TIM AFRICA AID GHANA ANNUAL REPORT 2023-2024

ACKNOWLEDGEMENT

This work would not be possible without the financial and technical support of the **NATIONAL MALARIA ELIMINATION PROGRAMME AND SEKYERE SOUTH DISTRICT HEALTH DIRECTORATE** to undertake **Community Level Social and Behavioral Change Communication activities on malaria prevention and elimination** in three sub-districts in Sekyere South District. We want to express our sincere gratitude to donors such as the global fund project National Malaria Elimination Programme and Ghana Health Service for supporting implementation throughout the project period. Without your support and guidance, this project would not have been successful.

We also wish to express our sincere gratitude to Mr. Daniel Yeboah (District Health Director), Mr. Agyemang Omari Duah (Malaria Focal Person), the health directorate team, Sub-district heads, and CBSVs for their enthusiasm, helpful information, insightful comments, support, and hard work in making this project successful.

We are very appreciative and wish to express our sincere gratitude to all individuals and groups who presented useful comments and diverse ways of making this project a fruitful one.

We wish to congratulate the entire team of Tim Africa Aid Ghana, DHMT, and CBSV on your effort in the fight against malaria.

Thanks for your support and contribution to the fight against malaria in the Sekyere South District.

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Introduction

Tim Africa Aid Ghana (TAAG), a Non-Governmental Organization, has been awarded a contract by the National Malaria Elimination Programme in collaboration with Ghana Health Service to undertake **Community Level Social and Behavioral Change Communication activities on Malaria Prevention and Elimination** in the Sekyere South District from April to September 2024 for Sixty-Three Thousand Two Hundred Ghana Cedis (GH¢ 63,200.00). The project is to be implemented in 15 communities in the three Sub-Districts of the Sekyere South District of the Ashanti Region. This report covers activities carried out in the Months of April-September, 2024

Executive Summary

The project is been implemented in Sekyere South District in three Sub-districts namely Jamasi Wiamoase and Agona of which 15 communities were selected for implementation. TAAG and the District Health Management Team (DHMT) considered IPTp uptake in the selection of subdistricts, and communities. Those sub-districts selected had a low patronage of IPTp uptake according to District Health Directorate. TAAG intervention is to sensitize communities on Malaria Behavior Change Communication and the sustainability of the project. CBSVs and Opinion Leader's capacity was built on lasting behavior change communication and malaria sensitization. To achieve maximum results, the project was to be implemented in malaria-prone communities in the district. The key activities are the DHMT consultative meeting and selection of Community-Based Surveillance Volunteers (CBSVs), Selecting and training 30 CBSVs and 20 Opinion Leaders, conducting community durbars, information, education and communication sessions in churches, mosques, town halls, mobile van announcement, community information centers/radio, videos show, quarterly review meeting with CBSV's and the DHMT, Conduct house to house sensitization activities, Identify, sensitize and Follow up on pregnant women and Monitoring, Supervision & Evaluation in the selected communities.

National Malaria Elimination Strategic Plan: 2024-2028

1. To ensure 100% of the population has adequate knowledge, attitudes, practices and requisite skills for malaria elimination by 2028.
2. To ensure 100% of the population use at least one malaria preventive measure.
3. To ensure that 100 % of suspected malaria cases are tested by 2028.
4. To ensure that 100% of confirmed malaria cases are appropriately, effectively, and completely treated by 2028.

It's expected that by the end of the project TAAG will;

- Selected 15 communities, 30 CBSVs, and 20 opinion leaders in consultation with the DHMT
- Organized a day training workshop on malaria interventions for 30 CBSVs and 20 opinion leaders.
- Organized one (1) community durbar on malaria interventions in the 15 communities.
- Carried out house-to-house and group sensitization visits in all 15 communities with malaria intervention messages
- Identified pregnant women within the communities and follow up on IPTp uptake
- Organized malaria educational talks, and sensitization activities in 10 schools, 5 churches, and 5 mosques on a rotational basis and town hall meetings
- Organized at least 6 Mobile Van announcements and film shows in the selected communities in a rotational basis
- Organized 6 sensitization activities on malaria in the selected communities through community radio and information centers.
- Conducted review meetings with 30 CBSVs in the quarters
- Conducted monitoring and supervision and evaluated activities in all 15 communities **Activity I: DHMT Consultation and Selection of Sub-Districts, CBSV, Opinion Leaders, and Communities. We consult and select sub-districts, Community-Based Surveillance Volunteers (CBSVs), opinion leaders, and communities**

Objectives

1. To determine which sub-districts and communities are most in need of intervention based on malaria.

2. To ensure meaningful participation of all stakeholders, including CBSVs, opinion leaders, and community members.
3. To train CBSVs and opinion leaders to effectively monitor, report, and manage malaria issues within their communities through training and resources.

On the 22nd of March, 2024, Mr. Isaac Kwabena Kakpeibe (Executive Director of Tim Africa Aid Ghana) briefed the DHMT on the continuation of the implementation of the NMEP project in the district. With the help of DHMT, 15 communities were selected from three sub-districts (Agona, Jamasi, and Wiamoase).

Mr. Daniel Yeboah, the District Health Director assured the team of their support for the project implementation in the district. The district director urged Mr. Agyemang Omari (Malaria Focal Person) the select 20 Opinion Leaders and 30 CBSVs from three sub-districts based on past experience, commitment to community work, and willingness to move the project to the next level.

Key Issues discussed/Matters arising

- Seek collaboration with the District Health Directorate in the implementation
- Help in the selection of 30 CBSVs and 15 communities to implement the activities
- Selection of 20 Opinion leaders from 15 communities with low IPTP

Outcome

- District director and the team arranged to select the 30 Community-Based Surveillance Volunteers (CBSVs from the 15 selected communities
- Also arranged to select the 20 opinion leaders from the selected communities.
- Selected three (3) sub-districts and communities to implement the community-level sensitization on malaria prevention. The sub-districts are Agona, Wiamoase, and Jamasi.

<u>Activity II</u>: Capacity Building for Community-Based Surveillance Volunteers (CBSVs) and Opinion Leaders

A day training workshop was held in session for 20 Opinion Leaders and 30 Community-Based Surveillance Volunteers (CBSVs) from three sub-districts. The opinion leaders and CBSVs were to build their knowledge on relevant information on malaria elimination, and components of the activity, and assign specific roles in the elimination of malaria to improve uptake of IPTP (SP).

<u>Training workshop Objectives:</u>

- To train 30 CBSVs and 20 Opinion Leaders to administer malaria elimination messages
- To collaborate and conduct education on malaria elimination in the community and roles.
- To train 30 CBSVs on how to use data collection tools in the field
- To encourage pregnant women to attend the Anti-Natal Clinic (ANC) regularly for IPTP – with the uptake of Sulfadoxine-Pyrimethamine (SP).
- To promote the Test-Treat-Track approach in the three sub-districts ▪ To promote the usage of ACT for malaria treatment.
- To encourage the nightly utilization of LLIN among pregnant women and children under 10 years.

METHODOLOGY

Preparatory Stage

Follow-ups were made through phone calls and messages to keep them updated. The Malaria Focal Person invites the 30 CBSVs and 20 Opinion Leaders from selected communities.

On the 5th of April, 2024, the CBSVs and Opinion Leaders engagement meeting was organized in 3 sub-districts, and invited participants were present to improve their knowledge of malaria elimination message and pregnant women identification and follow of IPTP to use to educate the community members in the selected communities. The meeting took place inside the conference room of the district hospital – Agona.

Medium of Language

The medium of communication during the engagement was a blended English and Twi which participants could relate and this facilitated a great contribution and discussion.

Participants:

At the selection of 30 CBSVs and 20 Opinion Leader's engagement meetings, there were 50 in all. Of the number of participants, 36 (72%), were men, while 14(28%) of the participants were women. The participants are 15 (30%) of opinion leaders attended and 25 (50%) of CBSVs attended.

Highlight of proceedings

The staff of TAAG together in collaboration with DHMT facilitated the training workshop. After the registration, an opening prayer was said by Asare Bediako (CBSV-Dome). The participants did the introduction by their names, communities, and positions.

Mr. Isaac Kwabena Kakpeibe (Executive Director –TAAG) thanks the CBSVs and opinion leaders for honoring the invitation to attend the training workshop. He briefed the participants on funders such as the National Malaria Elimination Programme in collaboration with Ghana Health Service to implement this project in the district. He urged the continuation of the project and needed the same hardworking spirit to make the year's
project successful. He urged the CBSVs to spread the key messages to their people to prevent themselves from malaria and encourage pregnant women to go to ANC to take SP to prevent unborns from malaria. He also briefed them on the responsibilities of the opinion leader to assist the CBSVs in community activities. He mentioned that especially the use of LLIN to do farm activities must stop. He also tasked participants that all suspected malaria cases must be tested, treated, and tracked, and elimination of malaria by the end of 2028 as per the policy of NMEP. He also mentioned the key components of the activity such as House to house sensitization, Community durbar, review meetings, monitoring and supervision, rotational basis on churches, mosques, and schools, CIC/radio, and Mobile Van Announcements

The representative from the directorate represents the District Director of Health thanks the

CBSVs for their good work and continues working hard to disseminate malaria messages to increase the uptake of SP and malaria elimination. He entreated the participants to do well educate the population to sleep under LLIN but not to use it for fencing or other activities. He said the unborn babies are future generations so we should encourage pregnant women to take SP to protect them and their unborn babies from malaria. He urged the CBSVs and opinion leaders to take the lesson seriously and able to spread the message to community members.

Mr. Asore Joseph (Health Promotion Officer) took over taking the participants through community mobilization and advocacy for malaria elimination. He explained the community mobilization to the participants. He mentioned involves identifying a problem, and strategies, and proposing specific actions and solutions to influence decision-making that creates positive change for people and their environment. It is a process where individuals, groups, and communities take responsibility for their well-being, then decide to be involved and contribute to finding solutions

Mr. Agyemang Omari (Malaria Focal Person) urged the CBSVs and opinion leaders should continue working hard to prevent malaria death, reduce malaria cases, and increase the uptake of IPTP at the centers. The main goal of NMEP was the strategic plan to eliminate malaria by the end of 2028. He further advised the participants to seek to reduce the burden of Malaria by changing people's behavior towards these project activities. However, underlined the malaria elimination activities, key Behaviour Change Communication messages, and the strategies that will be employed in the project. **He presents the following index; Introduction, objectives, Priorities, and key messages.**

<u>Preventive Interventions</u> such as LLINs/ ITNs Usage, Intermittent Preventive Therapy in Pregnancy (IPTP), Indoor Residual Spraying, Larvicide and Environment Management, Seasonal Chemoprevention,

<u>Case Management</u> Such as Scope of Case Management, Malaria Drug, Malaria in Pregnancy, Community Management of Malaria, and Test, Track, and Treat.

Mr. Abdul Fatao the Monitoring and Evaluation officer of Tim Africa Aid Ghana took the participants through reporting requirements & data collection tools SBC Form (SBC activities form) and Pregnant Women Registration and Follow-up Forms (PWR Form). He said NMEP has redesigned the reporting form to use at the community level. He also took the CBSVs through the key messages for malaria prevention:

- Environmental Management
- LLIN Usage

- To promote the usage of ACT for malaria treatment, seek early treatment, and promote the Test-Treat-Track, adherence to the test result, and compliance to treatment. o Identification of Pregnant women and Follow-up on pregnant women on IPTP

He distributed the data collection tools to CBSVs to practice so that it would be easier for them to use in their various communities. Lastly, data collection booklets were distributed to CBSVs to be used in various communities.

Key issues discussed/Matters arising (Contributions, Questions, and Clarifications Session)

- Mr. Adams Abdul-Karim (Sikafoamantem-Agona) came out that it takes a longer period for Zoom Lion to come in for the filled dust bin in his community. Mr. Agyemang advised him to consult assembly members or unit committee members.
- Mr. Owusu Yeboah (Jamasi) also suggested that all the expired mosquito nets should be collected from people and destroyed instead of used to do fencing and other activities. This suggestion will prevent people from using the net to do other activities.

- Mr. Asare Bediako (Dome-Jamasi) also contributed that in his community he has identified such people who use the nets for fencing in the previous mass distribution of nets. He enlightens them that they will not be given the LLIN. Mr. Isaac K. Kakpeibe also added that the CBSVs should not drink alcohol when going to do an activity or education. He further mentioned that the CBSVs should desist from politics.

- Adu Lawrence (Jamasi Central) suggested that the colleagues should educate the community members to dig holes in their homes so that their waste cans and rubbish can be buried in the hole.

- Madam Theresah Boateng (Jamasi) also mentioned that in the previous year 2023, there was a shortage of IPTP in the facilities so the directorate should supply facilities with the IPTP. This will make the work easier for them when pregnant women visit facilities and get the SP.

- Mr. Asare Bediako (Dome-Jamasi) pleaded that they have done this education for a long time, so he requested that NMEP provide them with bicycles to far distant areas.

Workshop Outcome

i. 25 CBSVs knowledge has increased on Community Level Social and Behavioral Change Communication activities on malaria prevention and elimination.
ii. 25 CBSVs were deployed to various communities to start work on Community Level Social and Behavioral Change Communication activities on malaria prevention and elimination
iii. 15 Opinion leaders' knowledge has increased on working together with CBSV's and Community Level Social and Behavioral Change Communication activities iv. 4

DHD teams and 2 TAAG staff attended the training to build capacity for CBSVs and Opinion Leaders

Challenges and suggestions from participants ○ The main challenge was that we could not reach the expected number of both CBSV's and Opinion leaders for the training season. Those CBSVs who were not able to attend were given a day to brief them to start the community programs.

Recommendations

It is recommended that transportation refunds for CBSVs and Opinion leaders are inadequate for participants from far distances. Subsequent activities were planned to be implemented at the sub-district level, especially review meetings.

<u>Activity III</u>: Undertake Community Level Sensitization on SBC activities within the period

In collaboration with the Malaria Focal Person, Community Health Workers, Opinion Leaders and CBSVs to disseminate the project messages to community members to eliminate malaria and encourage pregnant women to attend ANC regularly to take SP doses.

The SBC strategies can be broken into two broad approaches.

- Mobile Van announcements, Community Information Center, and Radio Programmes

- Sensitizations in faith-based institutions and sensitization activities in educational institutions. Eg schools and community durbar.

Objectives

i. To promote LLIN usage and environment management
ii. To encourage pregnant women to attend ANC regularly for Sulfadoxine- Pyrimethamine (SP)
iii. To promote Test, Confirm, and Treatment approaches in the community
iv. To encourage community members to use ACT to treat malaria.

TAAG team in collaboration with Malaria Focal Person conducted mobile van announcements, durbars, and sensitization meetings in churches, mosques, town halls, community information centers/radio education, and house-to-house education in our target communities. Community information centers/radio education was conducted in some selected communities to disseminate malaria messages which include; uptake of SP by pregnant women, the usage of LLINs, tests, confirmation, and treatment.

Key issues discussed;

1. Importance of IPTp during pregnancy
2. The CBSV's visiting and encouraging pregnant women to attend ANC for IPTp.
3. Importance of sleeping under LLINs during pregnancy and after delivery.
4. Report to health facilities for malaria testing, confirmation, and treatment intervention.
5. The community members use ACT to treat malaria and for environmental management

Community Durbar (Community Level Sensitization and Follow-up)

Community durbar was organized in the Sofialine -Wiamoase Sub-districts for malaria prevention and increased demand for IPTP. On 28th June, 2024 a durbar was organized at Sofialine.

METHODOLOGY

Preparatory Stage

A week before the event, the M & E Officer, Focal Person, and Volunteers scheduled a meeting day and time to conduct the community durbar.

Medium of Language

The medium of communication during the engagement was a blended English and Twi which participants could relate and this facilitated a great contribution to and discussion.

Venue: Sofialine at the school compound

Methods Used

The community engagement meeting deployed both teacher-centered and interactive styles because the speakers made sure that information was not only shared but also recognized and comprehended by the attendees. Everyone could relate to the language, which allowed the participants the confidence to seek clarification and effectively participate in the program.

Dignitaries:

Mr. Dauda Obenpe – SMC

Sule Ayaaba - Assemblyman

Ibrahim Ayamba - Chairman

Mustapha Ibrahim - Unit Committee

Highlight of proceedings

Opening prayer said by Sofialine Imam and introduction of dignitaries, TAAG staff, and DHD. Welcome address said Mr. Isaac Kwabena Kakpeibe (Executive Director of Tim Africa Aid Ghana) started thanking the participants for attending the programme. He mentioned the funder of the project -NMEP and collaborators – the District Health Directorate o[redacted]the implementation of the project in the district. He also mentioned the importance and effect of sleeping LLIN and the importance for pregnant women attending ANC to take IPTP. He further urged participants that when they experience signs and symptoms in their body they should go to the hospital for testing and treatment. They should take all the medicines given to them at the hospital and not stay outside for a longer period. He urged community members to stop using nets for fencing, dry cocoa beans, and other activities. Added that the community members should go for free screening that sugar level, checking BP, weight and others was part of the activity. The project team was able to move some nurses into the community to provide free screening services to the community members.

Portia Manu Owusu (Clinical Health Nurse) and Asore Joseph (Health Promotion Officer) took them through the key messages and began by asking about their previous knowledge of malaria, and some of the participants had fair ideas on malaria and its elimination. She explained the deadly effects of malaria in pregnancy such as anemia in pregnancy, stillbirths, IUGR, bleeding, etc. She stated that some of the ways to prevent malaria in pregnancy include; seeking early treatment to be tested, treated, and track all malaria cases. Adhering to the IPTp regime, wearing protective clothing during the night prevents the bite of mosquitoes. Covering and clearing of gutters, empty cans, etc. She also explained the essence of the CBSVs in the various communities and the role they play in malaria prevention and other health-related issues. Mr. Asore Joseph also took them through the current pandemic affecting children called cancer. He further mentioned that Ghana Health Service finished registering LLIN distribution nationwide. They should make sure that all of them are registered to get LLIN and distribution starts in the following month that is July. He urged community members to stop using the net for fencing, dry cocoa beans, and other activities

Key issues discussed /Matters arising (Questions, Suggestions and Contributions) ○ Mr. Jocob Norman Bugri (CBSV -Sofialine) asked that he be part of the registration but the number of days is not enough for the registration and more people are not registered. Mr. Asore Joseph answered that days are scheduled from the national not from the district level.

- Mallam Ibrahim Ayamba (resident) asked that the population of the community has increased so they need chip compound in the community. Mr. Asore Joseph added that the health directorate already has a plan to build the chip in the communities.
- Mr. Sule Ayaaba contributed that the person using the net for fencing, and dry cocoa beans should be arrested and prosecuted. He complained that current nets are harder than the previous nets. Mr. Asore Joseph explained the difference and the usage of the LLIN and the life cycle of the LLIN.
- Mr. Appau Edward also contributed that husbands should help their wives when they become pregnant and advise them to go for the IPTP at Salvation or SDA hospital in Wiamoase.
- Musah Mohammed contributed that the community members should take sanitation and environmental cleanliness seriously in their various homes.

A vote of thanks was said by Appau Edward (CBSV -Tutu). Closing prayer said by Appau Edward.

Challenges

The meeting was delayed as scheduled due to some of the community members from far distance

Outcome.

- 85 of the community members' knowledge increased with malaria prevention and elimination
- Free health screening for community members knowledge enhanced.

COMMUNITY-LEVEL SENSITIZATION AT SCHOOLS, MOSQUES, CHURCHES ETC

TAAG in collaboration with community nurses has carried out community-level social and behavior change communication activities on malaria prevention and elimination in churches, mosques, schools, town halls, and others in the selected communities. The topics are based on the project objectives and key messages from NMEP. Mr. Isaac K. Kakpeibe, Nurses, M & E officer, and CBSVs often educate the people that malaria is a very dangerous disease and if not treated early could lead to a lot of complications. They mentioned some of the complications such as brain damage, red blood cells resulting in anemia etc. They entreated the populace to always sleep under the LLIN nets distributed to them.

Community Health Nurses, CBSVs, and staff of Tim Africa Aid Ghana educate people that the best way of preventing mosquito bites at night is to sleep under LLINs. The parents are to sleep under LLINs to prevent malaria. We advised the people to adopt the Test, Confirm, and Treat approach for malaria in the health facilities. Students were advised to take the appropriate anti-malaria drugs to treat malaria as Artemisinin-based combined Therapy such as Artesunate and Amodiaquine, Artemeter Lumenfantrin, etc We mentioned the effects of Malaria in children. The number one killer of children under 5 years of age, the cause of absenteeism in school children, it affects the brain & mental alertness and it also causes death. We, therefore, advised them to advocate for the creation of malaria awareness and prevention in their communities, especially their homes.

Key issues discussed/Matters arising (Contribution, Suggestion and Questions)

- A teacher asked that some of the community members collect two or three nets even more in their rooms without using them. And every mass distribution they used to collect nets.
- Kofi Achempong from Akrofoso asked why some people do not clean their compound and what should they do to those people.
- Atuahene Michael (Sikafoamatem -Assemblyman) asked community members who had bought the land to build houses left without weeding land as a result produced mosquitoes in their area.

The headmasters of the schools and other pastors and imams thank Tim Africa Aid Ghana and Ghana Health Service for bringing such an educative program to their premises. The presentation was successful, as participants participated with zeal.

Community Information Centres (CIC), Mobil Van Announcements and Radio activities

From April to September 2024, TAAG and Ghana Health Service conducted CIC and radio (Osrantee FM 92.3) activities on Creating Demand for SP by pregnant women on Malaria prevention during pregnancy. They are also to educate the family members on malaria prevention. These were conducted in three subdistricts namely; Wiamoase, Agona, and Jamasi. This was followed up by social

mobilization to create awareness of malaria in pregnancy and malaria in general. Recorded Audio on malaria was used by the CIC and mobile van mobilization operator to educate the

population about malaria prevention and treatment. The programs were interactive allowing the audience to participate by call-ins and receiving instant reactions

The social mobilization activities in the three subdistricts started in April 2024. We started with the Agona sub-district where a jingle on malaria prevention was used by the mobile van to promote malaria education. The information center education in addition to mobile van announcements in some selected communities was used.

