take a lot more time, effort and commitment than can be achieved solely through technical capacity. Therefore, partner selection criteria should expand beyond technical expertise to determine the best fit now and in the future.

Rules for Early Partnership

Early partnerships can position parties to win an award because of their collective skills and experiences. In advance of proposal preparation and submission, the collaborating parties should discuss and formally agree on the rules of engagement. This covers all phases from contract negotiation, division of work, financial expectations and completion of work, in order to avoid misunderstandings further down the line. The parties should also agree on the approach to be used with regards to conflict resolution or in the event of changes to program implementation. Although it may seem premature to formalize this at the proposal writing stage, in the long run it will preserve trust and business relationships between parties.

Cultural Norms and Differences

When two or more organizations collaborate, the team members should expect to come across diversity in thought and action due to differences in cultural or management styles. This is true regardless of the geographic location of the organizations. To ensure diversity becomes an asset rather than a burden, the team should have strong leadership, working with the intention to gain an understanding of each other's practices or perspectives, and a willingness to explore common ground. When FHI (an international organization with headquarters in the US) and GSMF (a national Ghana-based organization), entered into a partnership, the team members experienced differences in culture and management style. However, the FHI and GSMF teams were fully aligned in their understanding of the MAM Program goals. Camaraderie and trust among team members were noted as key ingredients in accelerating the work.

Key Lessons Learned at Proposal Preparation Phase:

- Early SWOT analysis of organizational capabilities helps all partners objectively assess the range of attributes the sponsor is seeking in prospective grantee(s).
- Forming partnerships with organization(s) that bring complementary skills to the proposal can improve the chances of success.
- Partner selection criteria should expand beyond technical expertise to include other long-term strengths that may be required later in the program.
- Strong leader(s) with excellent negotiation skills are needed to forge successful partnerships and mitigate non-technical issues that could otherwise threaten to derail the team.
- It is advisable to agree on the terms of engagement for partnerships at proposal stage.
- Organizational affiliations sometimes need to be put aside to focus on the goals and objectives of the program, identify combined strengths and allocate responsibility for each objective.



PROJECT PLANNING AND INITIATION

Soon after the project was awarded to FHI/GSMF, Pfizer introduced Health Partners Ghana (HPG) and the London School of Medicine and Tropical Hygiene (LSHTM) to the partners. LSHTM was charged with overall technical guidance M&E for the three pilots in Ghana, Kenya and Senegal, whereas HPG was the local M&E partner to support FHI and GSMF.

In the first nine months after the grant was awarded, the team identified all the stakeholders, mapped out advocacy plans and met with stakeholders at the national level, developed implementation tools and mapped out plans for implementation. At the end of the planning phase, MAM was officially launched as part of the World Malaria Day event in April 2008.

Lessons Learned from Project Planning and Initiation

Inclusive Meetings

At the onset of the program, both implementation and evaluation partners met frequently to design and develop the implementation plan. During these discussions, it became clear that there could be some overlapping monitoring activities between HPG and the two implementation partners. To avoid duplication, the team reviewed each other's objectives with the sponsor and agreed on a plan. During these discussions some problems with the program design became apparent and adjustments were made.

Program Design

The timeline for conducting baseline research for M&E was not initially in alignment with FHI and GSMF timelines for program implementation. This led to FHI and GSMF conducting their own preliminary baseline/formative research prior to implementation. For a new program, formative research could be critical in informing the design of the implementation plan.

Therefore, it is important for sponsors to consider having formative research completed at least in advance of the implementation planning phase, and preferably even before the program is awarded to the partner(s).

Shifting Sands

FHI, GSMF and HPG had to deal with several major program changes. Soon after the award was granted, Pfizer informed the partners that one of the objectives – the supply of ACTs – would no longer be part of the program. This led to a significant change in the focus of the program and required financial re-alignment. Major program alterations after an award is granted, even if it is for good reasons, can deflate the enthusiasm of partners. If possible, sponsors should assess the risks of changing program objectives in advance of granting the award. Award recipients should reconfirm the sponsor's commitment for each objective during proposal preparation and contract negotiation.



Photo courtesy of Mark Tuschman and Pfizer's Mobilize Against Malaria Program

Key Lessons Learned at Project Planning and Implementation Phase:

- The inclusion of both implementation and M&E partners in planning meetings helps with transparency and minimizes potential overlap and duplication.
- The preliminary aspects of program design such as formative research are crucial, and should be firmly in place early in the program.
- Both sponsors and partners should assess carefully the risks and implications of making major changes to program objectives.