The activities were undertaken by Mr. Agyeman Omani (MFP), Abdul Fatao - Staff of Tim Africa Aid Ghana, and Community Health Nurses in the 3 Sub-districts. Here again, before the session commences the team puts in a puzzle to catch the attention of the mass in the community before the actual message delivery. We sensitized and rotated in each community for Malaria prevention and elimination.

After the mobile van mobilization, the TAAG team in collaboration with health staff like community health nurses was deployed to some communities to do health talks in the information centers and churches, and mosques in the three sub-districts in the Sekyere South District. These were strategies to intensify community mobilization in other to assist in the elimination of malaria especially among pregnant women and children under five (5) years.

Key issues discussed

Currently, the recommended drug for intermittent preventive treatment is sulfadoxine– pyrimethamine. It is an intermittent preventive treatment.

It is safe for use during pregnancy, effective in women of reproductive age, and can be delivered as a single dose under observation by a health worker

Malaria infection during pregnancy can have serious consequences for both the pregnant person and the fetus. To mitigate the risk, intermittent preventive treatment with sulfadoxinepyrimethamine (IPTp-SP) is recommended. Here is why it matters:

Reducing maternal anemia. IPTp-SP helps prevent severe maternal anemia, which can occur due to malaria infection during pregnancy.
Preventing placental malaria: Placental malaria infection can lead to adverse outcomes. IPTpSP reduces the risk of placental malaria, benefiting both the mother and the baby.

Improving birth weight. Low infant birth weight can be associated with malaria in pregnancy. IPTp-SP contributes to better birth outcomes by reducing this risk.

In malaria endemic areas, pregnant women should start IPTp-SP dosing in the second trimester and receive at least three doses, spaced at least one month apart

Pregnant women should continue with other malaria interventions like sleeping under a longlasting insecticide-treated net.

Schedule showing how mobile van announcement was done as in communities

Date	**Communities**	**Time**	**Period**	**Person Responsible**
01/06/24	Tutu and Hiamankyene	5:30am-8:30am	Morning	Driver Daniel Boakye
	Kyeremantengkrom and Sofialine	5:00pm-8:00pm	Evening	Driver Clement Ofori
02/06/24	Gyidim mission, Dome and Amenase	5:30am-8:30am	Morning	Driver Clement Ofori
	Boanim north and Boanim south	5:30pm-8:30pm	Evening	Driver Enouch Asaare
03/06/24	Dawu, Tabre, and Jamasi east	5:00am to 7:30am	Morning	Driver Grace Achiaa
	Jamasi central and Asikafoamantem	5:30pm-8:00pm	Evening	Driver Bridget Thompson
04/06/24	Akrofonso and Asamang Aburaso	5:00am-7:30am	Morning	Driver Yahaya Sulemana

	Bedumase and Owuoso	5:00pm-8 :00pm	Evening	Driver Yahaya Sulemana

23/08/24	Tutu and Hiamankyene	5:30am-8:30am	Morning	Driver Daniel Boakye
	Kyeremantengkrom and Sofialine	5:00pm-8:00pm	Evening	Driver Clement Ofori
24/08/24	Gyidim mission, Dome and Amenase	5:30am-8:30am	Morning	Driver Clement Ofori
	Boanim north and Boanim south	5:30pm-8:30pm	Evening	Driver Enouch Asaare
25/08/24	Dawu, Tabre, and Jamasi east	5:00am to 7:30am	Morning	Driver Grace Achiaa
	Jamasi central and Asikafoamantem	5:30pm-8:00pm	Evening	Driver Bridget Thompson
26/08/24	Akrofonso and Asamang Aburaso	5:00am-7:30am	Morning	Driver Yahaya Sulemana
	Bedumase and Owuoso	5:00pm-8 :00pm	Evening	Driver Yahaya Sulemana

Table shown: Below are communities' Rotation Information centers used for education.

Date	Information centers	Community	Sub-District
08/4/2024	Megyefo Tease Information	Asamang	Agona Sub-district
14/4/2024	Agya -Owusu Information	Sikafoamatem	Agona Sub-district
20/4/2024 25/4/2024	Orlando Information Center	Dome	Jamasi Sub-district
26/4/2024	Megyefo Tease Information	Asamang	Agona Sub-district
2/5/2024	Agya -Owusu Information	Sikafoamatem	Agona Sub-district
8/5/2024	Kobi Informationof Center	Dome	Jamasi Sub-district
8/5/2024	Megyefo Tease Information	Asamang	Agona Sub-district
9/5/2024	Kobi Information of Center	Dome	Jamasi Sub-district
16/5/2024	Information Center	Boanim	Jamasi Sub-district
20/5/2024	Kokooto Information center	Owuoso	Agona Sub-district
22/5/2024	Agya -Owusu Information	Sikafoamatem	Agona Sub-district
25/5/2024	Susukuwa Information	Gyidiem	Wiamoase Sub-district
2/6/2024	Megyefo Tease Information	Asamang	Agona Sub-district
8/6/2024	Susukuwa Information	Gyidiem	Wiamoase Sub-district
12/6/2024	Olando Information Center	Dome	Jamasi Sub-district
27/7/2024	Megyefo Tease Information	Asamang	Agona Sub-district
19/7/2024	Agya -Owusu Information	Sikafoamatem	Agona Sub-district
13/8/7024	Olando Information Center	Dome	Jamasi Sub-district
17/8/2024	Megyefo Tease Information	Asamang	Agona Sub-district
25/8/2024	Kokooto Information center	Owuoso	Agona Sub-district
27/9/2024	Agya -Owusu Information	Sikafoamatem	Agona Sub-district
27/9/7024	Olando Information Center	Dome	Jamasi Sub-district

Strategies that were used in mobilizing community members at the selected communities.

Airing of jingle at community information centers in some communities.

Table showing schedule for airing of jingle (jingle Developed) and Play at CIC

Sub District	Community	Community Information	Dates for Jingle Airing	Frequency
Agona	Agona market	Kokoto information center	06/06/24 and 08/06/24	4
	Agona-Asikafoabantem	Frankis information center	05/06/24 and 07/06/24	4
Jamasi	Jamasi-Ahenbronum	Bisa Nyame information center	07/06/24 and 09/06/24	4
Wiamoase	Wiamoasi	Bajul information center	10/06/24 and 12/06/24	4
	Bepoasi	Bepoasi information center	09/06/24 and 11/06/24	4

As part of community-level malaria control, the following areas were visited to educate the public about malaria. The staff of TAAG, Malaria Focal Person, Community Health Nurse, and CBSVs visited these areas to educate them on and malaria prevention. The table below indicates the various places visited;

Date	Institution	Community
10/4/2024	Mosque	Otom
10/4/2024	Child Welfare Center	Tabre
11/4/2024	Bepoase Pemso Mosque	Bepoase/Himankyene

12/4/2024	Tutu Mosque	Tutu
14/4/2024	Weighing Center	Boanim
15/4/2024	SDA Church, Pentecost Church	Dome
20/4/2024	Mansosusaa Mosque	Kyeremantengkrom
21/4/2024	Assemblies of God	Hiamankyene
24/4/2024	Truth Faith Church	Dome
24/4/2024	Methodist Church	Dome
25/4/2024	R/C Church	Boanim
28/4/2024	Daabang Methodist Church	Bepoase/Himankyene
28/4/2024	Nobesu Mosque	Hiamankyene
30/4/2024	Presby Church	Akrofoso
2/5/2024	Child Welfare Center	Sikafoamantem
3/5/2024	Mosque	Oyera
8/5/2024	Child Welfare Center	Tabre
9/5/2024	Child Welfare Center	Boanim
10/5/2024	Otom D/A primary school	Otom
11/5/2024	Bepoase Mosque	Bepoase
14/5/2024	Methodist Church	Hiamankyene
14/5/2023	Pentecost Church	Bedomase
15/5/2024	Bethle Church	Dome
15/5/2023	SDA Church	Agona
15/5/2023	Mosque	Sofialine
15/5/2024	Tutu D/A Basic School	Tutu
18/5/2024	R/C Church	Dome
19/5/2024	Dinn Islam Mosque	Wiamoase
20/5/203	R/C Church	Dome

22/5/2024	Salvation Army School	Boanim
24/5/2024	Presby Church	Boanim
24/5/2024	Roman CHurch	Boanim
26/5/2023	Mosque	Boanim
3/6/2024	Heaven Impact Ministry	Sikafoamantem
3/6/2024	Dome Mosque	Dome
3/6/2024	Dinn Islam Mosque	Wiamoase
5/6/2-024	SDA Church	Amenasi
6/6/2024	Tutu Basic School	Tutu
12/6/2024	Child Welfare Center	Tabre
14/6/2024	Asuofram Int. School	Hiamankyene
14/6/2024	R/C Primary School	Hiamankyene
15/6/2024	Truth Faith Church	Dome
10/6/2024	Hiamankyene D/A Basic School	Hiamankyene
20/6/2024	Abisim Mosque	Tutu
21/6/2024	Asamang Mosque	Asamang
23/6/2024	Church of Christ	Hiamankyene
23/6/2024	Methodist Church	Himankyene
16/6/2024	Mosque	Oyera
19/6/2024	Dawu Outreach /Child Welfare	Dawu
20/6/2024	Dawu JHS	Dawu
20/6/2024	Ultimate Technology Basic Sch	Kyeremantengkrom
24/6/2024	Akrofoso SDA Primary	Akrofoso
25/6/2024	Boanim Mosque	Boanim
26/6/2024	Amenase Mosque	Amenase
28/6/2024	Sofialine D/A Basic Scholl	Sofialine

28/6/2024	Tutu D/A Basic School	Tutu
30/6/2024	Living Bread Church	Akrofoso
30/6/2024	R/C Church	Amenase
30/6/2024	Assemblies of God	Akrofoso
30/6/2024	Presby Church	Akrofoso
30/6/2024	Saviour Church	Dome
12/7/2024	Bedomase D/A School	Bedomase
12/7/2024	Child Welfare Center	Tabre
12/7/2024	Asamang Mosque	Asamang
15/7/2024	Nobesu JHS	Hiamankyene
19/7/2024	SDA School	Dome
21/7/2024	Methodist Church	Dome
24/7/2024	Pentecost Roman Catholic	Akrofoso
28/7/2024	Pentecost Church	Amenase
8/8/2024	SDA Camp Meeting	Amenase
11/8/2024	Methodist Church	Dome
13/8/2024	Child Welfare Center (RCH)	Tabre
13/8/2024	R/C Church	Amenase
20/8/2024	Saviour Church	Dome
31/08/2024	Tabre Youth Association	Tabre
2/9/2024	Amenase Mosque	Amenase
11/9/2024	Child Welfare Center (RCH)	Tabre
11/9/2024	SDA Church	Hiamankyene
11/9/2024	RCH	Akrofoso
13/9/2024	Sofialine Mosque	Sofialine
14/9/2024	SDA Church	Akrofoso

15/9/2024	Presby Church	Hiamankyene
15/9/2024	Bepoase Methodist Church	Bepoase
16/9/2024	D/A JHS	Sofialine
16/9/2024	Saviour Church	Amenase
17/9/2024	Bepoase International School	Bepoase
19/9/2024	Dawu JHS	Dawu
20/9/2024	Oyera D/A JHS	Oyera
20/9/2024	Ultimate School	Wiamoase
20/9/2024	Asamang Mosque	Asamang
24/9/2024	R/C Primary School	Asamang
25/9/2024	Hiamankyene D/A School	Hiamankyene

Outcome within the quarters

Within the operational period, TAAG was able to reach the following:

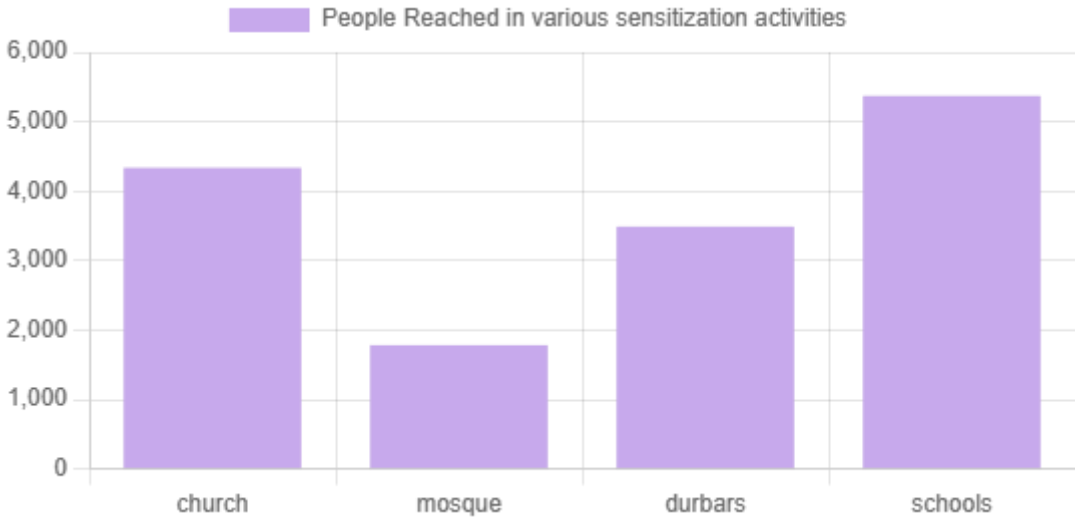
Table showing: Number of people reached withing the quarters.

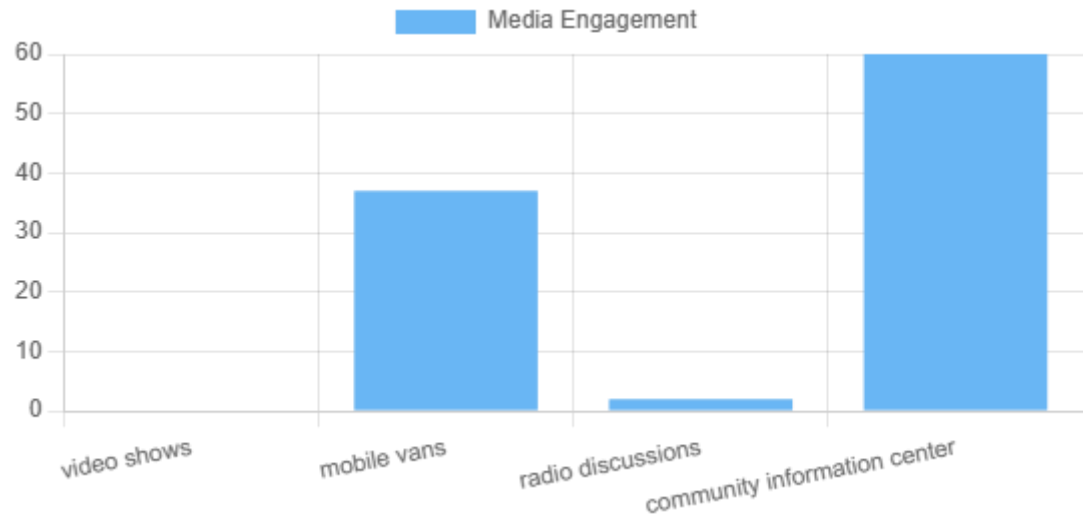
Indicator	**April**	**May**	**June**	**July**	**August**	**September**	**Total**
Community Durbars	0	0	85	0	0	0	**85**

Educational Sessions	659	851	958	1149	1251	502	**5370**
Sensitization in churches	900	555	543	546	987	804	**4335**
Sensitization in Mosques	255	282	397	314	401	133	**1782**
Town Hall	361	594	432	889	649	563	**3488**
Total Number of People Reached							**15,060**

Total number of people reached within the quarters 15,060 direct and radio and mobil van announcement program reach greater number of people.

SBC Reporting System (nmepgh.org) The following are SBC sensitization activities charts





A greater number of people were reached by community sensitization activities in the 15 communities within the period

- ❑ The rotation of community information centers activities was conducted and reached out to a greater number of people
- ❑ The mobile van campaign was conducted and was able to reach a greater number of people
- ❑ TAAG focuses more on house-to-house to reach a greater number of people.

Key issues discussed /Matters arising

- ❑ Malaria Focal Person and TAAG team warn community members through Mobile Van Announcements and Community Information centers not to use nets for fences, drying cocoa beans, and other purposes. The community members should report any person using the net for fence and other purposes.
- ❑ Some of LLIN's users are feeling uncomfortable sleeping under the net during dry seasons.
- ❑ Lack of residual spraying in the environment. The government should encourage residual spraying in the communities.
- ❑ The partner should encourage their wives to go to ANC to uptake SP drugs in the facilities.

Challenges and suggestions

a. Some community members complain they find it difficult to sleep under the net.
b. Rain season also challenges affecting some of the activities and visiting pregnant women for attending ANC.

c. The pastor (Churches attended) thanked the project team for educating his church members on malaria prevention and added that from time to time the team should visit the church to educate them on the ailment

d. The headmaster of the school thanked the team and promised that he and the pupils would use the message in practice and also informed the pupils to advise their parents not to use the bed net to fence their farms.

e. Imam (Mosque -Boanim, Sofialine, Asamang, and Jamasi) thanked the team and added that the mosque has put in some initiatives to address sanitation and other interventions.

Recommendation

We recommend that involving the community members' participation will lead to the best practice of malaria prevention, management, and vector population reduction at the community level. These SBC activities train people can become resourced persons who can continue sensitization in the community even after the tenure of the project.

Activity IV: MONITORING AND SUPERVISION

Monitoring and supervision are part of the activities in implementing the project. The team effectively monitors and supervises malaria activities at the community level,

Objectives

- To find out the message and response that was used in the communities
- To visit the identified pregnant women to check the ANC booklet recorded by CBSV
  To resolve the challenges faced and guide the CBSV on the data collection tools.

Highlight of proceedings

We conducted monthly monitoring and supervision in the selected communities in three sub-districts. The monitoring was conducted every month with TAAG staff and Malaria Focal Person visiting the community members and CBSVs to check their work and key messages on malaria elimination from the selected communities. Also visited some pregnant women who are taking SP to check if CBSV educates them on the importance of SP and how they will protect

themselves from mosquitos. During monitoring pregnant women's booklet was collected and checked if the CBSVs had registered and follow-up of taking SP. We also assist CBSVs to fill data collection tools well without making mistakes in filling the forms. Some of the community members were able to mention some key messages such as how we get malaria, how environmental hygiene prevents the breeding of mosquitoes, sleeping in the treated net, testing before treatment, and the importance of SP.

Key issues discussed/matters arising (Contribution, Suggestions and Questions)

- Some of the community members and pregnant women forget some of the key messages educated by CBSVs.
- We were not able to meet some of the community members to ask about the presence of CBSVs and messages given by CBSVs.
- Some of the community members who are not having the net requested a treated net from CBSVs.
- Some of the CBSVs easily forget about filling out the forms.
- We encourage the CBSVs to divide the community education area by area not jumping to where is not selected.

On 26th July, 2024, a monitoring team from NMEP visited Tim Africa Aid Ghana and an operation district called Sekyere South District. Also monitoring team in collaboration with the TAAG team and Malaria Focal Person visited some of the CBSVs and community members to find out the key messages and pregnant women identified. They also checked the activities reports and financial reports and made the necessary modifications. During monitoring in the communities namely Akrofoso, Jamasi, and Tabre. The following are the observations;

a. Community members were able to mention some of the malaria key messages and ANC also recorded the same as in the CBSVs monthly reporting booklet.
b. CBSVs complained that parent hides their teenage pregnant from CBSVs to visit them for registration and follow-up education.
c. Reporting booklets were given to CBSVs such as Identification and follow-up and SBC activities. CBSVs appreciate the reporting booklets and it is simple to use to collect data from the community.

Recommendations

The monitoring visits should be carried out regularly to improve the people's health status and enhance project implementations and outcomes.

Activity V: Pregnant Women Registration and IPTP Follow-Up

The project is to register pregnant women and follow up in three sub-districts called Jamasi, Agona, and Wiamoase in the district. CBSVs conducted house-to-house education, identification of pregnant women, and conducted follow-up visits to pregnant women to encourage the importance of IPTp interventions. Two CBSVs were assigned to each of the participating communities. CBAs were made to identify pregnant women to facilitate followup for IPTp uptake

Objective - The information guide messages emphasized:

- To identify, register, and conduct follow-up visits to pregnant women and to monitor their ANC attendance as well as the uptake of Sulphadoxine Pyrimethamine (IPTP).
- To conduct lasting sensitization for pregnant women to visit ANC to seek Midwife advice.
- To test, confirm, and treatment approach
- To know the risk factors of malaria in pregnancy
- To encourage pregnant women the use LLIN to prevent mosquito bites at night.

Effects of Malaria;
Children: The number one killer of children under 5 years of age, the cause of absenteeism in school children, it affects the brain & mental alertness and it's also causing death. **For pregnant women, it causes:** Abortions**,** low birth weight, stillbirth, and Anaemia **Prevention:**

- The best way of preventing mosquito bites at night is to sleep under (LLINs).
- Encourage pregnant mothers to attend ANC as soon as they notice they are pregnant

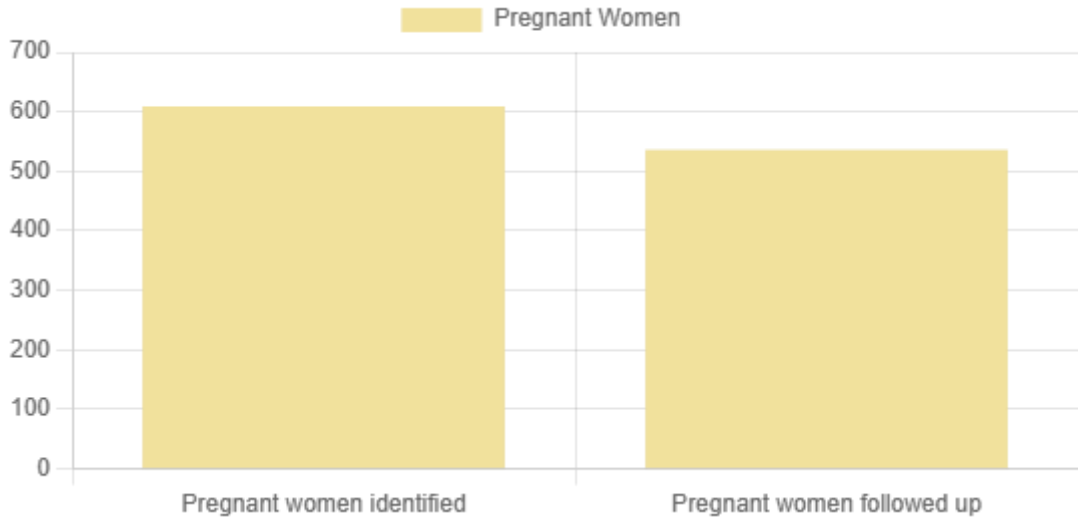
- Encourage pregnant mothers to take all the SP doses as recommended by the health worker
- SP doses protect pregnant mothers and their unborn babies from malaria mortality
- Encourage pregnant women and their families to drain and cover empty cans, gutters, drainage, etc.

Outcome

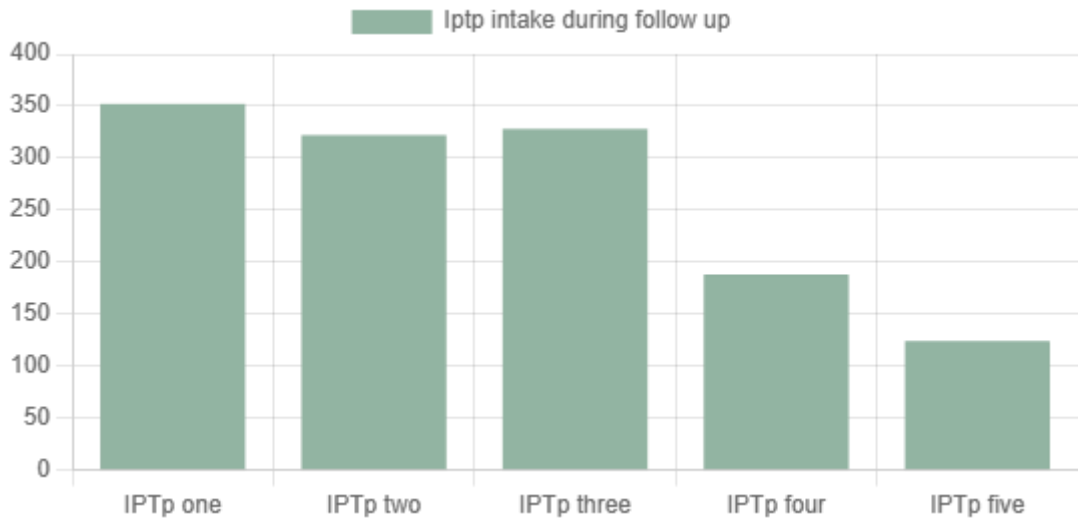
The table shown: (Number of Pregnant women identify and Follow-up)

Months	Total number of pregnant women identified	Total number of pregnant women followed up	IPTP 0	IPTP1	IPTP2	IPTP3	IPTP4	IPTP5
April	73		0	15	20	11	2	5
May	125	125	20	36	31	18	6	5
June	92	92	29	31	28	28	8	2
July	108	108	25	23	19	29	10	2
August	127	127	17	36	22	28	16	8
September	84	84	6	16	16	31	12	3

The chart for pregnant women was identified and followed up within the implementation period.



The chart for pregnant women identified and followed up to uptake IPIp 1 to IPTp 5 within the implementation period



From April-September, 2024, TAAG has been able to register, follow up, and monitor pregnant women to take all SP doses in health facilities. Out of the total number reached, 79 pregnant women successfully delivered.

This means that there is effective monitoring of the pregnant women by the CBSVs at the community levels in conjunction with the TAAG staff and the health workers at their various health facilities on the NMEP Project at the 15 communities in the Sekyere South District. Moreover, there is an indication that effective counseling of pregnant women at the grassroots level of the CBSVs has been intensified.

Key issues discussed/matters arising (Challenges and suggestions from pregnant women).

- Some pregnant women delivered without taking IPTp 1 to IPTp 5 due to they do not start early taking the SP.
- Some of the pregnant women said they did not like the SP for that matter they refused to attend the ANC. They feel weak anytime they take in the SP doses.
- Some of the pregnant mothers complained that they feel uncomfortable/ that is to vomit after taking SP. Due to that, they do not want to go to the facilities to uptake the SP doses.
- Most of the pregnant women from selected communities have appreciated the program very well since it has helped them know the benefits of ANC and the uptake of SP.

- ❑ The pregnant women also call for the continuation of the program to educate women more about pregnancy-related issues.

Outcome

a) The messages have stimulated pregnant women to attend ANC for SP which has also improved the life of born and unborn babies.

b) The education has brought notice to the pregnant women on the importance of ANC attendance and uptake of all SP.

c) CBSVs intensified their work to improve the ANC attendance for the uptake of SP by the District Health Directorate.

d) CBSVs acknowledged that pregnant women have accepted their messages and value their work in the community and for that matter give their ANC cards for monitoring and verifying. All pregnant women were monitored and delivered successfully.

e) CBSVs always visit and encourage pregnant women who feel reluctant to attend ANC to do so as ANC has significant importance to the mother and unborn baby.

Recommendation

Recommended effective monitoring and encouragement of pregnant women at the grassroots to improve the attendance of ANC at the facilities. We focus house-to-house to bring out pregnant women to attend ANC for IPTP.

<u>Activity VII</u>: Collection of Monthly Report and Review

TAAG collects monthly reports from 30 CBSVs' work done in the month, solving activities challenges, contributions, suggestions, and sharing lessons learned in the field.

Objective

- To find out the message and response that was used in the communities
- To share lessons learned and develop further strategies based on the lessons learned
- To review the target approach at the community level
- Collection of reports from CBSV's

On 2nd July 2024, a review meeting was conducted in the Salvation Hospital -Wiamoase and District Health Conference Hall –Agona with TAAG staff, the District Health Director, CBSVs, and the Malaria Focal Person. Mr. Isaac Kakepeibe asked about the CBSV challenges faced in the field when they went from house to house for education. And further asked them to do practical about key messages used to educate the population in their communities. Daniel Yeboah (Health Director) pleaded that the CBSVs should work hard to educate the community members with the malaria key messages to eliminate malaria in the district. He added that they should encourage pregnant women to nearest facilities to take IPTP and also educate them on the importance of malaria and its effects from malaria.

Mr. Agyemang Omani (MFP) and Abdul Fatao (M & E Officer) took them through the key messages of malaria elimination and new strategies used to educate the community members. The focal person informed them of the date (18-22 July 2024) of the distribution of LLIN so they should prepare to help in the distribution of the nets. Data collected from the CBSVs indicated that few of them found it difficult to fill out the forms. Those works were below expectations and advised to try their best to make the project a success. The platform was however used to share lessons learned, and challenges faced and develop further strategies.

The Monitoring and Evaluation Officer (TAAG) said that we should be revising the notes to be abreast of the malaria key messages of NMEP. He emphasized that the project is voluntary and should be treated such that at the end of the day the project becomes successful in the community and district at large.

Key Issues Discussed/Matters Arising (Questions, contributions and suggestions)

The volunteers also contributed by sharing their challenges, success stories, and concerns as follows:

- CBSV complained that due to financial problems, some pregnant women refused to go to ANC to take IPTP.
- CBSV shares their concern about the delay in taking SP early because of the procedures such as the number of scans (4 times) and the long queue at the hospitals.
- CBSVs urged that nurses should also educate pregnant women after educating them at home.
- Some of the CBSV reported some areas to sanitation officers to stop people from dumping refuse in the area.
- Community members are requesting mosquito nets from the CBSVs after mass distribution they didn't get some of the nets.
- Some community members complain they find it difficult to sleep under the net. We advised them to educate them on the best way to prevent themselves from malaria.
- Rebecca Serwaa and other CBSVs said nursing mothers admitted that the SP has made their babies look healthy and strong as compared to children she has delivered without taking SP.
- Madam Ophelia Konadu (CBSV Boanim) and others CBSV said the education has helped identify pregnant women to give birth without complications.
- Rain season has caused a lot of challenges as CBSV could not discharge their activities by visiting pregnant women to attend ANC.
- Ben Boakye Ansah (CBSV-Akrofos), Theresah Addai Boateng (Jamasi Central) and Peter K. Owusu-Sikafoamatem complained that parent hides their teenage pregnant daughter from CBSV to visit them for registration and follow-up education.

Outcome

- 30 CBSVs were rehearsed on malaria elimination and prevention.
- Approaches of the CBSVs were shaping their daily activities on malaria.
- Monthly reports were verified and collected from 30 CBSVs
- CBSVs appreciate the report booklets such as the Pregnant Women Identification and Follow-up and SBC Activities booklet for easy reporting. **Achievement**

TAAG has been able to achieve these activities within the period

- DHMT Consultation and Selection of Sub- District and Communities were conducted
- Training/ Capacity building with CBSVs

- Deployed 30 CBSVs into their various communities in two sub-districts
- Conducted house-to-house sensitization visits in all 15 communities on malaria elimination interventions
- Organized rotations of Community Announcement (Information Center) to disseminate key messages about malaria.
- Organized 6 Mobile Van Announcements in the selected communities to disseminate key messages on malaria prevention.
- Conducted sensitization sessions in churches, mosques, schools, community durbar, Town Hall meetings, etc.
- CBSVs were able to identify and register and follow up on pregnant women in the communities.
- Conducted review meetings with CBSVs
- CBSVs conducted monthly follow-ups on pregnant women on SP.
- Conducted monthly monitoring and supervision visits
- A collected monthly report from CBSVs in the communities.

Lesson learned

- Some of the identified pregnant pregnant women cannot afford to pay for scans.
- Parents are hiding their teenagers who are pregnant away from CBSV to visit them for registration and follow-up education
- Community members are still requesting LLIN from CBSVs. Some of the community members did not get nets.

Success

During monitoring, this pregnant woman was identified as not going for ANC to take SP because she could not afford to pay the scan fee. The project team gives her the scan money to pay the scan fee. We encouraged her to go to a facility for his IPTP drugs.

Recommendations

- TAAG recommends that NMEP provide T-shirts to CBSVs for easy identification in house-to-house education and other activities.
- CBSV's requesting an increasment in their monthly allowance.

GENERAL OBSERVATIONS

With the contribution of the District Health Director, Malaria Focal Person and Community Health Nurses, CBSV, and TAAG, A mobile van team was deployed into some communities to conduct health talks on malaria through the Mobile Van Announcement, Information Centers, Churches, Durbars, Mosques, churches, School, and other activities in the two subdistricts in the Sekyere South district. These were strategies to intensify community mobilization in other to assist in the reduction of malaria especially among pregnant women and children less than five (5) years. During monitoring and supervision, the team intensified the key messages from community members and identified pregnant women. The key messages reached a greater number of people in three sub-districts. Again, we can identify register, and follow up with pregnant women and some pregnant women delivered successfully aside from the challenges faced.

The community members and pregnant mothers participated actively with questions such as how we can minimize the side effects of SP. And how to eradicate the use of nets to fence their farms, dry cocoa beans, and other activities by community folks. What are some of the things that can be done to overcome some of the side effects of SP, Etc. All questions were duly answered by the TAAG team and MFP and the take-home message was that everyone must sleep under a mosquito net every night. Community members had the opportunity to ask questions, some were complaining about the side effects of SP which was addressed accordingly by the nurses. Participants expressed their gratitude and encouraged the team to organize more such programs.

Partnership & Collaboration of the Project

- ❑ National Malaria Elimination Programme (NMEP)
- ❑ Ghana Health Service
- ❑ Sub District Heads
- ❑ Community Health Nurses
- ❑ 30 CBSVs

- 20 Opinion Leaders

RECOMMENDATIONS

- TAAG and DHD commend NMEP for the resources provided Customised T-Shirts, SBC Booklet, Pregnant Women and Follow-up Booklet, and others.
- TAAG also commends NMEP for their great support both Technical and financial.
- TAAG commends its gallant CBSVs for their hard work.

Activities Pictures (Gallery)

Welcome Address by Executive Director- TAAG

Presentation session by Malaria Focal Person

Presentation session by Health Promotion Officer

Speech by Health Director Rep.

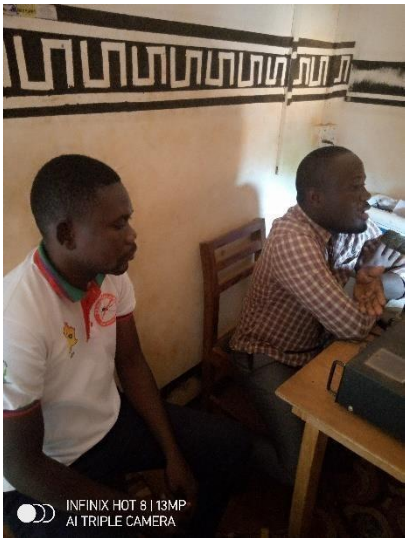
Data Collection Tools presentation session by M & E

Group picture of the meeting

Speech by Executive Director - TAAG

Speech on malaria sensitization by Health Promotion Officer-GHS

Free Health Screening @ Sofialine



Community Information Center sensitization at Agona, Wiamoase and Jamasi

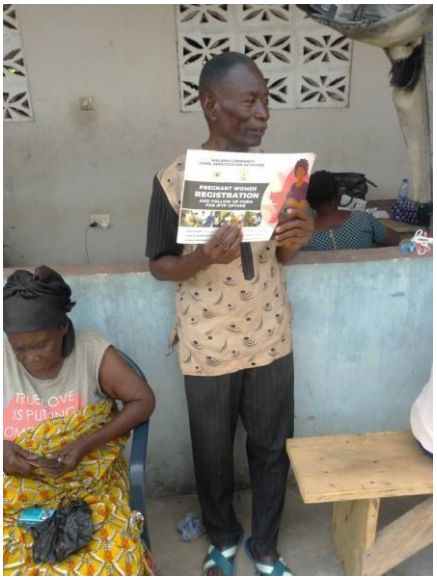
SBC Sensitization at Child Welfare Center

Sensitization meeting at Jamasi Islamic School

Review meeting with CBSVs, MFP, and Health Director at Wiamoase and Agona-Con. Hall

Mobile Van Announcement at community level, Agona, Jamasi and Wiamoase

Radio Program at OSRANTEE FM (92.3 FM)


PREGNANT WOMEN
REGISTRATION


PREGNANT WOMEN
REGISTRATION










Community sensitization at Churches, Mosques, town hall sessions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INFINIX HOT 8 | 13MP
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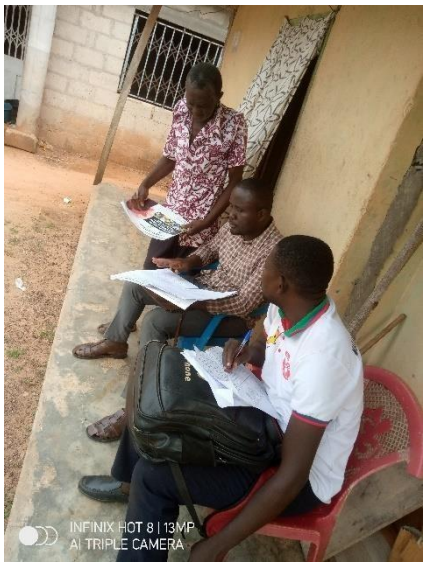
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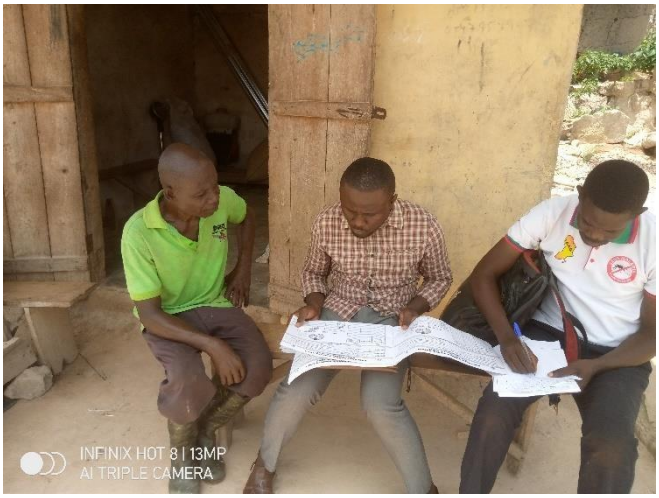

Monitoring and CBSVs monthly report collections session

Monitor from NMEP, Focal Person, and TAAG Staff sessions

QUARTERLY PROGRESS REPORT [4]

Applicant organization	Tim Africa Aid Ghana
Project code *(Anesvad internal Project code)*	0015
Country of intervention	Ghana
Project title	COMMUNITY INTEGRATION AND SYSTEM STRENGTHENING PROJECT (CISSP)
Starting date *(15/02/2023. In case of modifications indicate estimated and real date)*	15/02/2023
Completion date *(15/01/2025. In case of modifications indicate estimated and real date)*	31/01/2025
Report number	007
Period covered by the report *(Indicate 15/02/2023 to 30/04/2023 for starting and completion dates as indicated in the proposal)*	01/08/2024-30/10/2024
Persons responsible for the project **E-mail** **Contact phone number**	**Lead:** Isaac Kwabena Kakpeibe (CEO) taag2001@yahoo.com or timaidghana@gmail.com Phone: +233201655689 Others (Management) Ayabilah Edward || ayabilaedward@gmail.com

I. BUDGET INFORMATION

	TOTAL BUDGET		EXPENDITURE DURING THE REPORTING PERIOD			CUMULATIVE FROM BEGINNING OF THE PROJECT			PENDING EXPENDITURE		
	€	Local Currency	€	Local Currency	%	€	Local Currency	%	€	Local Currency	%
Anesvad	162,000	2,170,802	18,412.76	246,731.0	11.37	108,346.10	1,451,837.90	66.88	53,653.90	718,964.1	**33.11**
Local Contribution	18,000	241,198	1,439.55	19,290	8	11,531.35	154,520.0	64.06	6,468.65	86,678.00	35.93
Other external contributions	0	0	0	0	0	0	0	0	0	0	0
PROJECT TOTAL	**180,000**	**2,412,000**	**19,852.31**	**266,021**	**11.02**	**119,877.45**	**1,606,357.90**	66.59	**60,122.55**	805,642.1	33.40

II. SHORT DESCRIPTION OF THE PROJECT *(Copy General Objective, Specific Objective and Expected Results from Project Proposal document. Add/delete rows in the table below as Work packages appear in the Proposal document – **update if any change when drafting the operational action plan** and budget)*

Project Background.

The Community Integration and System Strengthening Project is an integrated community-based intervention designed to strengthen community level approaches, working closely with stakeholders, service delivery systems and leveraging on community systems in the fight against Skin NTDs. The project is born out of a fair knowledge of the existing systems and strategies employed by the Ghana health System as a key service delivery agency in fighting NTDs in Ghana. Even though many policies exist, including the national community health planning and services policy that is designed to eliminate health inequalities and inequities across the health sector, scale-up community based interventions in tackling community level health issues across the Country. The project is being designed to complement the existing efforts of the Ghana Health Service, leveraging on the existing structures, community systems, decentralizing screening, information monitoring services and facilitating linkages and referrals working closely with the CHPs centers, health facilities and district level hospitals to ensure that, the community systems are strengthened and integrated with health systems efforts in eliminating skin NTDs.

The project also focuses tackling the socio-economic determinants of health, extending services to rural communities, and far-to-reach areas, empowering them with information, and introducing economic empowerment opportunities for the affected persons of Skin Infections. This component is built on lesson the economic burden placed on people who have suffered adverse effects of skin infections compromising their overall livelihood.

Project Goal.

The project's main goal is to help reduce morbidity, disability and the psychosocial impacts of skin NTDs and other skin diseases through a people-centered integrated and system-strengthening approach.

Project Objectives:

The project objective is to Improve the quality of life of the most vulnerable people by fighting and preventing most prevalent skin NTDs in Ghana (i.e. Buruli ulcer, leprosy, yaws, cutaneous leishmaniasis, onchocerciasis, and lymphatic filariasis) with emphasis on those treated through innovative and intensified disease management (IDM-NTDs) and providing support to affected people and their families & their communities.

Key Expected Outcomes of the project:

- Affected Persons with disability identified and have better mental wellbeing and are empowered economically for their livelihoods.
- 150 NTDs affected persons identified for treatment, 15 trained as champions and Lay Counselors, and empowered to provide mental counseling services and resist stigma and discrimination in the three districts by January 2025
- Increased district and community level engagements with Traditional and community authorities, religious leaders to campaign against stigma and discrimination on affected persons.
- Establish a district rehabilitation center for affected provision of and appropriate integrated care and rehabilitation services for those affected by skin-NTD-associated morbidity disability and stigmatization
- Increased 200-targeted persons in affected communities will be empowered around mental health, of which 150 will receive economic empowerment in skills training and supported to start business.
- 300 community stakeholders, family heads and persons affected by NTDs in ensuring that socially excluded persons by poverty, NTD status are generally accepted by the community to perform their normal key role without discrimination.
- 300 women as women support groups (WSG) empowered as community agents of change, advocating against NTDs, stigma and discrimination.
- Water and sanitation committees (WATSAN) established training as sanitation improvements agents in 10 communities.
- Increased knowledge, Capacity and skills of health workers (15 clinicians) and community 30 volunteers in identification, and management of Skin NTDs (Early detection, surveillance, referral, diagnoses and linkage to care).

The Project Focus:

I. Improving access and coverage of 6000 people (children, women, aged and students) to quality, timely care services on skin-related NTDs in three selected districts.

II. Enhanced community response on skin-related NTDs at the district and community level through community mobilization and empowerment, capacity building for healthcare workers including.

Integrate active case detection through screening with community-based health activities such as screening and early detection and community participation. Prioritizing stigma and discrimination towards those with skin NTDs especially for People affected by different skin NTDs and will be encouraged to participate in community and/or social mobilization activities

Progress Updates:

In Y2Q7, the CISSP implemented several key activities across targeted regions, building on the progress from previous quarters. The project focused on addressing Neglected Tropical Diseases (NTDs), enhancing Water, Sanitation, and Hygiene (WASH) practices, and empowering communities through advocacy, education, and economic initiatives. A total of 598 individuals were directly impacted by the quarter's activities.