IDENTIFYING AND ENGAGING STAKEHOLDERS

During the planning stage, the FHI/GSMF team mapped out all the key stakeholders from the National, Regional and District Level. Buy-in from the NMCP, MoH, Pharmacy Council, Food and Drugs Board, District Health Management Teams, and LCS Association Executives among others was recognized to be critical for success. The team developed and implemented committed advocacy plans. Stakeholders from various sectors were brought together for several one-day meetings and workshops. The team shared the strategy behind the MAM Program and received the stakeholders' input on the implementation strategy. This forum also provided an opportunity for the stakeholders to air their concerns and for the team to gain better understanding of various stakeholder sector perspectives.

Lessons Learned from Identifying and Engaging Stakeholders

Leveraging Stakeholders

Actively seeking the support of stakeholders with the same interests and priorities as the Program's aims can accelerate implementation. Early identification of all the stakeholders can help the team to sub-divide the stakeholders into potential partners, influencers, etc. In the case of MAM, the goals of the program were in alignment with those of the NMCP and MoH. This knowledge helped partners leverage the support of these key stakeholders and position the program so that it could inform and influence key policies at the national level, thus benefiting the community and the country at large.

Group Advocacy versus Targeted Advocacy

Cross-sector advocacy can be a powerful way for different stakeholders to understand each other's priorities, challenges and perspectives with regards to the program. This will ultimately help to develop a

holistic implementation plan. However, it is equally important to keep in mind that mixing sectors could result in one or more stakeholder sectors being less engaged or worse, excluded. For a program like MAM, the clinician is an important technical stakeholder but they may have concerns or priorities that are very different to those of a District Director of Health, who is an important stakeholder. In this situation, mixed group advocacy – targeting everyone together – may prevent the implementation team from unearthing the full range of different stakeholders' concerns.

Locating and Managing Resistance: Getting Clinicians on Board

At the onset of the MAM Program various community sectors and medically affiliated groups expressed anxiety and strong reservations about training LCSs. To alleviate the level of anxiety, the MAM team led strong advocacy campaigns by bringing key

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representatives from all the relevant sectors together to air their concerns and make sure they were well-informed about the program. Follow-up conversations revealed that especially amongst clinicians, the anxiety level had not dissipated. Because LCSs were not regarded as part of the health delivery system, it was difficult to convince clinicians and other public health sector stakeholders that LCSs could be trained to distinguish complicated from uncomplicated malaria and conduct referrals of severe cases and pregnant women to the health centers. The common perception of LCSs was that they were primarily for profit and therefore not a viable option for health care within the community. MAM consultations with stakeholders also revealed that clinicians were reluctant to encourage LCS capacity development for fear that they would begin to practice clinical activities for which they had not been registered or trained.

As a next step, the team changed the strategy for how they advocated for the program. The broad group of stakeholders (local, regional, national & district

administrators, medical directors, pharmacist, clinicians, etc.) was split into technical and non-technical groups for advocacy purposes, thus tailoring the message based on the audience. The resistance the team encountered established the need to convince stakeholders not only of the capacity of LCSs to fulfill their business and health-related roles responsibly, but also to reassure clinicians of the quality of MAM training.

Long-term Sustainability

As important as it is to engage key stakeholders in the early phase of the program, it is equally important to keep them engaged and involved throughout the process. This requires advanced planning, firstly to secure adequate funding from sponsor(s) and secondly to set up meetings and workshops at regular intervals where program status and successes can be shared. This kind of forum provides continued opportunities to feed back into national and regional policies based on program output. It also improves the long-term sustainability of the program by building alliances with other national or regional initiatives as they develop.

Lessons Learned in Identifying and Engaging Stakeholders:

- Engaging stakeholders and leveraging support for program goals can accelerate its implementation significantly.
- Choose carefully between group advocacy to build consensus and targeted advocacy to make sure all stakeholders' concerns are accounted for.
- Tackling stakeholder resistance during advocacy activities often requires a more targeted approach, which can be summed up in three stages:
Who? Define your audience
What? Target your message
How? Deliver your message an appropriate way
- Stakeholder engagement should continue throughout the duration of the program, not only to influence policy and practice but to keep up with other national or regional initiatives and build alliances that ensure the sustainability of the program's aims into the future.