Advocacy training sessions were conducted to empower 200 women as NTD advocates in remaining two districts, Sunyani West and Tain district. The training focused on advocacy techniques, leadership skills, and community mobilization strategies, which significantly enhanced the women's roles as community health advocates. The outcomes included strengthened advocacy skills, improved awareness of NTD prevention, and active engagement by trained women leaders.

Training programs for WASH committees were organized in Sunyani West and Nsawkaw, involving 40 participants, 20 each for Sunyani West, and Tain district, These programs covered essential topics such as water quality, sanitation practices, and behavioral change communication. Participants developed community action plans for sustainable WASH improvements and acquired practical knowledge to lead sanitation projects effectively.

Progress was made in community-led sanitation projects, with latrine construction advancing in Ayomso and Asumura. Over 50 community members actively participated in the construction process, which reached advanced stages, including roofing and plastering. This initiative improved sanitation facilities while enhancing community ownership of health and hygiene interventions.

Mass media and information campaigns were intensified through the broadcast of jingles in local languages via nine community information centers and radio stations. These campaigns, which targeted an estimated audience of 10,000 people across the selected communities, raised awareness about NTDs and encouraged early detection and treatment. This increased community knowledge of disease prevention and treatment options.

Monthly health sreening and community forums outreaches were conducted in Kyenkyenhene community, where

94 individuals have been screened for NTDs and other health conditions. These outreaches also included public health education and case referrals, fostering early detection and treatment. The activities significantly enhanced community health by raising awareness and increasing access to healthcare services.

Livelihood and Economic empowerment activities targeted 150 affected persons acros three districts have been conducted in Asunafo North, pending Sunyani West and Tain. A total of 54 people successfully trained, including 49 women and five men participating in skills training on soap-making focusing on both solid and liquid soaps. Of these, 20 participants received startup support, enabling them to launch their ventures. This initiative provided participants with entrepreneurial skills and created opportunities for sustainable income generation.

Stakeholder engagement and capacity-building efforts were strengthened through participatory training approaches involving 30 participants from local leadership and health sectors. These collaborations broadened community involvement and improved the implementation of activities across the target regions.

Gender and Social Inclusion:

The project actively promoted gender diversity and inclusion by ensuring the participation and equitable benefit of both men and women in key activities. During the seventh quarter, the project engaged 43 males and 30 females in community forums, creating a platform for women to voice their concerns and participate

meaningfully in decision-making processes. Similarly, health screening activities targeted both genders, with 39 men and 49 women screened, ensuring equitable access to essential health services.

Key gender-transformative approaches integrated this quarter included prioritizing women's participation in leadership roles and community-based interventions. Women were actively involved in the construction of community latrines, addressing gender-specific sanitation needs and fostering a more inclusive approach to development. Female participation was also promoted in community forums, health screenings, and advocacy initiatives, which helped to challenge traditional gender norms and empower women as agents of change.

These interventions not only addressed gender-specific needs but also reduced barriers to participation for women. By fostering greater gender equity and inclusion, the project strengthened community resilience and ensured that both men and women could contribute to and benefit from improved health and sanitation outcomes.

III. UPDATING OF THE CHRONOGRAM *(Insert as many lines as you need to reflect project Work packages and Activities. Activities in Black: Planned implementation as per the chronogram in the Operational action plan document. Activities in Red: Real implementation as per the reporting period. Add/delete rows in the table below as Work packages and Activities appear in the Operational action plan document. Please, fill date of reporting period (DD/MM/YYYY), the report Nº and the Month/Year in each quarter)*

DETAILED CHRONOGRAM OF ACTIVITIES UNTIL CLOSING DATE OF REPORTING PERIOD (31/08/2023 REPORT № 002)													
	Quarter 1			Quarter 2			Quarter 3			Quarter 4			
	February 2023	March 2023	April 2023	May 2023	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	
WORK PACKAGE 1: Research, Advocacy and Social Mobilization													
A.1.1. Conduct entry Community exercise in the district three ts	X	X											
A.1.1. Real implementation		X											
A.1.2.		X	X	X									

and district	Conduct a comprehensive cross-sectional survey on skin NTDs -level response and community knowledge and behavior												
A.1.2. Real implementation				X	X	X	X	X	X	X			
A.1.3 30 advocate	. Organize 8 quarterly engagement meetings with stakeholders/quarter to for policy amendments and financial support at the local level		X			X		X	X		X	X	
A.1.3. Real implementation				X				X	X		X	X	
A.1.4. Community select districts Members	Organize Quarterly community forums for 3 selected communities in 3 districts for 50 community members on signs, symptoms			X	X	X			X	X		X	X

A.1.4. Real implementation			X	X		X		X	X		X	X
A.1.5. Develop IE&C mater ials, jingles, for educa tion and variou sensitization at s community levels		X	X	X	X	X						
A.1.5. Real implementation		X			X	X						
A.1.6. Monthly mass media education through radio and information centers			X	X	X	X	X	X	X	X	X	X
A.1.6. Real implementation		X	X	X	X	X	X	X	X	X	X	X
A.1.7. Establish and train Distri 15 ct Accountability Com mittees on budget perfo and rmance tracking respo of NTDs nse (DAC-SKIN NTDs)						X	X			X		
A.1.7. Real implementation						X	X			X		
A.1.8. Develop Community Score Card for com tracking munity finan level and cing response							X	X				

A.1.8. Real implementation							X	X				
A.1.9 Com as NT **Establish and train 300 munity Women Groups Ds advocacy groups**									X	X	X	X
A.1.9 Real implementation									X		X	X
WOR K PACKAGE 2: Skills Traini ng and Capacity Buil din g												
A.2.1. champio n) **Training of health care workers, community volunteers, NTDs champions for active case detection, referral and case management.(15 health workers, 30 Volunteers, 15**		X	X	X	X	X	X	X				
A.2.1. Real implementation		X	X	X	X	X						
			X	X	X	X	X	X	X	X	X	X

A.2.2. Organize integrated monthly screening outreaches on NTDs and other health conditions, sensitizing communities and empowering them with knowledge of NTDs												
A.2.2. Real implementation			X	X	X	X	X	X	X	X	X	X
A.2.3. Training on monitoring and evaluation for volunteers, champions etc in home monitoring, reporting and home based management				X	X	X						
A.2.3. Real implementation				X	X	X						
A.2.4. Two days capacity training for 15 clinicians on laboratory diagnosis, accurate visual inspection and referrals if possible				X	X	X						
A.2.4. Real implementation				X	X	X						
A.2.5. Organize skills training for 150 affected men and women (Soap making, animal farming, etc) for identified beneficiaries												

A.2.5. Real implementation												
A.2.6. Organize community empowerment training for 200 community members, women, youth and traditional authorities on mental health, stigma & discrimination								X	X		X	X
A.2.6. Real implementation								X	X		X	X
WORK PACKAGE 3: *WASH*												
A.3.1 Empower 300 community members on community labor support construction for 6 latrines, and ensure social inclusion for all.						X	X	X	X	X	X	X
A.3.1. Real implementation								X	X	X	X	X
A.3.2. Establish rehabilitation centers in three hospitals and provide training for health workers on basic rehab needs and specialized services						X	X	X	X	X	X	X
A.3.2. Real implementation								X	X	X	X	X
						X	X	X	X	X	X	X

A.3.3. Training of 60 community water and sanitation committees,												
developing community work plans to ensure sanitations at various sources of water, home based sanitation practices												
A.3.3. Real implementation												

DETAILED CHRONOGRAM OF ACTIVITIES UNTIL CLOSING DATE OF REPORTING PERIOD												
	Quarter 5			Quarter 6			Quarter 7			Quarter 8		
	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	Jan-Feb 2025
WORK PACKAGE 1: Research, Advocacy and Social Mobilization												
A.1.1. **Conduct Community entry exercise in the three districts**												
A.1.1. Real implementation												
A.1.2. **Conduct a sectional and comprehensive crosssurvey on skin district NTDs -level response and community knowledge and behavior**												
A.1.2. Real implementation												

A.1.3	**. Organize 8 quarterly engagement meetings with 30 stakeholders/quarter to advocate for policy amendments and financial support at the local level**		**X**	**X**		**X**	**X**		**X**	**X**		**X**	**X**
A.1.3. Real implementation									**X**	**X**			
A.1.4.	**Com select distric Mem Organize Quarterly munity forums for 3 ed communities in 3 ts for 50 community bers on signs, symptoms**	**X**				**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
A.1.4. Real implementation		**X**							**X**	**X**			
A.1.5.	**mater educa variou Develop IE&C ials, jingles, for tion and sensitization at s community levels**	**X**				**X**	**X**	**X**	**X**				
A.1.5. Real implementation						**X**	**X**	**X**	**X**				
A.1.6.		**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**

educa infor	**Monthly mass media tion through radio and mation centers**												
A.1.6. Real implementation		X	X	X	X	X	X	X	X	X			
A.1.7. Distric Com perfor respo	**Establish and train 15 t Accountability mittees on budget and mance tracking of NTDs nse (DAC-SKIN NTDs)**												
A.1.7. Real implementation													
A.1.8.	**Develop Community Score Card for tracking**												
community level and financing response													
A.1.8. Real implementation													
A.1.9 Com as NT	**Establish and train 300 munity Women Groups Ds advocacy groups**				X	X	X	X	X				
A.1.9 Real implementation					X	X	X	X	X				
WOR K PACKAGE 2: Skills Traini ng and Capacity Buil ding													
A.2.1.													

Training of health care workers, community volunteers, NTDs champions for active case detection, referral and case management.(15 health workers, 30 Volunteers, 15 champion)												
A.2.1. Real implementation												
A.2.2. Organize integrated monthly screening outreaches on NTDs and other health conditions, sensitizing communities and empowering them with knowledge of NTDs	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
A.2.2. Real implementation	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**			
A.2.3. Training on monitoring and evaluation for volunteers, champions etc in home monitoring, reporting and home based management												
A.2.3. Real implementation												

A.2.4. Two days capacity training for 15 clinicians on laboratory diagnosis, accurate visual inspection and referrals if possible												
A.2.4. Real implementation												
A.2.5. Organize skills training for 150 affected men and women (Soap making, animal farming, etc) for identified beneficiaries						**X**	**X**	**X**	**X**	**X**	**X**	
A.2.5. Real implementation								**X**	**X**			
A.2.6. Organize community empowerment training for 200 community members, women, youth and traditional authorities on mental health, stigma & discrimination	**X**	**X**										
A.2.6. Real implementation	**X**	**X**										
WORK PACKAGE 3: *WASH*												
	X	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	

A.3.1 Empower 300 community members on community labor support construction for 6 latrines, and ensure social inclusion for all.												
A.3.1. Real implementation	X	X	X	X	X	X	X	X	X			
A.3.2. Establish rehabilitation centers in three hospitals and provide training for health workers on basic rehab needs and specialized services	X	X	X	X	X	X	X	X	X	X	X	
A.3.2. Real implementation	X	X	X	X	X	X	X	X	X			
A.3.3. Training of 60 community water and sanitation committees, developing community work plans to ensure sanitations at various sources of water, home based sanitation practices	X	X	X	X	X	X	X	X	X			
A.3.3. Real implementation			X					X	X			

IV. Report of the implementation / execution of Activities in work package 3 *(for each planned Activity indicate the estimated degree of implementation, in % and absolute value, if applicable. Add as many rows as Activities planned under Work package 1 in the Project Proposal document. Here; provide information by quarter: activities 'details, indicators' target progress and sources of verification)*

WORK PACKAGE 1: *Research, Advocacy and Social Mobilization*				
ACTIVITY 1.1: *Conduct Community entry exercise in the three districts.*				
Period		**Description of the Activity**	**Indicators**	**Sources of Verification**
		This activity sort to officially introduce the project to the local and regional level partners including the Ghana health service, Municipal Assemblies, community leaders, head of frontline agencies and other community level stakeholders. This was done prior to the official launching of the project among 30 stakeholders in the selected districts.	*(% of achievement of the indicator)*	*(List SV's and indicate which annex they are included in)*

`1	1.1	This activity started on March 3rd, 2023 where the project team visited each district officially to announce the start of the project, and engage the district health directors and key stakeholders at the district level. An invitation letter was issued to various stakeholders to officially launch the project. The stakeholders include; district level authorities, including the GHS, District Municipal Assemblies, Opinion leaders, media, information centers, Ghana Education Service. As part of the entry exercise, the project was officially launched on the 21st of March 2023 at Reagent resort hotel in Sunyani, which brought together 32 stakeholders, including the Regional Director of health services of Bono region, Dr. Amo Kofi Kodie, who expressed great excitement over the project in the region and the selected districts. All District health directors were present, **5** affected persons of Leprosy, BU and LF also participated and expressed the excitement and support the intervention will offer to the districts at large. The activity also brought media presence and received stronger coverage broadcasting the importance of stronger	# of district stakeholders engaged and supporting project: target 30 107%	

		collaborations and effort against skin NTDs. Eg. *https://gna.org.gh/2023/03/three-ngos-implement-180000euro-project-to-fight-ntds/* . *https://www.modernghana.com/news/1221561/anesvad-foundation-injects-180000-in-fight-again.html* *As the name suggests Neglected disease, most of the people with these diseases are neglected, and we have to put people on board to change their mindset and have a proper look at their situation when it comes to NTDs. I am very happy about the work packages, especially the research, and the skills training. Many of the people with these conditions are disabled and it affects their livelihood so providing them with alternative livelihood is very important but the three (3) KVIPs for the communities are very small. If we can have more from the rural communities, it will be very impactful in lessoning the burden pf the*		1.1.1 Pictures 1.1.2 Press statements /publication
2		N/A		
3		N/A		
4		N/A		
		EXAMPLE OF NEW LINE INSERTED		

CUMULATIVE		107%		
ACTIVITY 1.2: *Conduct a comprehensive Cross-sectional Survey on skin NTDs in the three selected districts*				
Period		**Description of the Activity** *The baseline survey is one of the important activities as regards to community development or work. It informs the implementing partner wherein to put or invest more resources to address the issues that you are mandated to address*	**Indicators** *(% of achievement of the indicator)*	**Sources of Verification** *(List SV's and indicate which annex they are included in)*
1	1.2	The survey is designed to assess key areas of current behavior and hygiene practices regarding Skin NTDs in the selected districts. This activity has started with almost 60% complete. Data collection was completed with 210 sample-size interviews from three selected districts. The survey is at the analysis and report writing stage. It is expected to be completed, and validated by 15th of June into the second quarter of the implementation phase.	# people interviewed and recorded on questionnaire: target 210 **60%**	**1.2.1** Data Collection tools, 1.2.2 payment list/ Attendance 1.2.3 Sheet and Report
2	1.2	The baseline survey report is near completion, of about 95% complete. Data analysis has been completed and is currently in the write-up stage. The consultant is currently compiling the report and the consortium	**47%**	1.2.1 Draft report

		members and key stakeholders including the regional directorate of the Ghana Health Service will validate the findings. This is to ensure wider adoption and learning among stakeholders working around SKIN NTDs.		
3	1.2	The baseline survey has been completed. The report covers the responses of 222 sampled participants from 15 communities of the three project districts. This includes key groups, including persons with the conditions, health workers, and community members. **Summary of Findings:** The age distribution of the respondents was similar across all the 3 selected districts. The results reveal that more than half (57%) of the respondents were between the ages of 20 – 39. Only 1% of the participants interviewed were below the age of 20. Information collected on the educational status of respondents showed that 32% of respondents had no education, 43% (44) of respondents had basic education and 25% of respondents had secondary/tertiary education. In Goaso and Sunyani West districts, the majority of the respondents (Goaso – 81%, Sunyani West – 96%) had some level of education. However, the results showed that in Tain, the majority of respondents (69%) had no level of education. A vast majority of respondents (86%) were not engaged in income-generating activities. In Tain, only 3% of respondents were involved in income-generating activities in the last 12 months. Factors that favor the abundance of certain NTD transmission vectors are usually present around or near households. Indeed, the presence of human and animal feces was observed in 76 percent of compounds in Tain and in 54 percent of compounds in Sunyani West, and the presence of livestock excreta near the houses was observed in 72 percent of households in Asunafo North. Young children spend a lot of time on the ground and frequently participate in exploratory behaviors like putting fingers, food, and soil in their mouths, they also tend to defecate in locations closer to families, where		**Annex No 16 (Activity 1.2)** 1.2.1 Survey report

		susceptible youngsters could be exposed. It is recommended that the fecal waste of children be disposed of in latrines. This is identified as a risk factor for the spread of the condition as children in these areas.		
4		N/A		
CUMULATIVE		107%		
ACTIVITY 1.3: *Organize 8 quarterly engagement meetings with 30 stakeholders/quarter*				
Period		**Description of the Activity** *The engagement meetings target key stakeholders and service providers that have both direct and indirect influence in the healthcare continuum. This includes community leaders, Nurses, directors and managers of healthcare facilities, The engagements seek to bring to the attention of the stakeholders challenges impeding access and coverages of Skin NTDs, and to chart a common part in addressing the gaps to improve access. Key areas include National Health Insurance policy, to cover the cost of treatment and care for affected persons of Skin NTDs.*	**Indicators** *(% of achievement of the indicator)*	**Sources of Verification** *(List SV's and indicate which annex they are included in)*
1	1.3	This activity is planned to advocate for policy amendments using evidence-based information to engage stakeholders at the district, regional and national level. Specifically, it is to advocate for changes around the Health Insurance policy, and will need evidence of key challenges faced by affected persons from the baseline study. The baseline study will produce key findings on cost of treatment and living conditions of affected persons and will be implemented in the second quarter.	Not implemented in Q1	Not implemented in Q1

2	1.3	In this reporting period, 31 stakeholders have been engaged under this activity. The key objective of this engagement is to set discussions around Skin NTDs prevention and treatment within the Ghana Health Service policy and plans. Broadly, the aim is to ensure right to health and inclusion for affected and vulnerable groups. As part of gathering evidence and advancing the discussions, key stakeholders including; District Health directors, district disease control officers, regional NTD coordinators, clinicians from selected rural and periurban communities and representatives of the regional health insurance agency. Selected affected persons (4 affected people) from the communities were also invited as part of to discuss the role of health insurance in achieving Universal Health Coverage (UHC) a key indicator for Skin NTDs specific targets. The National Health Insurance (NHIS) covers 95% of common conditions affecting the population and conditions covered by the NHIS beneficiaries do not have to pay out of pocket for services or pharmaceutical products and includes care delivered in outpatient, inpatient, and emergency settings in all Government facilities across the Country. In the current situation, except preventive measures by the Ghana Health Service which include the *mass drug administration (MDA) for LF and oncho, which are mostly program funded from the Ghana Health Service, other related medical treatment, including wound dressing and secondary sickness arising as a result of the conditions are often self-financed, which makes it difficult in sustaining care for the vulnerable groups.* Inclusion of these treatments under the NHIS requires policy amendments that the project will continue to intensify advocacy efforts to ensure all treatment cost under Skin NTDs is covered under the NHIS. Among the key learnings is that; medications for the affected persons are mostly provided from National (Ghana Health Service), and most often, delays as a result of verification processes.	# of stakeholders reached **Target:** 224 13%	**Annex No 8 (Activity 1.3)** 1.3.1 Photographs 1.3.2 Attendance Sheet 1.3.3 Activity Report

3	1.3	A quarterly strategic meeting was conducted on the 6th of October with a total of 44 stakeholders at Asunafor and Sunyani West District, two of the project districts. The engagement in this quarter was decentralized to the district level to set the discussion based on the evidence identified from the communities. The meeting targeted the District Health Planning Committee, (DHC), a committee of the district Assembly responsible for		

		planning and handling the issues of health at the Local government level. Key members of the committee include, the District Chief Executive, the District Coordinating Directors, the District Director of health services, the traditional council and queen mother, and key representatives of various state agencies at the district level. The meeting adopted a presentation approach, highlighting the profiles of skin NTDs, national and global efforts in eliminating NTDs, the importance of universal health coverage (UHC) and the elimination of NTDs as a key indicator in meeting the global targets for universal health and the sustainable development goals. Pictures of cases identified from the various project communities were presented during the meeting and key challenges of persons affected by the condition highlighted for discussions. This stirred the discussion and got attention of the stakeholders especially, the district chief executives of the existence of these conditions in their districts. The regional NTD coordinator of the Ghana Health Service shared a comprehensive history and profiles of NTDs in the districts. **Key Barriers to the Eliminations:** Key limitations to the elimination of the conditions were identified as; limited WASH facilities, availability of water bodies in selected communities, out-of-pocket payments and lack of support for affected persons. Most of the affected communities do not have portable drinking water, have no education on NTDs in general and hence attribute them to many traditional conditions and treat them otherwise. Out of pocket, payments as a result of the bureaucracy in sourcing medications from national level through the disease control officers, delays the treatment protocols and kills the hopes of the client identified as one major reason for the loss of follow-up of many cases.	# of stakeholders reached **Target:** 240 Achieved: 18%	**Annex No 17 (Activity 1.3)** 1.3.1 _Photographs 1.3.2 _ Attendance Sheets 1.3.3 _ Activity Report

		Again, the treatment protocols are not decentralized and documented for physicians and doctors at the community and even the hospital level, and are not treated by the doctors, as per the ministry of health protocols.		

		Key Results: A. The District Authorities have increased awareness and knowledge of Skin NTDs, and existence in the districts and affected key groups with details of persons presented for follow-up B. The District Health Committee accepted out-of-pocket payments as a key challenge and will be adopted in the reports and discussed with the hospital and facility managers together with the District Health Directors, and a decision be taken through the health insurance team to mitigate the practice. C. The Social Welfare department of the assemblies to follow-up with the affected persons, assess them for inclusion to district incentives including their inclusion onto the government livelihood empowerment against poverty (LEAP) program. Identified communities to be assessed for and adopted for WASH facilities. The planning unit of the Assemblies to lead in the assessment and enrollment unto their planning documents.		

4	1.3	A district-level engagement was organized in the Tain District of the Bono region with Ghana Health Service, frontline stakeholders, community groups, and media organizations. In this engagement, two radio and three information centers attended as media organizations. In total, 39 stakeholders attended the engagement. The strategic purpose of this engagement is to gather evidence, share findings, and generate discussions around Skin NTDs, creating equitable partnerships to influence local change. Generating rigorous, credible, and relevant evidence that captures the realities of the people and the communities helps to inform learning and developing local-level action toward the elimination of skin NTDs. This activity is in progress with a 43% completion rate for the first year. In this quarter, the activity engaged a total of 28 district-level stakeholders in the Tain district. As part of gathering evidence and generating locallevel advocacy, the activity brought together key local-level influencers, including traditional and opinión leaders, community members, and decision-makers to discuss the issues of skin NTDs, service delivery challenges, and local-level policy plans. Gathering evidence across communities can generate valuable local and national level learning for informed health delivery and improved outcomes. The activity employed a set of strategic learning questions that support flexible evaluations for better local-level programming, including		

		the annual district composite action plans, and médium term development plans (MTDP) at the district level. Key learning questions include the awareness of stakeholders especially the District Assembly and traditional authorities of the pre.valence of Skin NTDs in their communities?, Knowledge of economic hardship of affected persons Cost involvement in the treatment of these conditions by the Ghana Health Service? The role of local-level partnership and support with the Ghana Health Service towards the elimination of Skin NTDs, social determinants of these conditions and evidence of the existing and spreading nature of these conditions among the communities in the district? Our refined strategy articulates two Enabling Actions including strategic learning and evaluation, further emphasizing the presence of conditions with pictures, locations within the communities, statistics from other districts, and systemic and financial challenges faced by the Ghana Health Service in fighting the endemic nature of the condition, and; shaping agendas, strengthening their focus on local level policy plans for effective and efficient health and wellbeing for all. **Lessons Learned:** 1. **Lack of Awareness of conditions in the district:** The district Assembly as the local government leads in the district expressed shock over the prevailing conditions in their communities even though they acknowledge poor sanitation and other social determinants of health being poor in the district. 2. Traditional Authority indicated the presence of the conditions predating their four fathers, however, associated it with spirituality and not mere lack of knowledge, sanitation, and other social determinants of health.	# of stakeholders reached **Target:** 240 12%	**Annex No 23 (Activity 1.3)** 1.3.1 _Photographs 1.3.2 _ Attendance Sheets 1.3.3 _ Activity Report

		3. **Higher cost of treatment:-** General acceptance of community members and health service providers on the higher cost of treatment being a key barrier and need for local-level support for treatment and service		

		delivery. This is associated with unapproved treatment protocols indicating that the treatment of some conditions is not based on laboratory diagnosis and knowledge of the service providers. This is largely because of the protocols involved for confirmation and through the district disease control officers to región for confirmations before medications are provided. 4. **Lack of Social Protection Schemes for Affected Persons:** There is no social support system like NHIS or prioritization for any social interventions like the livelihood empowerment Against Poverty (LEAP) program by the Government of Ghana. Need for higher-level advocacy for the inclusion of all forms of treatments for Skin NTDs and NTDs in general into the National Health Insurance Policy of the Government. Opportunities exist for the local government to prioritize these groups adversely affected by the conditions and whose livelihoods have been destroyed.		
Q5	1.3	Not implemented this quarter		

Q6	1.3	On June 20, 2024, a quarterly community meeting convened 35 key stakeholders, including members of the district-level Risk Communication and Community Engagement (RCCE) sub-committees and a partner from the One Health initiative. The meeting centered on addressing challenges in managing Skin Neglected Tropical Diseases (NTDs). The project team highlighted the exclusion of Skin NTD treatments from the National Health Insurance Scheme (NHIS), emphasizing the need for policy reforms to ease the financial burdens on affected individuals. Presentations also underscored the scarcity of medications and specialized care, sparking discussions on forming partnerships with pharmaceutical companies and NGOs to improve resource availability. Stakeholders discussed challenges in scaling Mass Drug Administration (MDA) programs and emphasized the need for localized approaches to enhance effectiveness. The lack of local laboratory services was identified as a significant barrier to timely diagnosis and treatment, prompting calls for investment in infrastructure and training. The One Health partners reinforced the importance of integrating health services and highlighted opportunities for cross-sector collaboration to improve community health outcomes. The meeting concluded with commitments to advocate for NHIS reforms, develop partnerships for resource		
		enhancement, and invest in local diagnostic capabilities, with plans for coordinated advocacy efforts and ongoing monitoring of progress. **Key Results:**		

		• Successfully engaged 35 stakeholders, including community leaders and health managers, in critical discussions on Skin NTDs. • Healthcare managers and community leaders committed to advocating for NHIS policy reforms to include Skin NTD treatments. • Actionable steps were identified to improve the supply chain for essential medications through partnerships with pharmaceutical companies. **Lessons Learned:** • Involving local leaders and health managers in advocacy efforts is crucial for ensuring policy change and enhancing the impact of health interventions. • Integrating community-based approaches can significantly improve the effectiveness of health interventions, particularly in under-resourced areas. **Recommendations:** Leverage the momentum from this meeting to engage higher-level government stakeholders, particularly within the Ministry of Health and NHIS, to advocate for the inclusion of free treatment for all affected persons of Skin NTDs. Launch a coordinated advocacy campaign focused on highlighting the financial and social benefits of expanding NHIS coverage to include Skin NTD treatments, aiming to secure government support and policy changes.	# of stakeholders reached **Target:** 240 34%	**Annex No 23 (Activity 1.3)** 1.3.1 _Photographs 1.3.2 _ Attendance Sheets 1.3.3 _ Activity Report

Q7	1.3	**Activity 1.3: Quarterly Stakeholder Engagement on Neglected Tropical Diseases (NTDs):** **Introduction of Activities:** The engagement was designed to unite stakeholders with direct and indirect influence on healthcare delivery. It focused on identifying barriers to NTD care, such as limited access and inadequate coverage, while collaboratively analyzing gaps in diagnosis, treatment, and service delivery. Organized by the project team with support from regional health authorities, the meeting served as a platform for inclusive dialogue, enriched by the perspectives of healthcare providers, community leaders, and affected individuals. This multisectoral approach aligned project goals with regional health strategies and community needs. **Methodology:** Preparations involved formal invitations to participants, ensuring representation from district and regional levels. The meeting was conducted in English and Twi to ensure inclusivity. Facilitators included the project manager, executive director, and project team members. Discussions incorporated presentations, evidence validation, and collaborative problem-solving, fostering active engagement and consensus-building. **Discussion Points:** Discussions focused on critical areas such as evidence validation, performance reviews of current interventions, and infrastructure development. Stakeholders emphasized the need for targeted facilities, such as washrooms for NTD-affected individuals, to address hygiene and dignity concerns. Recommendations included incorporating community-friendly WASH solutions like bio-digesters and mechanized boreholes. The regional NTD focal person stressed the importance of accurate data reporting via DHIMS and called for health information officers' involvement in meetings to improve data systems. Stakeholders also highlighted the importance of unified platforms for communication and collaborative problem-solving, as well as community training on sanitation and hygiene.	# of stakeholders reached **Target:** 240 14%	**Annex No 47 (Activity 1.3)** 1.3.1 _Photographs 1.3.2 _ Activity Report 1.3.3 _

				Attendance Sheets

		Results/Outcomes: Enhanced understanding of challenges and opportunities in NTD management. Validation of field evidence to refine strategies and interventions. Strengthened collaboration among stakeholders to address healthcare delivery gaps. Recommendations for improved training, infrastructure, and community engagement. **Lessons Learned:** The meeting highlighted the value of diverse stakeholder participation, which brought practical solutions and strengthened inclusivity. Targeted infrastructure development, such as sustainable sanitation facilities, emerged as a priority for long-term impact. Unified platforms for communication were identified as critical for improving coordination, while transparent updates fostered accountability and trust. Community-friendly sanitation solutions and robust data management systems were emphasized as essential for sustaining impact. **Conclusion and Way Forward:** The engagement reaffirmed the importance of collaboration, innovation, and community-centered approaches to tackle NTDs. Stakeholders emphasized aligning project goals with community needs, such as infrastructure development and sanitation improvements. Capacity building for healthcare workers and volunteers remains a priority, alongside enhanced data systems like DHIMS for better reporting. Community ownership of sanitation initiatives will be encouraged through affordable, locally sourced solutions. Unified platforms and consistent monitoring will ensure sustainability. As the project concludes in early 2025, these efforts will solidify its legacy in reducing the burden of NTDs and improving health outcomes for vulnerable populations.		

		 Presentation by the Project Manager during Quarterly engagements.  Contributions from the Regional NTD focal person during the quarterly engagements.		
CUMULATIVE		88%		
ACTIVITY 1.4 *symptom*		: *Organize Quarterly Community forums for 3 selected communities in 3 districts for 50 community Members n signs,*		
Period		**Description of the Activity**	**Indicators** *(% of achieveme*	**Sources of Verification**

		The community forums are designed to empower community level members and enhance community level response, fostering stronger partnerships with the Community and health facilities, facilitating linkages and increasing access to health services of vulnerable and affected persons.	*nt of the indicator)*	*(List SV's and indicate which annex they are included in)*
1	1.4	In this reporting period, 4 communities have been reached, mobilized and empowered on skin NTD infections, signs, symptoms and treatment reaching 278 community members. Key messages around prevention, detection, reporting and treatment of Skin NTDs have been widely shared with the selected communities. This was done in close collaboration with District Disease Control Officers and health directors participating in various communities. Communities reached include; Manukrom (Asomura Sub-district), Kumoho (Ayomso Sub-district), Jerusalem (Betoda Sub-district), in Ahafo region and Dumasu community in the Sunyani West Municipality of Sunyani.	# of community members reached Target: 400 91%	1.4.1 Activity Report, 1.4.2 Attendance Sheet, 1.4.3 Pictures/ Photographs
2	1.4	The community forums activities have been implemented in 4 selected communities, registering 285 community members with key community stakeholders, health workers, chiefs and traditional authorities. In this quarter, the activity attracted key attention because of the stronger engagements and awareness created using community volunteers and champions. The regional NTDs coordinating officers participated strongly, providing strategic inputs including expert advice to ensure that community members are well informed about the prevention and treatment of skin NTDs. Targeted communities in this quarter include; BOFOURKROM, in the Sunyani West, Asukese in Mim Sub-district, Bedabour in Akodie in Asunafo North Municipal and ARKOKROM, Tain District of Bono region. Key outcomes achieved so far include increased understanding and	# of community members reached Target: 400	**Annex No 9 (Activity 1.4)** 1.4.1 Photographs 1.4.2 Attendance Sheet

		awareness among selected communities of prevention and treatment of skin NTDs. This is helpful in facilitating in increasing positive health seeking behaviors for early reporting and prevention strategies. More importantly, discrimination and stigmatization among affected persons will be minimized giving the understanding of the community members, chiefs and elders who have come to reasonable understanding of skin NTDs infection and it spread within their communities. The activity has also facilitated self-reporting of suspected cases to the health facilities, which are currently undergoing investigations.	**71%**	1.4.3 Activity Report
3	1.4	Three communities, Mpamase, Kobedi, and Badu drobo have been successfully engaged, reaching a total of 231 community members, including women, men, traditional authorities, and opinion leaders. The forums are organized in close collaborations with the Ghana health service, at the district levels. The forums offer a platform for interaction with the community and providing preventive messages on skin NTDs. The discussions also foster community level partnerships and empower the community to practice high level hygiene and adopt health seeking behaviors for early identification and treatment. As topics covered stigma and discriminations ***Lessons from Kobedi Community:*** A chief of the community, after the education, attributed the existence of the conditions in his community to the lack of water and sanitation facilities. ***"This community practices open defecation, which I believe contributes significantly to the burden of Neglected Tropical Diseases (NTDs). We do not also have good water, most of my people drink from wells, and river streams, and I believe that is the reason why we have these conditions here. I am pleading if you can assist us with some of the boreholes because the Assembly has not responded to our challenges for a very long time."*** The forums recorded 60% coverage in this reporting period providing equitable partnerships and empowering communities of the awareness and knowledge skin NTDs. As part of the education package, include behavior	# of community members reached Target: 400 **60%**	**Annex No 18 (Activity 1.4)** 1.4.1 Photographs, 1.4.2 Activity Report 1.4.3 Attendance Sheet,

		change for water and sanitation improvement messages that enhance household practices. This is seen in many of the households as a key concern and a risk factor for the infections and manifestations.		
4		In this reporting period, the quarterly community fórums were extended to other communities, reaching three selected communities; i. Ahyiaem community in Tain District, Mantukwa in Sunyani West, and Anyimaye community in the Asunafo North District. The fórums reached a total of **242** Community members within the three selected communities receiving quality information through interactive discusión and display of visuals of skin NTDs. The education is targeted at creating awareness through formal learning processes to inform and refine individual to household-level approaches to eliminating skin-related infections and diseases. The educational sessions during the fórums were facilitated by Ghana Health Service Disease control focal persons together with the Project coordinator. Key messages disseminated are tailored around disease prevention, identification of symptoms, reporting pathways, diagnosis, and treatment. Embedded in these pathways is the engagement with community-level volunteers who assist in the firsthand assessment of the conditions and referral to the nearby facility for further investigations. Messages around WASH are highly prioritized as recommended in the baseline survey report. This activity is ongoing and on track as against the operational plan with promising results in terms of the knowledge and behaviors being influenced positively across all the communities engaged so far. For the first year, a total of **1126** people were reached directly with education on Skin NTDs from 12 communities across the three districts. This is above the indicator target of 400 community members, with **282%** reach against the target. This represents direct services decentralized too far-to-reach communities, galvanizing community discussion, and mobilizing the community for a shared vision of eliminating Skin Infections for better health outcomes in the communities. Behaviors of the people have been altered, and knowledge is enhanced on Skin NTDs prevention and treatment processes.	# of community members reached Target: 400 60%	**Annex No 24 (Activity 1.4)** 1.4.1 Photographs, 1.4.2 Activity Report

				1.4.3 Attendance Sheet,
Q5	1.4	In this quarter, the forum was organized in the Nkranketewa community of the Sunyani West district bringing together key stakeholders at the district and community levels. In this quarter, 52 stakeholders have been engaged in this community, with a total of 52 participants present at the Community forum. 20 (38.5%) of the participants were males while 32 (61.5%) the majority were females. The community forum employs an interactive approach, as the speakers ensured that information was not only disseminated, but also clearly understood by the audience. The language used was relatable to everyone, enabling participants to confidently seek clarification and actively engage in the program.	# of community members reached Target: 400 **13%**	**Annex No 24 (Activity 1.4)** 1.4.1 Photographs,

		Collaboration: The activity was implemented with the Ghana Health Service and the environmental unit of the Municipal Assembly. The Municipal Assembly has been identified as a key stakeholder and local government representative in the area of water and sanitation led by the Environmental unit of the Municipal Assembly. Together with the community chiefs, and the Assembly member in the community and community members, a successful discussion, focusing on community support and role in the elimination of skin NTDs in the district and all communities. **Results:** ● The chief of the community guaranteed IWEN of their support to aid in the combat of NTDs stating that the traditional authorities of the community would avail themselves to ensure successful implementation of the project that seeks the health and wellbeing of his people. He cautioned the attendees against loitering around the community and added that the authorities are going to enact bylaws and empower volunteers to ensure that the sanitation condition of the community is improved. *"The sanitation situation in this community is not the best and anyone who would be caught throwing refuse at other places other than the allocated place would face the authorities". Nana concluded that the people should prioritize sanitation as one of the means to combat NTDs, end stigmatization of people with the condition and stop considering the disease as cursed diseases".* **Lessons Learned and Recommendation:**		1.4.2 Activity Report 1.4.3 Attendance Sheet **Annex No 32 (Activity 1.4)** 1.4.1 Photographs, 1.4.2 Activity Report 1.4.3 Attendance Sheet

		● **The** most identified problem and causative factor is lack of portable water for the community and even the Assembly, has plans of construction of Boreholes for all communities, more effort can be done through strategic partnership to expand water and sanitation support to these communities.		

Q6	1.4	On June 21, 2024,the community forum was held in Kogua community in the Tain District to empower local members, enhance community-level responses, and strengthen partnerships between the community and health facilities. The forum, attended by 73 participants (43 males and 30 females), aimed to facilitate linkages and increase knowledge and access to health services for vulnerable and affected persons. During the forum, Nana Yaw Krah, the chief of Kogua, expressed concern about the impact of free-range farming on community sanitation. He emphasized the need to enforce existing bylaws prohibiting this practice and improve waste management. Nana Krah committed to engaging the community elders to reinforce these bylaws and assign volunteers to monitor compliance. He highlighted the importance of collective action in preventing disease outbreaks and maintaining proper sanitation. The forum also included educational messages on Skin Neglected Tropical Diseases (NTDs), focusing on early detection, treatment, and the role of the community in supporting affected individuals. **Key Outputs:** • 73 community members were engaged in discussions on sanitation and Skin NTDs. • Community leaders, including the chief, committed to enforcing bylaws on animal control and waste management.	# of community members reached.	**Annex No 32 (Activity 1.4)** 1.4.1 Photographs, 1.4.2 Activity Report 1.4.3 Attendance Sheet

		• Educational messages on Skin NTDs were successfully disseminated, raising awareness among participants. **Outcomes:** • Strengthened community resolve to improve sanitation and prevent disease outbreaks through collective action. • Increased awareness and understanding of Skin NTDs, leading to better community support for affected individuals. • Initiated plans for stricter enforcement of sanitation bylaws, with community volunteers to monitor compliance. **Key Lessons Learned:** • Involving community leaders is crucial for reinforcing local regulations and encouraging community participation in health initiatives. • Addressing community-specific concerns, such as sanitation practices, can enhance the effectiveness of health education and disease prevention efforts. **Recommendations:**	Target: 400 **13%**	

		• Continue engaging community leaders and elders to ensure the sustained enforcement of bylaws and promote improved sanitation practices. • Strengthen partnerships with local health facilities to provide ongoing education and support for Skin NTDs, focusing on early detection and treatment.		

		Explore opportunities to collaborate with higher-level government stakeholders to advocate for policies that support community-led health initiatives and ensure broader access to healthcare services for vulnerable populations.		

Q7	1.4	**Community forum at Kyenkyenhene, Ayomso Sub-district:** Neglected Tropical Diseases (NTDs) remain a significant public health challenge in underserved areas with limited healthcare access and awareness. On October 11, 2024, Tim Africa Aid Ghana, in collaboration with the Ghana Health Service, organized a community forum in Kyenkyenhene, Ayomso Sub-District. This event was part of a monthly screening outreach initiative designed to enhance community health through education, awareness, and empowerment in the prevention and management of NTDs and other health conditions. The forum, conducted in Twi to ensure inclusivity, attracted 94 participants, equally split between men and women. Key facilitators included Mr. Abdul Fatao, who introduced the session with a video on malaria prevention, and Madam Paulina Amponsah, the NTD focal person, who led an engaging discussion on common Skin NTDs such as Yaws, Onchodermatitis, and Lymphatic Filariasis. Participants were educated on the importance of using treated mosquito nets, seeking professional healthcare over traditional remedies, and understanding the symptoms and preventive measures for NTDs. **Key Results:** ➢ The forum resulted in increased knowledge among community members about NTD prevention and treatment, with many pledging to report suspected cases to healthcare facilities.	# of community members reached. Target: 400 **23%**	**Annex No 48 (Activity 1.4).** 1.4.1 Photographs,

		➢ Stronger coordination among stakeholders, including local chiefs, the District Director of Health Services (DDHS), and the Disease Control Officer (DCO), was also achieved. Misconceptions linking NTDs to spiritual causes were addressed, promoting evidence-based approaches to health. ➢ However, miscommunication about the forum's timing ledto some participants arriving late or missing the session due to farming commitments. This highlighted the need for better planning and communication for future events. **Key Lessons Learned:** ➢ Key lessons learned include the importance of sustained education and awareness to address stigma and misconceptions about NTDs. Periodic community sensitization and the integration of sanitation into health strategies were recommended as vital measures for long-term solutions. ➢ The session concluded with closi ng remarks from Mr. Abdul Fatao, who emphasized the importance of applying the knowledge gained during the forum and encouraged participants to educate others in their community. He expressed gratitude for the community's active participation and support throughout the event.   Community forums on Skin NTDs Education and Sensitization Activities in Kyenkyenhene community Ahafo Region.		1.4.2 Activity Report 1.4.3 Attendance Sheet

CUMULATIVE		**336%**		
ACTIVITY 1.5: *Develop IE&C material, jingles, for education and sensitization at various community levels*				
Period		**Description of the Activity.** *The* development of information, Education, and Communication (IE&E) materials is so important in community-level project implementation as well as in outreach programs to increase the community members knowledge on the project	**Indicators** *(% of achievement of the indicator)*	**Sources of Verification** *(List SV's and indicate which annex they are included in)*

1	1.5	The development of information, Education, and Communication (IE&E) materials is so important in community-level project implementation as well as in outreach programs. In March, T-shirts (150), banners (3), and rollers (2) were developed to be used in the community programs. The above-mentioned materials are used in community entry, launching of the project, community forums, and NTDs screening activities. The customized T-Shirts were distributed to the district's stakeholders, media, and affected persons to create awareness of the project in the two regions. One hundred and fifty-five branded T-shirts have been developed and printed, three pull-ups and banners carrying key messages of skin NTDs developed and used for field level activities. Messages have been developed for IE&C materials including posters, banners, stickers etc and are currently under review by the Ghana Health Service team and will be completed in the second quarter. These paraphernalia are to assist communicate strategic messages on skin NTDs widely in the selected areas and the beneficiaries.	# of IE&C Materials developed and jingles Target: 1502 **10%**	**1.5.2** **1.5.1** Distribution report 1.5.2 Payment receipts design and printing. 1.5.3 Distribution report/Photographs, 1.5.3 Receipt/Invoice