DEVELOPING PROGRAM TOOLS

As part of the planning phase, the team developed various tools, including training manuals, branding materials, posters, billboards, hand-outs, record books and referral books. The NMCP was a key partner at every stage and was instrumental in providing guidance to ensure the messages delivered by the MAM Program were consistent with national policies. The successful partnership with the NMCP continues to date. Other important stakeholders were also asked to review the draft manuals and program tools, and Pfizer Global Health Fellow(s) contributed significant expertise not only during the early days of tool development but as the program progressed and training manuals were revised to incorporate learnings from the field.

Based on the feedback from NGOs, CBOs and LCSs, all the tools were extremely helpful not only during training but also post-training as a resource guide. The manuals developed for MAM Program are also being used by the NMCP for their training programs, in particular the Affordable Medicines Facility for malaria (AMFm). Additional tools such as job aids were developed post-implementation to provide LCSs with a quick reference guide for malaria diagnosis, treatment and dosage.

Lessons Learned from Identifying and Engaging Stakeholders

Stakeholder Engagement

Engaging key stakeholders to review a range of program tools ensured that the final product captured diverse perspectives and was well received by the local team and the NMCP officials. The time invested early in the program to partner with stakeholders on implementation tools was crucial to smoother implementation. It also ensured that the program was compatible with national strategy and developed tools that could be shared and used by other stakeholders. The team was very open to feedback not only from stakeholders, but also from trainers and end-users. The posters and hand-outs evolved during the course of the program and were revised at periodic intervals based on feedback from the community.

Understanding the Landscape and Knowing your Audience

The MAM team took time to understand their audience and the micro-culture in which they operate. For example, as the Ashanti region is well known for their elaborate funerals, GSMF developed posters and hand-outs using a funeral theme, which gained much attention when they were first launched. Equally, the team was concerned that the novelty would wear off quickly and people would ignore the posters over time, and therefore, it would be important to continue to evolve the themes for the posters and handouts.

Pilot implementation is a great way to test the tools and seek feedback on the most effective way to get your message across. Both FHI and GSMF were particularly effective in conducting pilot training sessions to seek input and feedback to refine their training manuals and

other tools. This will not only help with better financial resource management but also increase the team's credibility and save time in the long run.

Evolving Program Aims and Methods: Acceptance and Adoption of Record Books

The MAM Program knew that encouraging LCSs to keep efficient records would not only benefit LCS businesses, but would also be useful to help District Health Management Teams and the MAM team track malaria in communities. Due to some reluctance on the part of the LCS community in the past, there was general skepticism about LCSs being willing to adopt the use of record books to capture daily malaria treatment transactions. MAM partners incorporated this issue as part of their engagement at community level, showing LCSs the value of record keeping and providing them with the tools and skills necessary. This effort has paid off and a significant number of LCSs are keeping records, while the MAM team continues to find ways to motivate the LCS and continue the promising start. This experience is a positive sign of the capacity of private sector actors such as LCSs, their ability to adapt and learn new ways of operating, and ultimately contribute to the overall health care system in their communities and beyond. It also demonstrates the need to challenge assumptions to find win/win solutions.

Discovering the Need for Deeper Advocacy

During phase one, LCSs from seven districts were trained. When they went back to their shops and began to refer complicated malaria cases to the nearest hospitals, the hospital staff refused to accept the referral

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forms. It became clear that the advocacy conducted with public health sector stakeholders at regional level had not reached front-line staff at the hospitals. In response, the team identified additional stakeholders for advocacy at district level. Once this was successfully completed, the information reached the front-line and the referral forms from LCSs were accepted.

The need to promote behavior change among health care workers was not considered at the onset of the program, and only became apparent when resistance to LCS referrals was observed. This experience highlights the importance of determining early on how deep within a stakeholder organization advocacy activities must be carried out. It also shows the mechanisms required to ensure that information will cascade down to front line officials who are responsible for day-to-day operations.

Lessons Learned in the Development of Effective program Tools

- Stakeholders are valuable partners in reviewing program tools. Responding to their feedback not only ensures smoother implementation, but improves the likelihood that tools can be shared, used and adapted for other or future initiatives.
- Piloting implementation and communication tools among small groups of stakeholders helps to fine-tune the program's understanding of the local context in which it works, and test a range of ideas to target audiences effectively.
- The development of effective program tools evolves as they are used throughout implementation. This process should be dynamic and responsive to feedback from end-users, so that program tools can be updated at periodic intervals.
- Advocacy is an ongoing and evolving process too. The need to target new stakeholders, or carry out advocacy activities at a deeper level within stakeholder organizations may emerge throughout program implementation.

PROGRAM IMPLEMENTATION

Once MAM was officially launched, the first phase of the program was piloted so that lessons learned from these sessions could be applied before large-scale implementation began. This proved to be a good strategy - in the midst of implementation the team experienced another unexpected challenge. When the original plans were developed, there were seventeen districts in Ashanti region. However, in late 2008, the Local Government Authority of Ghana re-zoned districts in Ashanti region and the number of districts grew to twenty-seven. This caused additional budgetary challenges as well as a shift in implementation timelines. The team worked swiftly with the sponsor to revise the plans and find the most effective way to deliver the goals and objectives of the program.

COMMUNITY ACTIVITIES

Following advocacy at the national, regional and local level, and in partnership with the district health administration, GSMF selected several local NGOs and CBOs for training. These organizations worked closely with the DHMT to identify and train volunteers from the community, most of whom were already serving as community surveillance volunteers in their districts. Training manuals developed by GSMF and endorsed by the NMCP were used to “train the trainers” in the methods and messages necessary for mobilizing communities against malaria. Over the course of three years, GSMF also experimented with other communication channels to deliver MAM messages to communities, including mass media, community information centers and radio dramas. These broadcasts are designed to capture the attention of the community and raise awareness about malaria, while at the same time avoiding overt lecturing.

Lessons Learned from Community Activities:

Balancing the Need for Freedom to Operate while Ensuring Deliverables are Monitored and Met

Working with CBOs involves the significant challenge of finding the right partner and often requires additional monitoring. The turnover rate of CBOs working in any one community at a time can be high, making it difficult to partner with organizations with a solid record of success. During the pilot phase of the MAM Program’s community activities, several NGOs and CBOs did not deliver on the goals and objectives agreed. The flexibility offered to each organization to adapt their implementation plans was abused, resulting in poor performance. This is an indicator that not all organizations are self-driven and may not perform well without formal guidance on specific metrics that can be tracked to ensure goals are achieved. Time spent upfront establishing measurable milestones that the CBO is required to meet and share with the program helps to identify performance issues earlier and provide an opportunity to address any issues swiftly.

Messaging: Treatment vs. Prevention

At the end of the pilot phase, GSMF conducted a short survey to assess the effect of the community volunteers’ work. On average, about a third of the people interviewed remembered messages about symptom recognition and appropriate treatment, but the majority of people surveyed focused more on prevention messages delivered by the volunteers. Although prevention is and should continue to be a significant component in the fight against malaria, the core message of MAM is about seeking prompt and effective treatment with ACTs.

Delivering the right message at all stages of the program is important to avoid misunderstandings. In the early days and during advocacy, the teams need to define not only what the project is about, but also what it is not about. During implementation, trainers and team members need to be comfortable with the message they are delivering and understand context within which the message is designed to work. For example, when delivering a strong message about malaria treatment, the aim is not to minimize the significance of prevention but to highlight the need for increased awareness of the disease in general, and how to treat it when someone contracts malaria in spite of preventative efforts.

LCS TRAINING

The FHI team developed draft training modules and partnered with the NMCP and other stakeholders to finalize the manual. Although the review process was time consuming, it resulted in quality materials that were embraced by all stakeholders, including local authorities and the LCSs. The training was rolled out as a pilot and based on input from the participants, the manuals and other materials were updated. An adult training format was used for both the trainers and the trainees. Improvements continue to be made to the training manual and additional handout materials such as job aids have been developed as reference guides for the LCSs.

Lessons Learned

Teaching Format

Two day training sessions with adequate time for questions, group work and discussions received positive feedback from the attendees. This format was unlike other trainings that the attendees had experienced and the adult learning methodology was considered by LCSs to be respectful and more effective than being lectured in a classroom setting. A similar adult learning methodology was also developed by GSMF to train NGO/CBO volunteers, where participants in the MAM Program also demonstrated a strong preference for interactive workshop-style training.