2	1.5	In this reporting period, A jingle has been developed together with the Ghana Health Service Communication department of both two regions in the Bono and Have region and is currently being used through the airwaves, specifically three radio stations (Space FM, Radio BAR, and Radio Success) have been engaged including 11 community information centers at the community levels. The jingle went through a participatory process with the Ghana Health service team, right from the development of the messages and validation process to meet the needed standard of the service. This has been finalized and adopted by the Ghana Health Service at the regional, district, and CHP levels for use. It has also been translated into one local language (TWI) widely communicated across all the selected communities and districts. Under these activities, two indicators are targeted; i. Number of Jingles developed and used, this has been achieved with a 100% score, ii. Number of IE&C materials developed; which seeks to determine the number of T-shirts, flyers, fact sheets, printed brochures/photo albums of Skin NTDs developed and distributed with the target audience. Cumulatively, the target for all indicators amounts to 1502 items, and in this reporting period, 10% has been achieved so far, this includes the completion of the jingles, and printing of 150 T-shirts, Banners, and 3 rollers have been developed.	I. # of jingles **Target: 2** II. Number of IE&C materials developed and distributed. **Target: 1500** **0.4%**	**Annex No 10 (Activity 1.5)** 1.5.1 Jingle develop and distribution 1.5.2 Payment receipts design and printing. 1.5.3 Press Statement 1.5.4 Jingle Key Messages

3	1.5	As part of augmenting information dissemination and facilitating education, communication materials have been developed and distributed, and messages disseminated to ensure understanding. These materials are used during the community forums and other community-level activities including the activities of community volunteers and champions. In this reporting period, **150 posters** and flyers have been branded and printed with messages of skin NTDs. The messages are geared towards education and sensitizing communities to be able to suspect and report at	1. # of jingles **Target: 2**	**Annex No 19 (Activity 1.5)** 1.5.1_Flyers

		the initial stages of the infection. Risk factors including poor sanitation, open defecation, and use of contaminated waters, especially among school children who play around dirty waters and streams have been captured in those reports for dissemination. Mass education is done during the open forums and flyers are distributed and passed around strategic points in the selected communities. The community volunteers and champions are being used for the distribution of the materials, and providing further education at the household levels and small groups with the community members. Distribution points also include the community information centers, (CIC) and radio programs.	Several IE&C materials were developed and distributed **Target: 1500** **10%**	
4	1.5	As part of developing information, education, and communication materials, the tea team worked to validate messages in collaboration with the Ghana Health Service to print flyers and brochures. This Will be completed this current quarter and Will be reported in the quarter five (Q5) window.	N/A	**Annex No 25** **(Activity 1.5)** 1.5.1_Flyers
Q5	1.5	N/A		

Q6	1.5	In the current quarter, significant progress was made in the development and dissemination of Information, Education, and Communication (IE&C) materials, which are crucial for enhancing community-level understanding and engagement with the project. The project focused on producing and distributing various IE&C materials to support education and sensitization efforts across different community levels. Key achievements during this quarter include: **Flyers and Photo Albums:** Flyers: An additional 200 flyers were printed. These flyers are designed to provide community members with essential information about the project, including details on Neglected Tropical Diseases (NTDs), early detection, and available services. Photo Albums: A total of 40 photo albums were developed and printed. These albums document all identified cases from the communities, highlighting specific locations and individual stories. They serve as powerful advocacy tools for engaging with health partners and stakeholders, illustrating the real-life impact of the project and promoting visibility. Completion Progress: The completion of IE&C materials has increased from 20% to 36% this quarter. This improvement reflects the project's commitment to enhancing community outreach and ensuring that information reaches a broader audience.	# of media stations(Radio and Information centers) engaged **Target: 1500** **15%**	**Annex No 25** **(Activity 1.5)** 1.5.1_Flyers 1.5.2_ Photo Album

		Ongoing and Future Activities:		

		Continued Printing of additional posters and stickers in the upcoming quarter. These materials will further promote the project's objectives and increase its visibility among key stakeholders and community members. Additional Materials: Efforts will also focus on developing other relevant materials to support ongoing education and engagement activities. This includes creating new content that addresses emerging needs and feedback from the community. Expansion and Impact: The development and distribution of these IE&C materials play a crucial role in raising awareness about NTDs, improving community knowledge, and fostering stronger engagement with the project. By using visually impactful and informative materials, the project aims to effectively communicate its messages and encourage proactive participation in health initiatives. Overall, the progress made this quarter in developing and disseminating IE&C materials underscores the project's dedication to enhancing community outreach and ensuring that critical information about NTDs reaches those who need it most.		

Q7	1.5	The completion of printing of IE&C materials such as 150 T-Shirts, 100 Fact sheets, 700 flyers, A3 posters and Photo Album . This improvement reflects the project's commitment to enhancing community outreach and ensuring that information reaches a broader audience. The development and distribution of these IE&C materials play a crucial role in raising awareness about NTDs, improving community knowledge, and fostering stronger engagement with the project. By using visually impactful and informative materials, the project aims to effectively communicate its messages and encourage proactive participation in health initiatives.	# of media stations(Radio and Information centers) engaged **Target: 1500**	**Annex No 49** **(Activity 1.5)** 1.5.1_T-Shirts 1.5.2_A3 Posters 1.5.3_ Flyers

		Overall, the progress made this quarter in developing and disseminating IE&C materials underscores the project's dedication to enhancing community outreach and ensuring that critical information about NTDs reaches those who need it most.		1.5.4_ Photo Album 1.5.5_ Factsheet
CUMULATIVE		**100%**		
ACTIVITY 1.6: *Monthly mass media education through radio and information centers*				
Period		**Description of the Activity** *The radio activities are an additional source of information to disseminate the project messages key to the community folks* and will follow suit at the community levels through the community information systems *in the project district*.	**Indicators** *(% of achievement of the indicator)*	**Sources of Verification** *(List SV's and indicate which annex they are included in)*

1	**1.6**	Two (2) radio programs have been organized in the selected districts. Eighteen (18) radio and information centers were planned for the 18 months period of the project with three planned for the first quarter of the project and successfully implemented. The radio program is designed to promote behavior change around skin NTDs, covering the areas of water and sanitation practices at the household and community levels, disease mode of infection, early detection and reporting for treatment. Approximately, the messages of the radio program have reached over 2500 indirect participants across the three districts, with 87 people directly reached, including call-in for questions and answers.	# of media stations(Radio and Information centers) engaged **Target: 18**	**1.6.1** Pictures of Radio Discussions

			11%	**1.6.2** Recordings of Live Sessions 1**.6.3** Activity reports

2	**1.6**	Mass Media Education through Radio, information centers, and social media engagements are prioritized including one-on-one education through the use of community volunteers as key strategies in disseminating transformative information to a larger group of the population in the targeted communities, districts, and regions as a whole. In this period; Three radio stations and information centers have been engaged on a monthly basis and providing airtime for education and sensitization on skin NTDs and various factors affecting ***affected persons*** including the focus on stigma and discrimination. The regional health information officers have been engaged as panel members in the selected radio stations educating and sensitizing the general information on Skin NTDs prevention and treatment protocols. Key challenges identified in this activity include the delays in finalizing the jingles, and messages for education with our key stakeholder; the Ghana Health Service. This was a result of COVID 19 vaccination activities that took most of their time during the engagement processes.	# of media stations(Radio and Information centers) engaged **Target: 18** **17%**	**Annex No 11 (Activity 1.6)** 1.6.1 Photographs of radio and information 1.6.2 Recording of live sessions 1.6.3 Activity Report 1.6.4 Payments receipts/invoices
3	**1.6**	Mass media education campaigns have been intensified in the various communities after the deployment of the community volunteers. This includes additional house-to-house education, community level education among small groups, one-on-one, and use of information centers and radio platforms. This has intensified education activities, considering the increase in numbers of reach, through different platforms. The activities of the volunteers have been very strategic, and helping to identify early-stage infections and referrals. In the	# of media stations(Radio and Informatio	**Annex No 20 (Activity 1.6)**

<table>
<tr><td></td><td></td><td>30 targeted communities, 156 persons(Community members) have been directly reached through one-onone and household education and sensitization approaches solely by the volunteers and champions. This is essential as it creates opportunity for questions and answers and facilitates more understanding of the conditions. It has also added in terms of the number of mediums of mass media, to three as was initially planned i.e., radio and community information centers opportunities.</td><td>n centers) engaged

Target: 18

28%</td><td>1.6. 1_ Photographs 1.6. 2_Activity report</td></tr>
<tr><td>4</td><td>1.6</td><td>The Monthly mass media education is ongoing and also on track as planned against our operational plan, with the current performance annual score of 94% with bi-weekly broadcast activities, disseminating information around skin NTDs for community members. Currently, three district-level radio stations are enrolled and working closely with the information centers across all the Project communities.

Below are selected Information Centers the Project is closely working within the selected communities.
<table>
<tr><th>#</th><th>Name of Information Center</th><th>Community</th><th>Sub-district</th></tr>
<tr><td>1</td><td>Oyeman Information Center</td><td>Ayomso</td><td>Ayomso</td></tr>
<tr><td>2</td><td>Kaakyire Badu</td><td>Kyenkyenhene</td><td>Ayomso</td></tr>
<tr><td>3</td><td>Heaven Gate Information Center</td><td>Akrodie</td><td>Akrodie</td></tr>
<tr><td>4</td><td>In Him Is Life</td><td>Akrodie</td><td>Akrodie</td></tr>
<tr><td>5</td><td>Boshye Information Center</td><td>Mim</td><td>Mim</td></tr>
<tr><td>6</td><td>Nana Boffah Information Center</td><td>Mim</td><td>Mim</td></tr>
<tr><td>7</td><td>Seth Boakye Information Center</td><td>Mim</td><td>Mim</td></tr>
<tr><td>8</td><td>Gift Information Center</td><td>Apankro</td><td>Kasapin</td></tr>
<tr><td>9</td><td>Nana Badu Information Center</td><td>Bitre</td><td>Kasapin</td></tr>
</table></td><td># of media stations(Radio and Information centers) engaged</td><td>Annex No 26

(Activity 1.6)

1.6. 1_Activity report</td></tr>
</table>

			10	Asuafu Community Information Center	Asuafu	Tain		**Target: 18**
			11	Paradise Information Center	Nsawkaw	Tain		
		As planned, trained communitylevel volunteers are linked with each information center to provide weekly education through the use of the information centers, while engaging in house-toat their community level. In this quarter, 232 persons were reached directly with information on Skin NTDs by community volunteers from three districts and 11 communities. These are one-ongroup meetings, disseminating information, and sharing of knowledge products including are aligned with the Project goals and objectives, engaging the community members as entry points that can catalyze the process of change.				house education activities one and community-level the posters. These	**38%**	

5	1.6	All 3 radio and 12 information centers across the three project districts have engaged on education and sensitization, through playing of jingles, and weekly information center discussions with the trained volunteers. Monthly educational activities at the radio stations are conducted. In all the districts, three key officers including the project coordinator, the district disease control officer, health information officer and a volunteer appeared on each radio at the district level to discuss and provide education on Skin NTDs causes, prevention, reporting and treatment. Key messages are disseminated through the targeted channels, assisted by the community level volunteers. Open discussions for questions and answer sessions through phone-in service. **Results:** ● Three (3) district level radio stations have been engaged in education and sensitization in collaboration with the district disease control officers and the community volunteers. The monthly radio discussions and educational activities provide extensive coverage reaching more communities and people with messages of Skin NTDs, mental health and prevention strategies. ● 16 Information centers across the 3 districts have been engaged this quarter through the use of the community volunteers to provide education, playing of the jingles and distribution of IE&C materials. This marks an improvement with information dissemination in 16 communities, reaching out to a greater number of people indirectly in terms of awareness coverage through education and sensitization.	# of media stations(Radio and Information centers) engaged **Target: 18** 34%	**Annex No 26** **(Activity 1.6)** 1.6. 1_Activity report **Annex No 33** **(Activity 1.6)** 1.6. 1_Pictures 1.6. 2_Activity report 1.6. 3_ Education Audio

		From May to July 2024, an intensive awareness campaign on Neglected Tropical Diseases (NTDs) was implemented across Goaso (Asunafo Municipal, Ahafo Region), Tain, and Sunyani West (Bono Region). The campaign was strategically designed to increase community knowledge and awareness, focusing on the importance of early detection and treatment of NTDs. Key messages were communicated through mass media and Community Information Centers (CICs), ensuring extensive reach and impact. The Jingle in the local language Twi, which is played multiple times daily on three radio stations and across 15 CICs. This jingle was crucial in communicating the risks associated with NTDs and the necessity of seeking early treatment. The broadcasts were strategically timed in the mornings and evenings to reach the maximum audience, including those in rural and remote areas.	# of media stations(Radio and Information centers) engaged	**Annex No 26** **(Activity 1.6)**

		Community volunteers played a vital role in this campaign. They collaborates with the CICs, providing further explanations of the jingle's messages, answering questions from community members, and offering first-hand screening and referral services. This direct engagement with the community helped to build trust and encouraged individuals to take action toward their health. Key Results: • Awareness Raised: The campaign significantly increased community knowledge of NTDs, leading to greater awareness of the symptoms and the importance of early detection and treatment. • Early Detection and Referrals: The involvement of community volunteers facilitated the screening and referral of several individuals for further medical care, highlighting the campaign's immediate impact on public health. • Broad Reach: The combined use of radio broadcasts and CICs ensured that the campaign reached both urban and rural populations, effectively covering a wide geographical area. **Lessons Learned:** • Localization of Messages Recommendations by Community members: Tailoring the messages to the local context by using the Twi language was critical to the campaign's success, emphasizing the need for cultural relevance in communication strategies. In beneficiary communities, community members during field monitoring, recommended the intervention be extended to other communities where known cases exist. • Community Engagement: The active involvement of community volunteers was a key factor in bridging the gap between the project team and the community, leading to higher levels of engagement and participation. **Recommendations:** • Sustained Media Engagement: It is recommended to continue collaborating with local media and CICs beyond the campaign period to maintain ongoing awareness and support for NTD management.	**Target: 18** 44%	1.6. 1_Activity report **Annex No 33** **(Activity 1.6)** 1.6. 1_Pictures 1.6. 2_Activity report 1.6. 3_ Education Audio

		• Advocacy for Policy Change: Engage higher-level government stakeholders to advocate for the inclusion of free treatment for all individuals affected by skin NTDs, ensuring equitable access to necessary care and treatment across all communities. • Expansion of the Campaign: Consider extending the campaign to additional communities where Skin NTDs are prevalent, using the same approach to IEC material development and dissemination to maximize impact.		
Q7	1.7	**Summary: Community Information Center (CIC) and Radio Sensitization Activities:** From August to October 2024, a comprehensive sensitization campaign on Neglected Tropical Diseases (NTDs) was conducted in Goaso, Asunafo Municipal, Ahafo Region. The campaign combined mass media efforts, community information centers (CICs), and direct outreach by volunteers to educate and empower communities about the prevention, early detection, and treatment of NTDs. A key component of the campaign was a jingle developed in the local language, Twi, to ensure accessibility and comprehension. This jingle highlighted the importance of recognizing NTD symptoms and seeking timely medical care. It was aired on SUCCESS FM 90.0 and played at nine CICs five times daily, reaching a broad audience across multiple sub-districts. Simultaneously, trained community volunteers and champions conducted targeted education and awareness sessions through house-to-house visits, religious gatherings, schools, and community durbars. They provided	# of media stations(Radio and Information centers) engaged **Target: 18** **33%**	**Annex No 50** **(Activity 1.6)** 1.6. 1_Pictures 1.6. 2_Activity report

		essential information about NTD prevention and treatment, identified suspected cases, and referred them to health facilities for further evaluation. This multi-channel approach effectively enhanced public awareness, drove early detection, and strengthened the referral system for NTD cases. The integration of mass media with direct community engagement ensured widespread dissemination of health information and reduced stigma surrounding NTDs. The initiative demonstrated the power of combining traditional and modern communication methods to address public health challenges, creating a scalable model for future interventions.		
CUMULATIVE		**194%**		
ACTIVITY 1.7: *Establish and train 15 District Accountability Committees on budget and performance tracking of NTDs respon se (DAC-SKIN NTDs)*				
Period		**Description of the Activity** *(This activity seeks to establish in each district an accountability mechanism that will enhance local response to NTDs, focusing much on Skin NTDs. The team will receive training around Social Accountability, that will build their capacity in advocating for the elimination of skin NTDs from the districts).*	**Indicators** *(% of achievements of the indicator)*	**Sources of Verification** *(List SV's and indicate which annex they are included in)*
1	1.7	The activity is planning stage in close collaborations with the district stakeholders. An initial stage meeting has been held with the planning committee, and the district health directors for selection of members of the	# of District	

		accountability committee. This is important as the team will be working closely with stakeholders in discharging their responsibilities which will include access to key information's especially, annual composite budget, and the medium-term development plans of the District Assemblies. 30 key stakeholders have been engaged, and inputs made on the selection of participants. The activity will be reported in Quarter four.	Accountability Committees trained **Target: 15** **0%**	
2		N/A		
3		N/A		
4	1.7	As part of leveraging local-level support, District-level accountability support has been established in each of the three districts, integrating accountability mechanisms to hold duty bearers responsible in the fight against Skin NTDs. 15 Committee members, 5 in each district, were selected and trained as an accountability group, with a core mandate of engaging with duty bearers, gathering evidence, and leading local-level advocacy for improved services towards the elimination of skin NTDs. The group has been empowered to work closely with the District Health directorates and local government, i.e. the District Assembly and facility heads to ensure that local-level policy plans and activities are operationalized in the área of healthcare especially, towards the elimination of Skin NTDs. The platform Will work with the support of the Project team to ensure an enhanced integrated structure with the local level actors, primarily, the Ghana Health Service and Local government to ensure that policy plans and annual action plans spell out strategies for the elimination of Skin NTDs. This Will also facilitate the integration of clearly budgeted items in the District Medium Term Development Plans of District Assemblies		

		on Skin NTDs.	# of District	

Continued capacity-building support in the área of advocacy Will be provided throughout the Project cycle and even after the Project cycle. Opportunities Will be created for participation in district-level planning meetings to intensify and strengthen health planning and monitoring services in improving health outcomes, especially in the most deprived communities.

The committee in each district consisted of a team lead and a member from the district health directorate who plays a key role in health planning and implementation and will coordinate the activities of the committee especially, including the community in health planning and implementation.

Accountability Committees trained

Target: 15

100%

Annex No: 27

(Activity 1.7)

1.7.1 _Photographs

1.7.2_Activity reports/

1.7.3_Attendants sheets

Table: 1.7 Members of the District Accountability Committee

	Asunafo North District		
S/N	**NAME**	**COMMUNITY**	**POSITION**
1	Nkrumah –Odoie Josephson	Ayomso	Disease Control Officer
2	Hon. Danquah George	Kumaho	Team Leader
3	Bankas Daniel	Asumura	Member

4	Sebulon Kwame	Akrodie	Member
5	Paulina Amponsah	Goaso	NTD Focal Person

	Sunyani West		
1	Bortey Godfred	Dumasua	Team Lead
2	Gladys Dawon	Chiraa	Member
3	Ahmed Sulemana Kyereh	Nsoatre	Member
4	Tang Charles	Boffourkrom	Member
5	Benedicta O. Fremah	Odumase	Ntds Focal Person
	Tain Districts		
1	Bayiri Pious	Drobo	Team Lead
2	Kyereh Kofi Foster	Yabraso	Member
3	Enoch Sarfo	Tanoso	Member
4	James Ofosu Kyeremeh	Nsawkaw	Member
5	Doe Charity	Nsawkaw	Disease Control Officer

Key Outcomes:

1. 15 The training was highly successful and cofacilitated by the Ghana Health Service Regional NTDs team. The training manual received key inputs from the implementing partners and generated much interest among the trainees.

2. All 15 participants of the training had increased knowledge of local-level governance structure and health management decisions and opportunities for participation and influence.

3. The training indicated increased knowledge among participants with a general pre and post-evaluation score of 85% knowledge improvement.

Lessons Learned:

1. Local Level Participation and Inclusion: The activity demonstrates the need for local people/community members in health planning and governance, giving the community the opportunity for the people themselves to contribute and influence their health outcomes.

2. Accountability: Accountability in health delivery is highly important, especially for health workers and leadership. The inclusión of the community in key decisions of their health secures the principle of accountability for the community members.

CUMULATIVE	**CUMULATIVE**	**100%**		
ACTIVITY 1.8: *Develop a Community Score Card for tracking community-level service performance response*				
Period		**Description of the Activity** *(This activity is designed to track service delivery on skin NTDs using the target beneficiaries being served by the service. This is to hold accountable the quality of services provided, and efforts in the elimination of Skin NTDs)*	**Indicators** *(% of achievement of the indicator)*	**Sources of Verification** *(List SVs and indicate which annex they are included in)*
1	1.8	N/A		
2	1.8	N/A		

3	1.8	A consultant was identified to develop a standardized community scorecard as an ongoing two-way participatory tool for the assessment, planning, monitoring, and evaluation of services. The CSC brings together the demand side ("service user") and the supply side ("service provider"). The scorecard was validated during a district stakeholder meeting with service providers and district stakeholders. Ten (10) key indicators were adopted in the scorecard for the evaluation of services and were agreed upon among the stakeholders. Among the indicators include; Availability, Accessibility, and Affordability of healthcare services and quality infrastructure for NTD patients. This is important in assessing the quality of services and response system by the health service managers in ensuring that NTDs are effectively managed just as any other health condition. Five (5) participants (Volunteers) were selected from the five target communities to form a 15 member team that received training on the use of the scorecard. A two-day training was provided for all 15 participants and facilitated fully by the consultant. A pre and postevaluation of the training provided indicated an increase in knowledge from a pre-test score of 47% to post a score of 83%. As part of plans to deepen knowledge include continued field support to ensure quality data and information that is able to bring change.	# of community members **Target: 15** **100%**	**Annex No 21 (Activity 1.8)** 1.8.1_ Photographs 1.8.2_ Attendance Sheet 1.8.3_Activity Report
4		N/A		
CUMULATIVE		**100%**		
ACTIVITY 1.9		*Establish and train 300 Community Women Groups as NTDs advocacy groups*		

		Description of the Activity *This activity seeks to facilitate meaningful inclusion of women as leaders and active participants in NTDs prevention and control. Women play a key role in disease prevention and control at both the house level and community. Women are uniquely placed within their communities to lead efforts to combat NTDs because of their role in hygiene and sanitation management at the household and community level as NTDs are very much linked with living in poverty-ie in crowded and unclean environment which in turn affects more women and children adversely than men).*	**Indicators** *(% of achievements of the indicator)*	**Sources of Verification** *(List SV's and indicate which annex they are included in)*
1	1.9	This activity is in progress, community level mobilization is being conducted to select target beneficiaries. Final Training will be conducted between the months of December and January.	# of women trained as community advocates	
2				
3				
4		The activity is in progress, and mobilization is completed. Delays were encountered as a result of the need for stakeholder involvement in completing the training models. Training scheduled for Quarter 6.	# of women trained as community advocates	
5	1.9	Not implemented in this quarter		

6	1.9	The initiative to empower women in the prevention and control of Neglected Tropical Diseases (NTDs) is crucial due to their significant role in managing hygiene and sanitation at both household and community	# of women trained as	

		levels. NTDs are closely linked to poverty and poor living conditions, which disproportionately affect women and children. Women, therefore, play a pivotal role in combating these diseases through their daily practices and community engagement. This activity aims to enhance women's leadership and involvement in NTD prevention, leveraging their unique position to drive health improvements and advocate for safer living environments. On July 31, 2024, a workshop was held in the Asunafo North Municipality to empower women from five subdistricts: Ayomso, Kassapin, Mim, Asumura, and Akodie. The event recorded 103 participants, surpassing the target of 100. The workshop, supported by the Ghana Health Service and the Municipal Assembly, focused on several key areas. It provided essential knowledge and skills to women, enabling them to take active roles in NTD prevention and control. The workshop also promoted women's leadership and encouraged them to advocate for better hygiene and sanitation practices within their communities. Additionally, the activity aimed to integrate women's leadership into broader community health initiatives and support systems. **Key Results:** The workshop resulted in enhanced capacity among women, who acquired the skills and knowledge necessary to lead NTD prevention efforts. It improved leadership by empowering women to challenge discrimination and promote safe, hygienic environments. Furthermore, the activity increased community involvement in health initiatives led by trained women.	community advocates Target: 300 **103**	**Activity 1.9:** 1.9.1 Activity Report, 1.9.2 Attendance Sheet 1.9.3 Photographs

		Key Recommendations:		

		• To build on this success, it is recommended to replicate similar workshops in the Tain and Sunyani West districts, with a target of training 100 participants per district. Strengthening support systems by continuing to engage local authorities and health services is crucial to provide ongoing resources for women's leadership in NTD prevention. • Additionally, the project should integrate regular monitoring and evaluation of the work of the women groups to enhance their impact on community support on Skin NTDs. Engaging women in NTD prevention not only addresses immediate health needs but also fosters long-term improvements in community health and wellbeing.		