Refresher Training

There was a resounding request for yearly refresher training to enable LCSs to continue to develop their businesses and their role within communities. In the current program LCSs receive one training session, which is followed up with site visits to hear about their progress, concerns and help clarify their understanding of materials from the training. The MAM team also attends monthly meetings of LCS Associations. However, with twenty seven districts, attending every monthly meeting proved to be difficult and expensive. Refresher training may be a good way to re-engage or continue to motivate the LCS. Other options for training or refresher courses could be developed through the Regional LCS Association or Pharmacy Council, making LCS training more sustainable in the long term.

Training in Additional Disease Areas

Some of the LCS requested detailed training in other disease areas, such as stomach ailments and sexually transmitted infections (STIs). As well as developing a model for successfully engaging this particular health care provider, MAM has generated further demand for LCS training that can be capitalized upon by other sponsors or agencies, such as local district health offices, the Ghana Health Service, Pharmacy Council, MoH, etc.

Availability of ACTs at Reasonable Pricing

It is critical to understand the external barriers that could derail the impact of a program and identify appropriate steps to mitigate their negative impact. For example, ACTs continue to be expensive as compared to monotherapies or SP. This has been highlighted as an

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on-going issue for quite some time. Recently, Ghana's Central Medical Store made ACTs available to the LCSs at a reasonable price. For reasons unrelated to the MAM Program, the supplies have not been fully accessible to the LCS, which in turn makes it difficult for the LCS to offer reasonably priced ACTs to their customers. A key factor to ensure the success of a program such as MAM is to ensure the easy availability of ACTs at reasonable prices. A lack of affordable ACTs could serve to re-enforce the use of monotherapy, SP, or chloroquine.

Managing Expectations

With the initiation of any project, each stakeholder has particular expectations from the program. When MAM partnered with the LCS Association for example, its expectation was that MAM would train only those LCS who were members of an Association, thereby providing an additional incentive for LCS to join. Given the remit of the program to train as many LCS as possible, the team had to manage the Associations' expectations and clarify the MAM Program's purpose. The team encouraged all the trained LCS to join their district associations if they were not already members, but it was not a requirement for going through MAM training. Monitoring and managing stakeholder expectations from the start will help to avoid conflicts later in the program.

FHI Monitoring Activities: Summary of Feedback from LCSs in Ashanti Region

- Prior to the training did not know that combination therapy was better than monotherapies.
- The incentives (monetary) to attend the training were poor.
- Appreciated the use of local dialect during training.
- The instructors were very good and took time to answer all the questions.
- Arrange training during non-peak business hours for the LCS so that they can return to their shops during peak business hours.
- Provide training for the remaining LCS in all the districts.
- Regional LCS Association is willing to conduct post-training monitoring provided MAM team can arrange transportation.
- ACT supply is a problem.
- To ensure long-term sustainability, MAM should employ a team from the Regional LCS Association to continue training or offer refresher courses.
- Many of the LCS saw an increase in their overall income post-training. This was directly attributed to the LCS taking time to question the patients about their symptoms and in some cases, successful treatment of patients using ACTs. This had the effect of increasing customer confidence in LCSs, which spread by word of mouth throughout their communities to bring more business their way.



Photo courtesy of Mark Tuschman and Pfizer's Mobilize Against Malaria Program

Key Lessons Learned from Community and LCS Activities

- Additional monitoring may be required when working with CBOs. Setting clear deliverables from the start and ensuring that CBOs track and report back on their progress helps to flag up any performance issues early on.
- When training community-based volunteers, it is important to define how the program and its core message both fits in with and differs from other work in the same area.
- Interactive workshop-style training is often better received than classroom-style training for adults.
- Training participants successfully in a one area can lead to an increased demand for further training in other areas - an opportunity that can be shared with other sponsors and stakeholders for further support, development or incorporation into future programs.
- Unforeseen or external factors beyond the control of the program can hinder success at implementation stage – these valuable lessons may be relevant to a broad range of stakeholders to feed into other programs or sectors.
- It is important to monitor and manage the expectations of stakeholders as the program progresses to ensure continued buy-in and support for the overall program goals.

SPONSOR'S INVOLVEMENT

In the early planning stages of the MAM Program, local representatives from Pfizer worked closely with the MAM Ghana team. This involvement helped refine the management structure of MAM Ghana but at times, the sponsor's enthusiasm was seen as micromanagement and dealt with passively. Once the planning phase was near completion and implementation about to start, Pfizer took a step back from program management to allow the partners to continue their work. Overall, the general impression was that the sponsor's management style fostered trust in the partners and encouraged innovation.

Depending on the complexity of the project, varying levels of sponsor oversight may be needed. Candid conversations at the beginning of the collaboration are important to set the right tone for all parties involved. In some cases, assigning a dedicated person locally to work in partnership with the implementers and M&E group can be very productive. Pfizer's approach of sending Global Health Fellows (skilled volunteers selected from Pfizer's international workforce) to work with partner organizations for six month assignments has been very effective. Orienting parties who are external to the program in advance of their assignment (progress, challenges, etc.), and empowering them to speak on behalf of the sponsor when appropriate, is crucial to building stronger ties in-country.

MONITORING AND EVALUATION

Soon after the project was awarded to FHI/GSMF, Pfizer engaged the London School of Hygiene and Tropical Medicine (LSHTM) and a national partner, Health Partners Ghana (HPG), as the Monitoring and Evaluation Group. As an independent third party, HPG was assigned M&E responsibility for the Ghana program, which would feed into the work of LSHTM to assess the overall performance of the MAM Program in all three countries (Ghana, Kenya and Senegal). The role of HPG is to focus on the overall impact of the program in Ghana, while FHI and GSMF focus on monitoring the implementation of activities so that the implementation strategy can be corrected as needed.

FHI M&E

Following training, the FHI team partnered with the District LCS Chairman and Secretary to collect monthly records from LCSs. This process ensures that the MAM team can gather all the data from the districts in a timely manner and conduct overall analysis. The FHI team also conducts periodic mystery client interviews to help validate the data received from the trained LCS.

GSMF M&E

GSMF followed up initial formative research with additional surveys to assess the effect of community mobilization efforts, particularly the work of community volunteers. The survey results were used to inform further strategies to ensure the right message was being delivered to the community. They also served as a means to assess the breadth of coverage achieved by the volunteers in their communities.

HPG M&E

HPG conducts monitoring visits with LCSs on a quarterly basis to assess if they are dispensing more ACTs and whether their practices have changed etc. Additionally, HPG conduct annual LCS surveys and household surveys, one at baseline and another in the final year of the project. Data gathered from these M&E activities in Ghana will be collated with those from Kenya and Senegal to determine the overall impact of Mobilize Against Malaria program in Ghana, Kenya and Senegal.

Lessons Learned

M&E Partner Selection

Independent and external evaluation of the program through nationally-based organizations with cultural awareness and experience is very helpful. Cultural knowledge and competence is important when designing surveys for use in communities, and can ensure the team is able to properly assess program impact.

Balancing Local M&E output with Global M&E output

One of the major challenges early in the program stemmed from a disconnect between the timing of M&E data collection versus implementation timelines. FHI and GSMF were expecting HPG to provide baseline data that would provide the formative research necessary to feed into implementation planning. HPG meanwhile, was working closely with LSHTM to align their plans with the global M&E objectives set by LSHTM and Pfizer. Alignment of the local needs with global objectives proved to be very challenging. Following extensive discussions, this issue was resolved between partners and with the involvement of the sponsor. Since M&E can be a powerful driver in ensuring the overall success of a program, this experience demonstrates the need for an open dialog with all partners early in the program, to discuss anticipated local and global M&E needs, and build consensus on the priorities, timelines and responsibilities of each partner. Maintaining the independence of the evaluation partners throughout this process is also key.

Community M&E

Frequent surveys and feedback from the communities is critical to assess a program's immediate effectiveness and helps fine-tune implementation. Sufficient time and resources should be allocated to monitoring activities, which are less effective if they cannot be carried out regularly and at repeated intervals throughout the program. The relatively short duration of both MAM training and M&E activities resulted in some loss of continuity.

Involving Stakeholders in M&E

In some districts, the MAM team partnered with the local LCS Association Chairman or Secretary to assist in gathering data from LCSs. Involving stakeholders in the implementation of the program as it evolved was not only of operational benefit to the MAM team, it also helped to maintain the support of local stakeholders. Opportunities to partner with district and association leaders should be actively pursued, with a view to the long-term sustainability of the program.

Information Sharing

Given that all MAM partners are involved in M&E activities at some level, transparency with respect to the development of survey tools and the collection or analysis of data is an important facet of the program. However, due to time pressures or other practical oversights, it is not uncommon to find teams engaged in their own M&E efforts without sharing their plans or activities with the other partners. In some cases, because the teams are working to very different aims, seeking input on M&E plans and sharing data with other partners may not be seen as necessary. Furthermore, there may be reluctance in partnering on survey tool development and sharing early findings when one of the partners in question is the independent evaluator of overall program implementation.