Q7	1.9	**ADVOCACY TRAINING FOR COMMUNITY WOMEN GROUPS AS NTDS ADVOCATES –** The activity conducted in Sunyani West health Directorate Conference Hall and Tain Municipal Hospital Conference Hall. 200 women participated the training in the two districts. Neglected Tropical Diseases (NTDs) continue to pose a significant health challenge in many developing countries, particularly in rural communities where access to healthcare services is limited. Women in these communities are often disproportionately affected by NTDs due to their roles as caregivers and primary household decision-makers. Recognizing the vital role that women play in community health, there is a need to establish and train Community Women Groups as advocacy groups for NTDs. Main Objective of the Activity The primary objective of this training was to empower women in rural communities to advocate for the prevention, treatment, and elimination of NTDs. Modules Objectives 1. To strengthen and build the capacity of women's groups on NTDs advocacy 2. To raise awareness on the causes, effects and prevention of NTDs in the various implementation communities 3. To enable the local women's groups to monitor the implementation of NTDs services. 4. Establishing Community Women Groups in NTD-affected areas to raise awareness about the impact of these diseases on women and their families.	# of women trained as community advocates Target: 300 **103**	**ANNEX 51** **Activity 1.9:** 1.9.1 Photographs

		Expected Outcomes: By establishing and training Community Women Groups as NTDs advocacy groups, we anticipate the following Outcomes: 1. Increased awareness and knowledge about NTDs among women in rural communities. 2. Improved access to healthcare services and treatment for NTD-affected individuals, particularly women and children. 3. Enhanced community engagement and support for NTD prevention and elimination efforts. 4. Strengthened advocacy skills and leadership capacities of women leaders to drive sustainable change in their communities In the fight against public health issues, the problem of Neglected Tropical Diseases (NTDs) has emerged as a significant challenge, especially for marginalized groups in the rural and peri urban communities. To tackle this issue, an advocacy training program focusing on empowering women to lead the fight against NTDs as change agents was conducted for 100 community women groups from ten implementation communities of the Community Integration and System strengthening Project (CISSP) against Skin Neglected Women advocates will be able to build the people's confidence and facilitate their empowerment to believe that change in their lives is possible. The women who will be involved in advocacy should therefore help to create opportunities for ordinary people to be able to: 1. Define their own issues, objectives and strategies based on their needs and wants, for example, is their priority under the security, water, health, education or credit facilities to strengthen their agricultural production? 2. Identify common issues within the group and communities that may be divided by gender, social class and other differences.		1.9.2. Activity Report, 1.9.3 Attendance Sheet 1.9.4 Training Manual 1.9.5_Activity Report-Tain

		The advocacy training focused on:		

		1. Identifying and recruiting women leaders in NTD-affected communities to form Community Women Groups. 2. Conducting training workshops on NTDs, advocacy strategies, and community mobilization techniques. 3. Developing advocacy materials and resources tailored to the needs and priorities of women in these communities. 4. Facilitating networking and collaboration among Community Women Groups to amplify their voices and influence policy-making processes.		
CUMULATIVE		**101%**		

V. Report of the implementation/execution of Activities in work package 3 *(for each planned Activity indicate the estimated degree of implementation, in % and absolute value, if applicable. Add as many rows as Activities planned under Work package 2 in the Operational action plan document)*

WORK PACKAGE 2: *Skills Training and Capacity Building*	
ACTIVITY 2.1: *Training of health care workers, community volunteers, NTDs champions for active case detection, referral and case management.(15 health workers, 30 Volunteers, 15 champion)*	

Period		Description of the Activity *This activity seeks to build an integrated community surveillance system focusing at the community and health facility level. Community volunteers are selected and trained together with healthcare,* *creating the linkages and facilitating referrals of suspected, and unreported cases to the health centers for further investigations and enrollment to treatment. Healthcare workers continually*	Indicators *(% of achievements of the indicator)*	Sources of Verification *(List SV's and indicate which* *annex they are included in)*
		laisse with the volunteers to provide home education support services to affected cases, monitoring them to ensure treatment adherence.		
1	2.1	N/A		

2		This activity has been implemented with a 100% target score. This comprises 15 health workers, 30 Volunteers, 15 champions, summing a total of 60 personnel in the three selected districts. The training focused on building capacity of volunteers and healthcare workers, in providing active case detection, counseling, reporting and referral services for suspected cases for further investigations. The training took place in the various districts and facilitated by the district NTD coordinators of the Ghana Health Service and district directors. As part of training, reporting materials have been provided to the community volunteers and champions, including job descriptions as part of plans to monitor performance of volunteers at the community level. In collaboration with the regional NTD coordinators, Skin NTDs files consisting of reporting materials, text kits and logistics have been provided to the selected health facilities in each district to strengthen reporting, referral and case management interventions at the community and the facility level. The logistics support was outsourced from the national level as a result of the promising results and the impact anticipated from outputs of the training. Much interest has been generated as a result of the strategic engagements at the various levels and the community support received at this early stage of the intervention. Pre-text and post text was conducted to assess the immediate outcomes of two day training conducted, and averagely, there was a significant increase in the knowledge level of the participants with the percentage of the participants recording marks above 50 pass mark increasing from 33.3% to 93.3%. The modules covered various cases detection protocols, referrals and management and reporting. In sustaining the team and coordinating team management, a WhatsAPP platform has been created for team members to facilitate discussion and learning while field work continues. Linkages with the disease control officers have been established to ensure timely response and action on feedback for reported cases, and recoveries of affected persons both at the facilities and the community level.	I) # of staff, volunteers, & and champions trained II) Target: 60 **100%**	**Annex No 12 (Activity 2.1)** 2.1.1 Activity Photographs 2.1.2 Attendance Sheet, 2.1.3 Activity Report
3		N/A		

4		N/A		
CUMULATIVE		**100%**		
ACTIVITY 2.2 : *Organi ze integrated monthly screening outreaches on NTDs and other health conditions, sensitizing communit ies and empowering them with k nowledge of NTDs.*				
Period		**Description of the Activity** Integrated community screening outreaches designed to provide screening services, encourage community members to access health services for early detection and treatment of skin diseases in all the project districts and communities	**Indicators** *(% of achievements of the indicator)*	**Sources of Verification** *(List SV's and indicate which annex they are included in)*
1	2.2	Integrated community screening outreach is designed to provide screening services, encourage community members to access health services for early detection and treatment of skin diseases. In this reporting period, two community screening activities have been organized in four selected communities. The activity was organized from 18th to 21st April 2023 in two selected communities in two districts. The activity was organized in collaboration with the Ghana Health Service at the district level who led in the mobilization of the communities with the project coordinators to participate in the screening activities. For this reporting period, Yaws tests have been prioritized as a result of its prevalence in the selected communities. About a total of 78 community members were tested using the One step rapid test kits and DPP test kits for confirmation of YAWs cases. A total of 113 community members were present at the health screening with 60 (67.8%) of the participants were males while 55 (62.2%) were females.	# of outreaches organized and people screened per outreach **Target:** 20 **20%**	**2.1.1** Pictures

				2.1.2 Attendance sheets/registers
2	2.2	There has been improvement in the implementation of this activity with a percentage score of 40% covering eight outreaches out of 20 outreaches targeted for the project implementation period. Four (4) screening activities have been organized in selected communities; Arkokurom in the Tain district, Bofourkurom in the Sunyani West District and, Bedabour and Asukese in communities in the Akrodie and Mim sub-districts of the Ahafo region respectively. This activity reached over 1,838 community members directly providing an opportunity on education and sensitization, interacting through questions and answers on Skin NTDs, and other related health conditions including COVID 19. In the selected communities, School age children are seen as the most affected group affected by YAWS and BU in most of the communities visited. This informed the team in strategically targeting the schoolchildren and out of school for the screening services. The screening team were clinicians selected from the various facilities in the selected communities who were trained on the screening processes by the regional NTDs Coordinators and specialized clinicians in disease epidemiology. In total, about 121 out of the total have been screened for YAWs using the One step ***Syphilis Anti***-TP Test and DPP test kits for confirmation. This is a massive improvement as a result of the support received by the Ghana Health Service regional team, who outsourced some logistics (Text Kits) from	# of outreaches organized and people screened per outreach Target: 20 **20%**	**Annex No 13 (Activity 2.2)** 2.2.1 Activity Photographs, 2.2.2. Attendance Sheet 2.2.3 screening record sheet

		the national NTD coordinator. As a result of our strategic engagement and the promising results provided, medications have been provided from the National team to support treatment processes		

		of identified cases of the project. So far, 2 BU cases are suspected and undergoing investigations, and 4 YAWs cases also under investigation. Trained volunteers continue to provide community level surveillance support to the districts and facilities level case search, identification and education even to the affected persons under treatment.		2.2.4 (Activity Report)

<table>
<tr>
<td>3</td>
<td>2.2</td>
<td>The monthly screening of skin NTDs took place at Tweneboah Krom on the 21st of September, 2023, Mpamase on the 22nd of September, 2023, 27th of October, 2023 Badu Drobo in Tain District and 20th of October.

A total of 276 as shown below were screened this quarter from four communities. Cases are given priority depending on the prevalence in those communities. For eg. Yaw's examination was given priority due to its popularity in the Kobedi community and the One Step Rapid Test Kits were used to test a total of 95 students for yaws instances. At the screening, three confirmed cases were recorded. This was provided by the Ghana Health Service to facilitate case identification and treatment. This approach has also enhanced our partnerships in strengthening operational response to the fight against Skin NTDs and NTDs in general.

Comm. And Numbers screened.
<table>
<tr><th>#</th><th>Community</th><th>People Reached</th></tr>
<tr><td>1</td><td>Tweneboahkrom</td><td>51</td></tr>
<tr><td>2</td><td>Mpamase</td><td>20</td></tr>
<tr><td>3</td><td>Kobedi</td><td>95</td></tr>
<tr><td>4</td><td>Badu Drobo</td><td>101</td></tr>
<tr><td></td><td>Total</td><td>267</td></tr>
</table>
</td>
<td># of outreaches organized and people screened per outreach

Target: 20

20%</td>
<td>Annex No 22

(Activity 2.2)

2.2.1 _Photographs

2.2.2_ Attendance Sheet

2.2.3_Activity Report</td>
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</table>

		A cumulative target of 60% out of the planned 20 screening outreaches achieved in this reporting period. A total of 19 suspected cases were identified and referred for further investigations and treatment. This include, 3 BU, 12 Scabies and 1 leprosy case.		
4	2.2	The activity is in progress and on track against the operational plan. In this current quarter, a total of 203 community members have been screened across three communities (Anyimaye, Mantukwa, and Ehiamankyene) in the three Project districts. 107 males and 96 females successfully reached the point of care screening. In Ghana, confirming a yaws and Skin NTD diagnosis based on ulcerative lesions remains challenging. Standard tests for Yaws diagnosis require sample processing in a laboratory, which is often unavailable in rural health centers where these conditions are endemic. A mainstay for achieving yaws eradication is an integration of point-of-care tests into surveillance strategies. As part of the Project intervention is the decentralization of rural screening activities which are conducted in close collaboration with the health facilities and disease control officers. The Project implores both point-of-care testing for selected conditions including Yaws where the VDRL test is used for rapid diagnosis and confirmed with the Chembio DPP (Dual Path Platform), as a rapid serologic test that can be used to diagnose yaws. As part of the quality of care provided, we work closely with the district health directorates and Ghana Health Service Laboratory professionals	# of outreaches organized and people screened per outreach Target: 20 **15%**	

		at the district or facility level in the delivery of these services to rural community members. In this quarter, over 15 health staff were engaged in the delivery of screening activities which also integrate other health screening packages including BMI measurement, nutritional counseling, Blood pressure measurement etc. to generate community interest. The intervention also uses physical screening for other conditions and is referred for further investigations. In this quarter, 20 cases were identified and referred for further investigations and confirmations at the district level through the district disease control officers. These cases include those identified through the services of community volunteers at the community level. Details of cases identified and referred for confirmation and treatment. IDENTIFY CASES AND REFER SCABIES= 7 LEPROSY= 1 BURULI ULCER= 5 ELEPHANTIASIS= 5 YAWS = 2 **TOTAL 20** This activity is on target for the first year, with a cumulative score of 75% against the target indicating Good progress with a promising contribution towards the Project's anticipated impact.		**Annex No 28** **(Activity 2.2)** 2.2.1 _Photographs 2.2.2_ Attendance Sheet 2.2.3_Activity Report

5	**2.2**	This activity seeks to deliver a wide-rage opportunity for early case identification through community level screening activities, for far-to-reach communitie across the project districts. In this quarter, two key communities have been reached with screening and testing services with education and sensitization, collaborating with community systems including opinion leaders, chiefs, health workers, schools and women and volunteers. Cumulatively, the activity is at 85% completion rate demonstrating impactful results, and strengthening community level relationships and informing communities on Skin NTDs. A total of 154 community members, including women, men, school children receiving testing services with a first response for Yaws and 10 students receiving physical body assessment with 12 cases of shingles were recorded and reported for further investigations. Out of the 92 students physically examined, 48 of had sores suspected cases, and were further tested using the rapid plasma reagin (RPR), widely used to diagnose treponemal infections (for example, syphilis and yaws). In these activities, community opinion leaders including 2 chiefs, four teachers and 2 Assembly members participated effectively. **Key outcomes:**	# of outreaches organized and people screened per outreach Target: 20 **10%**	

		● Increased knowledge of Skin NTDs for over 200 community members and school going age children in two selected communities. The activity recorded over 200 attendants in the two		
		communities, receiving education and sensitization of Skin NTDs causes, signs, symptoms, reporting and treatment among the community members. Community volunteers available at the community level with health workers and health centers available to interact with the community, receive suspected cases and answer questions around topics discussed during		

		the forum. ● 154 community members including students received first time Yaws testing using the rapid plasma reagin (RPR) for case identification. Over 92 community members physically assessed, with 48 identified with singles and referred for further investigation. ● Improved relationship and community stakeholder response capacity on NTDs prevention and control. The relationship with the health sector both at the district and community level is well improved, with community support from the chiefs and Assembly members, pledging their support for NTDs affected persons and also campaigning against stigma demonstrates a better relationship towards the NTDs elimination agenda. **Recommendation:** ● Considering the results emanating from the community screening and engagement activities, there is a need to further build health capacity at the local level with an available laboratory system that is able to provide timely feedback for all suspected cases in terms of laboratory investigations and enrollment on treatment. This is because of inadequate capacities of the district health directorates in transporting samples and exporting to the research center and delays in receiving feedback from the Kumasi Center of Collaborative Research (KCCR) which is the closest center for case investigations.		**Annex No 34** **(Activity 2.2)** 2.2.1 _Photographs 2.2.2_ Activity Report 2.2.3_Attendance Sheet

Q6	**2.2**	On June 28, 2024, an integrated community screening outreach was held in Kogua, a hard-to-reach community facing significant challenges like a lack of potable water and sanitation facilities. The event aimed to provide screening services for skin diseases and encourage early detection and treatment. A total of 92 participants attended, with 88 tested for yaws. Of those tested, 39 (44.3%) were male and 49 (55.7%) were female. The outreach included educational sessions led by facilitators from the Ghana Health Service, disease control officers, and laboratory personnel. These sessions covered the risks, causes, symptoms, and prevention methods for skin NTDs. Additionally, demonstrations of best Water, Sanitation, and Hygiene (WASH) practices were conducted, with videos highlighting home care and sanitation improvements. Key results from the outreach include a significant proportion of participants tested for yaws, an increase in community knowledge about skin NTDs, and positive feedback from attendees who valued the information and services provided. Recommendations include advocating for improved water and sanitation infrastructure in Kogua to reduce disease risk, continuing regular screenings and educational activities in similar communities, and strengthening partnerships with health authorities to support ongoing health initiatives and resource allocation. The outreach successfully combined screening with education, addressing immediate health needs and promoting long-term improvements in community health practices.	# of outreaches organized and people screened per outreach Target: 20 **10%**	**Annex No 44** **(Activity 2.2)** 2.2.1 _Photographs 2.2.2_ Activity Report 2.2.3_Attendance Sheet

		Summary Report: Integrated Screening Outreaches on NTDs and Other Health Conditions: Tim Africa Aid Ghana, in collaboration with the Ghana Health Service, conducted a health screening outreach in Kyenkyenhene, Ayomso Sub-district, on October 11, 2024. The outreach aimed to improve community health through early detection and treatment of Neglected Tropical Diseases (NTDs) and other health conditions, while simultaneously raising awareness and reducing stigma. A total of 94 participants, including 24 males and 39 females, attended the event. The screening activities covered skin NTDs, hypertension, and diabetes, with discussions emphasizing prevention measures such as proper sanitation, mosquito control, and the use of treated mosquito nets. Five cases of scabies were identified and treated, and nine samples of Buruli ulcer were sent for laboratory analysis, though results are still pending. Community volunteers also conducted sensitization efforts through churches, mosques, house-to-house visits, and small group meetings, reaching an additional 931 individuals across selected communities. **Success Stories:**		
Q7	**2.2**	Empowering Women Through Awareness		

		A 38-year-old mother, Madam Akosua, expressed gratitude for the knowledge gained during the health screening. After learning about the symptoms and causes of NTDs, she became an advocate for proper sanitation in her neighborhood. Madam Akosua started a small community group to educate her neighbors on preventing mosquito breeding and maintaining hygiene.	# of outreaches organized and people screened per outreach	**Annex No 52** **(Activity 2.2)** 2.2.1 _Photographs

		Early Detection Saves Lives: During the screening, a young man named Kwaku was diagnosed with hypertension, a condition he was unaware of. Armed with the information and referrals provided, Kwaku has since sought medical advice and adjusted his lifestyle, including dietary changes and regular checkups. He shared his story with others, encouraging them to take health screenings seriously. C**ommunity Mobilization for Action:** Inspired by the forum, the chief of Kyenkyenhene initiated a community clean-up campaign to address sanitation issues contributing to the spread of NTDs. The campaign involved over 50 residents and focused on clearing stagnant water and improving waste disposal practices. This initiative showcased how local leadership can drive positive health outcomes. **Outcomes:** ➢ The outreach achieved several outcomes, including increased community awareness about skin NTDs and related health conditions, enhanced early case detection, and improved knowledge of BMI and hypertension management. Additionally, participants pledged to report suspected NTD cases to healthcare facilities for timely intervention. **Recommendations:** The outreach emphasized the need to integrate water, sanitation, and hygiene (WASH) practices into NTD mitigation strategies. Continued periodic education campaigns to address stigma and misinformation are recommended to ensure long-term community health improvements.	Target: 20 **20%**	2.2.2_ Activity Report 2.2.3_Attendance Sheet

		Despite these challenges, the outreach demonstrated the power engagement in  Community screening sessions during community outreach on integrated screening focusing on early idenfication of Skin NTDs and other health	of education and community combating NTDs. Success stories from the event reflect the positive impact of the initiative, inspiring further action toward healthier communities.	
CUMULATIVE		**115%**		
ACTIVITY 2.3 : *Trainin g on monitoring and evaluation for volunteers, champions etc in home monitoring, reporting and home based managemen t*				

Period		Description of the Activity *(Community level volunteers and champions have been identified and trained on various Skin NTDs to facilitate disease monitoring surveillance support under the supervision of the district disease controls officers and health facility heads at the community level)*	Indicators *(% of achievement of the indicator)*	Sources of Verification *(List SV's and indicate which annex they are included in)*
1		N/A		