In reality, understanding the challenges faced by the implementation team can guide M&E teams to develop appropriate tools that draw out the right kind of data from a broad range of information. Working with the implementation partners also helps the M&E partners better understand and assess any deviations or modifications that were made to the original implementation plan. This process can be managed so that the M&E team remains in ultimate control of survey tools and maintains independence. At the end of the day, M&E should be as much about feeding back into program implementation to make timely and effective modifications as it is about measuring program impact.

Lessons Learned from Monitoring and Evaluation

- Independent and external evaluation of the program through local organizations with cultural awareness and experience is very helpful to the program.
- When working with multiple M&E partners at different levels, additional efforts should be made to manage the alignment between local needs and global objectives. Open dialog with all partners early in the program builds consensus on the priorities, timelines and responsibilities of each partner.
- Frequent feedback from the communities is critical to assess a program's immediate effectiveness and help to fine-tune implementation.
- Opportunities to partner with district and association leaders should be actively pursued, with a view to the long-term sustainability of the program.
- Establishing transparency and the exchange of information between all partners, including between M&E and implementation partners, is an essential condition for ensuring that lessons learned from implementation activities feed into M&E frameworks and vice versa.



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MAM raised the status of LCS and gained them recognition as part of the health care system. The potential role of LCSs in providing health care to communities has been shown to be greater than that traditionally recognized by the Ministry of Health, Ghana Health Services and other governmental organizations. Through the impact of MAM training, there is stronger experience to show how the private sector can be used as a channel to deliver and improve health care services in communities.

The MAM Program has trained over 1,100; LCSs in the Ashanti Region, representing 46% of the registered LCS in the region. The percent of LCSs trained within the 27 districts ranges from 22% to 97% with a median coverage of 54%⁹.

Developing Knowledge and Skills Beyond Symptoms and Towards Referrals

Through advocacy at regional and district levels, the MAM Program promoted the enhanced capacity of LCSs to recognize and refer cases of severe malaria to the nearest health facility. MAM successfully negotiated with district health care centers and hospitals in the Ashanti Region to ensure the official acceptance of LCS referral forms. According to FHI/GSMF reports over 600 cases of severe malaria were referred by trained LCSs in 2009¹⁰. Training LCSs to pay particular attention to the risks of malaria during pregnancy increased the number of pregnant women referred to local health facilities for Intermittent Preventive Treatment (IPT). Over 1,100 pregnant women were referred by trained LCSs in 2009¹¹.

Capturing Valuable Data

The MAM Program recognized LCSs as a valuable source of community-level data on malaria. Record keeping remains a difficult aspect of working with LCSs, both in terms of training and motivating LCSs to keep records, and coordinating their integration into district-level monitoring activities. However, MAM training has resulted in a larger number of LCSs maintaining records of malaria cases and the drugs that they dispense.

Prior to MAM, there was little cooperation between LCSs and the DHMT and the data reported by districts to regional- and national-level health authorities was limited to information captured by district health centers or hospitals. The MAM Program lobbied for the increased participation of LCSs in local and district health management networks and helped to facilitate the integration of their records into the district health reporting systems. By piloting methods to record and gather this previously inaccessible data, MAM has demonstrated how crucial information from LCSs can contribute to a better understanding of the malaria burden as it is managed at community level.

Supporting Community and LCS Representation

The MAM Program worked to secure a high level of ownership and engagement amongst stakeholders. For example, it included local health administrators in selecting NGO, CBO and volunteer partners and secured the participation of District Health Officials during LCS training and monthly Association meetings. MAM was also a catalyst for the expansion of DHMT Steering Committee Meetings to include representatives from the MAM Program's network of LCSs, local NGOs and community volunteers. This encouraged 'cross-talk' on all aspects of malaria from different sectors, fostering communication between the public and private health sectors and allowing the government to tap into information from the private sector that was not readily accessible in the past. The continuation and strengthening of this relationship maintains buy-in from district officials and will contribute to the long-term sustainability of the MAM Program implementation model and its use beyond malaria in other disease areas.

ACT Supply

At the onset of the MAM Program, the Ghana government was already in advanced discussions regarding the de-classification of ACTs for over-the-counter use. Several MAM partners were engaged in these discussions and lobbied in support of de-classification. With strong support from the NMCP, ACT declassification made it feasible for LCSs to store and dispense ACTs.

⁹FHI/GSMF MAM program Year End Report 2010

¹⁰FHI/GSMF MAM program Year End Report 2010

¹¹FHI/GSMF MAM program Year End Report 2010

PROGRAM SUCCESS

Advocating for Access to ACTs

The MAM team advocated for the increased availability of ACTs at affordable prices so that supplies can reach front-line community providers such as LCSs. MAM advocacy efforts contributed directly to the establishment of a national LCS supply chain from the MoH Central Medical Store to the LCS. The MAM team's strategic advocacy and support for broader policy changes around the supply of ACTs was crucial to increase the number of MAM-trained LCSs who were able to stock ACTs. Through both its advocacy and implementation therefore, MAM has served to demonstrate that supply chains between the public and private sector are viable. The MAM Program's success as a pilot project investing in promising models for the effective delivery of ACTs provided valuable evidence and experience for the NMCP, and has fed into the implementation of further programs in Ghana, such as AMFm.

Shared Resources for Current and Future Use

The MAM Program fostered a highly successful partnership with the NMCP so that CBO and LCS training modules could be closely aligned with other national malaria initiatives. These materials are in use as shared resources by both the NMCP and MAM Partners for other initiative such as AMFm.



Photo courtesy of Mark Tuschman and Pfizer's Mobilize Against Malaria Program

LESSONS LEARNED

FORMING PARTNERSHIPS:

- SWOT analysis helps assess capabilities
- Partnerships should bring together complementary skills
- Consider partners with long-term strengths as well as initial technical expertise
- Strong leaders are needed to mitigate issues that could undermine the partnership
- Agree on the terms of engagement at proposal stage
- Organizational affiliations sometimes need to be put aside

PROJECT PLANNING AND INITIATION PHASE:

- Include both implementation and M&E partners
- Formative research is an advantage even during initiation
- Think carefully before making major changes to program objectives
- Budget cuts should be accompanied by a renegotiation of priorities with all partners

IDENTIFYING AND ENGAGING STAKEHOLDERS:

- Engaging stakeholders accelerates implementation
- A combination of both group advocacy and targeted advocacy is necessary
- Stakeholder engagement should continue throughout the duration of the program
- New areas for advocacy may emerge throughout program implementation

DEVELOPING EFFECTIVE PROGRAM TOOLS:

- Stakeholders are valuable partners in reviewing program tools
- Pilot program tools among small groups of stakeholders
- The development of effective program tools should be dynamic and responsive to feedback from end-users

COMMUNITY AND LCS ACTIVITIES:

- Additional monitoring may be required when working with CBOs
- Define core messages carefully and monitor communities' understanding
- Interactive training is more effective than classroom-style training for adults
- Training participants successfully in a one area can lead to an increased demand for further training in other areas
- Monitor and manage the expectations of stakeholders as the program progresses

MONITORING AND EVALUATION:

- Local organizations can be good independent and external evaluators
- The alignment between local and global M&E objectives should be managed carefully
- Frequent feedback from communities assists the program's immediate effectiveness and implementation.
- Building partnerships with local stakeholders enhances sustainability
- Transparency and exchange is necessary between M&E and implementation partners

OUTCOMES

LCS capacity enhanced to include recognition of malaria, recommendation of ACTs, and recognition/referral of severe malaria and pregnant women to health facilities.

DHMTs successfully lobbied to incorporate LCSs into the local health care system, ensuring acceptance of LCS referral forms by health workers at clinics and hospitals.

LCS identified as a previously inaccessible source of health data at community level. Pilot training demonstrates LCSs capable of maintaining records of putative malaria cases and drugs dispensed.

Cooperation established between LCSs and the DHMT to facilitate the integration of LCS records into district health reporting systems.

Expansion of DHMT Steering Committees and meetings to include representatives from MAM network of LCSs, NGOs and community volunteers.

High level of ownership and engagement secured amongst and between different stakeholders.

Program tools developed in line with other national initiatives through partnership with NMCP.

Sustainability of program tools improved by shared development and ownership between MAM partners and NMCP.

Broader advocacy for access to ACTs contributes to establishment of supply chain between public and private sector, from the MoH Central Medical Store to LCSs.

Valuable evidence and experience generated for both partners and stakeholders, feeding into implementation of further programs such as AMFm.



Photo courtesy of Mark Tuschman and Pfizer's Mobilize Against Malaria Program