2	2.3	With the vision of strengthening community support systems to enhance health system strengthening for quality health care delivery, the intervention trained 45 community volunteers and champions across the three project districts to provide community level support to the health facilities, centered on accountability of cases and SBCC services through community monitoring, referral and counseling. The training covered key areas of community monitoring, reporting, and follow-up on clients in their catchment areas. As part of their duties is to provide community level education using the community information systems (CIS). Referral and linkages with health facilities is key in providing quality services and strengthening the healthcare system to sustaining and strengthening accountability of services provided. Reporting tools were adopted from the Ghana Health Service reporting formats to ensure that quality and useful data are captured for validation and entry into the DHIMs of service standard system. Community champions (CC), comprising 5 in each district have also been trained to provide basic counseling services on mental health for affected persons within the communities. The training was facilitated by the regional mental health officer of the Bono region, covering relevant areas and referral pathways for community champions in assisting at the household level education for affected clients of Skin NTDs. As part of the monitoring plan, reporting templates has been designed by the project team with the disease control officers to facilitate easy reporting and referrals from the community level to the facility level, where focal persons who are nurses and clinicians examine the cases, documents reports and provide feedback to the NTDs focal persons in the district for further investigations. Logistics including sample containers, text kits, and medications for selected cases have been provided at selected facilities within the district level, where health workers (Clinicians & Nurses) have been trained to use for sample taking and further reporting tools. The facilitator to ensure good knowledge and understanding for accuracy and usage of the information provided adopted practical learning.	# of volunteers and champions trained **Target: 45** **100%**	**Annex No 14 (Activity 2.3)** 2.3.1: Photographs 2.3.2: Attendance registers 2.3.3: Training manual 2.3.4 Activity report
3		N/A		
4		N/A		

CUMULATIVE		**100%**		
ACTIVITY 2.4 : *Two d ays capacity training for 15 clinicians on laboratory diagnosis, accurate visual inspection and referrals if possible*				
CUMULATIVE		**Description of the Activity** *(15 Clinicians from 15 selected facilities identified and trained on Skin NTDs, suspicion, investigation, diagnosis and treatment protocols to help intensify case identification and treatment at the various facilities)*	**Indicators** *(% of achievement of the indicator)*	**Sources of Verification** *(List SV's and indicate which annex they are included in)*
1	N/A			
2	2.4	Two days Capacity training for 15 clinicians selected from six (6) sub-districts was also conducted in Sunyani in the Bono region on the 5th and 6th of July, 2023. The clinicians were strategically selected from project communities and prioritized health facilities within endemic areas in each district. The training was facilitated by personnel from Ghana Health Service, Mr. Michael Tawiah and DR. Ishmeal Addo, both with excellent experience working on Skin NTDs programs for over 10 years. The training covered two broad areas, i. Clinical component and ii. Mental Health counseling for affected persons. The training module captured the following areas; ● Strategies to address NTDs ● Mass drug administration ● Case management ● Morbidity control and management ● Health Education ● Mental Health. All the 15 clinicians were also taking through mental health counseling processes as part of	# of clinical staff of GHS trained on SKIN NTDs **Target:** 15 100%	**Annex No 15 (Activity 2.4)** 2.4.1

				Photographs,

		integrated strategies at the facility level to provide mental health counseling for affected persons at the community level. Linkages has been established as well to work directly with the community champions and the district level mental health coordinators. Efforts have been made to strengthen their operations at the facility level, including the provision of adequate logistics (test kits, sample containers ete0, opened files that contain reporting formats for all cases in line with the Ghana Service demands. This has been possible by the support of the regional coordinator of NTDs in the Bono region and the regional director of health services, and the National TB coordinator. Pre and Post text was conducted as part of a mechanism in strengthening knowledge of case prevention, detection and management at the community level, and generally, much improvement has been achieved with an aggregated score from 49% pre-test to 87% posttest. Mixed methods including practical approaches, and general paperwork to assess clinicians' knowledge on Skin NTDs and mental health counseling. In conclusion, this activity has been completed with 100% scored as planned. As part of improving knowledge will include continued monitoring and learning engagement with the clinicians, interacting and sharing lessons to improve upon their work at the facility level.		2.4.2 Attendance Sheet 2.4.3 Activity Report
3		N/A		
4		N/A		
CUMMULATIVE		**100%**		
ACTIVITY 2.5 : *Organi ze skills training for 150 affected men and women (Soap making, animal farming, etc) for identified beneficiaries.*				

Period		Description of the Activity *This activity seeks to provide training support for affected persons of Skin NTDs who have lost their sources of livelihood, empowering them economically to improve their health and wellbeing.*	Indicators *(% of achievement of the indicator)*	Sources of Verification
		Integrating Livelihood skills training programmers for skin NTDs creates an opportunity to address multiple conditions simultaneously, resulting in increased efficiency through sharing of resources and expanded programme coverage.)		*(List SV's and indicate which annex they are included in)*
1	2.5			
2	2.5			
3	2.5			
4	2.5	N/A		
5	2.5	N/A		

6	2.5	Activity 2.5 focuses on providing livelihood skills training for individuals affected by skin NTDs who have lost their sources of income, aiming to improve their economic well-being and overall health. This activity seeks to address multiple needs simultaneously, enhancing efficiency through resource sharing and expanding program coverage. Currently, the activity has experienced delays due to the selection and screening process for beneficiaries. Efforts are ongoing to finalize this process and engage with key stakeholders, including the Ghana Health Service and Municipal Assemblies in the three districts, to strengthen collaboration and ensure the sustainability of the intervention. The project team is working strategically to overcome these delays and operationalize the intervention. By fostering strong partnerships and streamlining the beneficiary selection process, the team aims to initiate the training programs soon and provide vital support to those affected, thereby improving their livelihood and health outcomes.	Number of affected women and men trained. Target: 150	Attendance Sheet, Photographs and Report

Q7	2.5	Introduction Activity 2.5 is designed to provide livelihood skills training to individuals affected by skin Neglected Tropical Diseases (NTDs), who have lost their sources of income. This initiative aims to enhance the economic well-being and health of beneficiaries, addressing multiple needs through an integrated approach. By focusing on resource sharing and collaboration, the activity seeks to expand program coverage and promote sustainability. **Implementation Progress:** The activity has faced some delays due to the selection and screening process for beneficiaries, which required meticulous planning to ensure the inclusion of the most vulnerable individuals. The project team has been actively engaging stakeholders, including the Ghana Health Service (GHS) and Municipal Assemblies in the three districts (Asunafo North, Tain, and Sunyani West), to finalize beneficiary selection and streamline preparations for the training. Despite the delays, significant progress has been achieved in the Asunafo North District, where 54 beneficiaries have successfully completed their training. This represents 36% of the activity's overall target. Beneficiaries were trained in a variety of livelihood skills tailored to their local contexts, equipping them with the tools to rebuild their economic independence. The training focused on practical skills, entrepreneurship, and sustainable income-generation strategies, ensuring that participants could apply their knowledge effectively to improve their livelihoods. Preparations in Tain and Sunyani West districts are well-advanced, with collaborations strengthened among stakeholders. The project team is working to overcome remaining logistical and administrative challenges to ensure the smooth rollout of training programs in these districts in the coming months.	# of affected women and men trained. Target: 150 **36%**	**ANNEX 53** **(Activity 2.5)** 2.5.1_ Photographs 2.5.2_ Activity Report 2.5.3_ Attendance Sheet, 2.5.4_ Media Adom TV

		Challenges: The primary challenge has been the delays in the beneficiary selection and screening process, which required thorough coordination with local authorities and community representatives. Additionally, logistical and operational hurdles in aligning schedules across districts slowed initial implementation. However, the project team has adopted a strategic approach to address these issues, including fostering stronger partnerships with key stakeholders and streamlining processes. **Key Outcomes:** A total of 54 beneficiaries in Asunafo North District have been trained, equipping them with essential livelihood skills to regain economic independence. Stronger collaboration has been established with stakeholders, including GHS and Municipal Assemblies, to ensure a sustainable and impactful intervention. Preparations in Tain and Sunyani West districts are nearing completion, laying the groundwork for upcoming training programs. **Way Forward:** The project team remains committed to ensuring the successful completion of Activity 2.5. Immediate next steps include: ✓ Finalizing Preparations in Tain and Sunyani West Districts: Stakeholders will be engaged to align schedules and finalize logistics for the training programs. ✓ Expanding Coverage: Lessons learned from Asunafo North District will be applied to enhance efficiency and effectiveness in subsequent training sessions.		

- ✓ Monitoring and Evaluation: A robust framework will be implemented to assess the impact of the training on beneficiaries' livelihoods and health, ensuring continuous improvement.

Conclusion:

Despite initial delays, Activity 2.5 has made significant progress in empowering individuals affected by skin NTDs. The completion of training for 54 beneficiaries in Asunafo North District marks a crucial milestone, providing hope and economic opportunities for those affected. With preparations for Tain and Sunyani West districts well underway, the project team is on track to achieve its objectives, fostering resilience and improving the health and economic outcomes of vulnerable populations.

54 Women selected and trained in Asunafo North district, providing income-generating skills for affected persons empowering them with the opportunity to earn livelihood.

CUMULATIVE		36%		
ACTIVITY 2.6 : *Organi ze community empowerment training for 200 community members, women, youth and traditional auth orities on mental health, stig ma & discrimination.*				
Period		**Description of the Activity** *(200 women, community members, traditional authorities at the community level Will be selected for an empowerment training targeted towards, knowledge improvement, stigma and discrimination among people with infections)*	**Indicators** *(% of achievement of the indicator)*	**Sources of Verification** *(List SV's and indicate which*

				annex they are included in)
1	2.6	This activity is in progress, community level mobilization is being conducted to select target beneficiaries. Final Training will be conducted between December and January.	# of community members trained. **Target: 200** **0%**	**Annex No:** **(Activity 2.6)** 2.6.1_ Attendance Sheet, 2.6.2 _Photographs/Activity report
2				
3				
4	2.6	The Project adopts and integrates community empowerment in different forms, including economic empowerment and knowledge improvements to holistically contribute to well-being outcomes for the marginalized groups, prevention, and control. In this quarter, 74 community members, including women groups, youth, traditional groups, and opinión leaders have been empowered in the Asunfo North district on Skin NTDs, stigma, and discrimination among the affected people. The number consists of 74 (Male: 30 Female: 44) selected from Mim, Asunafo North, Kasapin, Ayomso, Asummura, and Akrodie sub-districts as part of the Project communities. The activity was co-facilitated by the Ghana Health Service, the Project team, and the Regional Mental Health Officer. The activity focused on the fact that, In Ghana, the social interpretation of Skin NTDs, eg, leprosy, regardless of the language, culture, and tradition engenders stigmatization and discrimination that leads to social rejection and exclusion of persons who have been cured of the disease conditions.	# of community members trained. **Target: 200** **37%**	**Annex No: 29** **(Activity 2.6)** 2.6.1_ Photographs 2..6.2_ Attendance

		Participants were represented by affected persons of the conditions from BU, LF, leprosy, etc who shared their experiences and challenges. The training adopted interactive sessions and professionally targeted the attention of the traditional authorities to adopt a community-level protection approach to protecting affected persons with these conditions. More effort was employed in disseminating mind-changing information on Skin NTDs, how fatal it is to the people and the need to accommodate them as a community protective measure. **Experiences of persons shared during the meeting.** 1. Esther A.: *My mum has been living with leprosy for the past 5 years, and has no peace with many suicide contemplations many times. In fact, no one cares about them, and they say all sorts of speculations that are detrimental to her life. Even the family members. It's just God who has protected us till date, that now she is better off when she started taking the medications and developing a thick skin against all the speculations.* *Communities about what they have learned today.* *3.* **Eric K. A: from Kasapin community.** *I had the condition for about three years now, and it affected my work because many people did not want to get close to me. I went to the hospital here and did not get any proper medication, and any time I go they now refer me to the town where I have to pay more money. So I stopped going. For the community, sometimes I feel because it's not them, they say all sorts of things, but we know the kind of struggle we go through every day. This opportunity will help a lot because the chiefs are here, and listening, my Assemblyman is here, and this learning will help us a lot especially even among our families.* ***Results:***		Sheet, 2.6.3_ Activity report

		These are among many lessons from people affected by the condition. The activity was highly successful with key support from the community members, and chiefs with testimonies of how understanding has been improved. The activity received local level support with Ghana Health Service leading the facilitation and a representative from the district Assembly community department.		
5	**2.6**	contributions the condition. knowle **Re**	This quarter marks the completion of this activity, with demonstrable results, with **132** community members identified and empowered with quality information enabling them to make meaningful as key stakeholders for sustainable health programming both at the district and community level. Most NTD prone communities are partly the lack of information about the disease condition and response mechanisms resulting in more vulnerability and spread. The activity creates lasting impact with community members through transfer of quality information directly, extending opportunity for beneficiaries to be contributors of the desired change of eliminating the The activity highlighted on the following topics, equipping participants with intensive dge to be able to; ► ► Under the context of Skin NTDs, and NTDs in general, causes, prevention, signs, ► symptoms and treatments. ► Explain mental health and how to care for and improve an individual's mental health in ► relation to NTDs. Describe stigmatization, impact on NTD patients and why stigmatization must stop.	# of community members trained. **Target: 200** **66%**	

		Elaborate on discrimination, effects on NTD patients and how it impacts mental health. Measures to eradicate stigmatization and discrimination to improve mental wellbeing of NTDs patients. **sults:**		

		► ***132 Participants*** from two districts, with 53 women and 42 men successfully identified and empowered with quality information, becoming active stakeholders of NTDs prevention,		

		contributing to stigma and discrimination reduction efforts. ► **In**creased knowledge of participants on Skin NTDs, and well empowered as agents of change at both the community and district level. Participants understood the need to work with community health workers and district health directorate to ensure efforts yield the necessary results for families and community members. ► In all, 206 targeted community members empowered represented a cumulative percentage of 103%, exceeding the targeted number 0f 200 community members. **Quotes:** *"It is crucial to address these challenges by raising awareness, providing accurate information, and promoting inclusivity and support for individuals with NTDs. By breaking down stigmas and fostering understanding within communities, we can create a more supportive environment for those affected by NTDs, allowing them to feel a sense of belonging and access the necessary resources for their wellbeing."*-Yvette Ochere participant from Mantukwa Key Lessons: ► The decline of visible morbidity associated with Skin NTDs and NTDs in general (a key programme of the GHS), combined with persistent cultural beliefs in the causes and treatments, leads to low perceived need for Mass Administration of Medicines (MAM) and creates fatque in community and health reponse to eliminate the condition. ► Lack of community support from identified community systems is the main reason why Health Response has not been effective for the past decades. Less attention and efforts by politicians and health sector workers.		**Annes 35** **(Activity 2.6)** 2.6.1_ Photographs 2..6.2_ Activity report, 2.6.3_ Attendance Sheet 2.6.4 _Engagement News

		Human Interest story of Madam Joyce Mpedwo, One of the attendees who has lymphatic filariasis shared a disheartening experience of being excluded from her PTA committee due to her condition. She narrated, *"I was chosen to represent the PTA at my child's school board meeting among other parents, but noticed some members were hostile towards me during our second meeting. The headmistress later in the evening informed me that the PTA was reducing its leadership and have agreed that I vacate my position as a member of the PTA management team. Next morning, a leader happened to be a friend and explained that some members were uncomfortable working with me due to a misconception about my condition. As a result, I have stopped attending PTA meetings."*		
CUMULATIVE		**103%**		

V. Report of the implementation/execution of Activities in work package 3 *(for each planned Activity indicates the estimated degree of implementation, in % and absolute value, if applicable. Add as many rows as Activities planned under Work package 3 in the Operational action plan document.*

WORK PACKAGE 3: *WASH*				
ACTIVITY 3.1: *Empower 300 community members on community labor support construction for 6 latrines, and ensure social inclusion for all*				
Period		**Description of the Activity** *(300 community members to be engaged and lead with support from the Project to improve sanitation through the construction of 6 latrines. Members of these communities will work through a community labor approach in constructing the latrines as a strategy in improving their own sanitation and health outcomes)*	**Indicators** *(% of achievement of the indicator)*	**Sources of Verification** *(List SV's and indicate which annex they are included in)*
1	3.1			
2	3.1			
3	3.1	N/A		
4	3.1	As part of the processes in ensuring the completion and objective of this activity is achieved, first-level consultative meetings have been organized among district-level stakeholders to brief them, especially, the district Assemblies, who will play a role in sustainability. Thirty (30) stakeholders have been successfully engaged in this stage of the activity. Six communities have been selected by recommendation of the survey report and agreed upon by the stakeholders. Selected communities are being engaged and chosen as sites for implementation to begin. The activity will be reported in quarter Five.	# of latrines constructed **Target: 6** **0%**	**Annex No 30 (Activity 3.1)** 3.1.1_ Photographs 3.1.2_ Attendance Sheet

				3.1.3_Activity Report

5	3.1	Involving the community members in undertaking sustainable solutions and learning the processes involved in eliminating and controlling disease spread can help attain and sustain wider support that yields solutions. Community integration means bringing the community together, learning sustainable solutions. In this quarter, initial district level engagements have been conducted among three districts, and 6 communities identified. Community level engagements conducted in three of the 6 selected communities, and sites identified for the construction to begin. In Asunafo North district, a construction exercise has begun, with the provision of the following items: ➢ trip of sand ➢ gravels ➢ iron rods ➢ cement for molding blocks Below are sample pictures of a five seater KVIPs being implemented in Ayomoso and Asumura Communities in Asunafo North; The project is a partnership intervention with the community members mobilized through a community labour exercise leading the construction. There is wider community support from the chiefs, women, youth and opinion leaders owning the program, and providing support through volunteerism to complete the project. Over 600 community members widely engaged in the two communities and the youth leading the construction process.	# of latrines constructed **Target: 6** **0%**	**Annex No 36 (Activity 3.1)**

		Figure: 1.1 Pictures of a five seater KVIP in Asunafo North District  Ayomoso community || Asumura Community This activity is highly supported by the Chiefs of the community and Municipal Assembly. The community provided the sites, and all actions including the molding of blocks, digging of manhole, laying of blocks, and all other related activities. This intervention provides a strong learning platform for empowering the community to understand how WASH plays a key role in NTDs elimination, as educational exercises are provided during construction to ensure quality impact. **WaY-forward:**		3.1.1_ Photographs 3.1.2_ Activity Report 3.1.3_Attendance Sheet

		➢ **Th**e exercise is expected to be completed by quarter three of year two across all districts and selected communities. ➢ Continue to engage the community through learning exercises to empower the community in a way that the community can replicate this in innovative ways to expand WASH services as community led initiatives. ➢ Document strategic lessons that can promote learning among stakeholders including Government stakeholders and other CSOs. **Challenges:** ➢ Financial Limitations: There are high budget deficits under this activity budget because of the rising inflations of goods and impact of raising interest rates affecting the price of goods and services. This is affecting the progress of the activity as the team explores most cost effective approaches to ensure value for money. As part of remedying this challenge, the team will be requesting for the use of the contingency allocation to support the completion of this activity. **Recommendation:** ➢ The project recommended for revision of this activity, for the number to be reduced from the initial 6 KVIPs as planned to be reduced to four (4) in four selected communities as part of cutting t down the cost and ensuring quality of work.		

Q6	3.1	The sanitation improvement project, aimed at constructing six latrines across identified communities, has progressed with significant developments this quarter. The initiative engages 300 community members through a community labor approach to enhance local sanitation and health outcomes. This approach not only fosters community involvement but also ensures sustainable solutions by integrating community members into the construction process.	# of latrines constructed **Target: 6** **0%**	
		District-Level Engagement and Community Involvement: Initial district-level engagements were successfully conducted across three districts, leading to the identification of six target communities. In three of these communities, site assessments and community-level engagements have been completed, and construction sites have been prepared. **Progress and Current Status:** Asunafo North District: Construction activities have commenced with the provision of essential materials, including sand, gravel, iron rods, and cement for block molding. In Ayomoso and Asumura communities, the construction of five-seater KVIP latrines has advanced to the roofing stage. Roofing materials have been procured, and installation has begun. Completion is anticipated by Quarter 7. Over 120 community members, including youth, have actively		

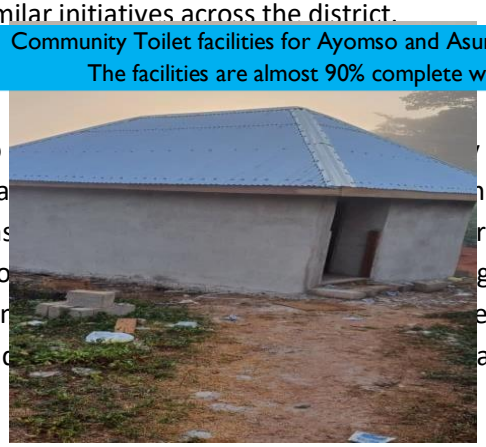
		participated in the construction process, demonstrating strong community support and ownership. **Sunyani West and Tain Districts:** Construction activities have also started in these areas, currently at the foundation level. Community mobilization efforts are underway to ensure the successful completion of these projects. **Budget Review and Adjustments:** The project team is in the process of reviewing budget estimates due to cost implications. Preliminary assessments suggest that it may be necessary to adjust the scope of the project from six to four latrines. Revised budget estimates and documentation are being completed to		**Annex No 36 (Activity 3.1)** 3.1.1_ Photographs 3.1.2_ Activity Report 3.1.3_Attendance Sheet

		reflect this change. Once finalized, these revisions will be communicated to stakeholders and donors.		
Q7	3.1	**Community Toilet Facilities Construction in Ayomso, Asumura, and Kobedi Communities: Progress and Way Forward:** The construction of community toilet facilities under Activity 3.1, which aims to empower 300 community members to support the construction of six latrine facilities, is progressing significantly. The initiative focuses on ensuring social inclusion while addressing pressing sanitation needs in Ayomso and Asumura communities in the Asunafo North district and Kobedi in the Sunyani West district. In Ayomso and Asumura, the facilities are now 90% complete, with plastering and internal installations ongoing. Over 200 community members across Asunafo North, Sunyani West, and Tain districts have actively participated in the planning and implementation of this activity. In the Kobedi community along the Techiman road, over 60 members, including the queen mother, have been instrumental in advancing the project. The queen mother led the youth in molding blocks and donated a parcel of land for the construction. The community also contributed a load of sand to demonstrate their commitment to the project. The queen mother emphasized the importance of the facility, noting that it has been a long-standing priority and a vital solution to sanitation challenges.	# of latrines constructed **Target: 6** **0%**	**Annex No 54 (Activity 3.1)** 3.1.1_ Photographs 3.1.2_ Activity Report

Despite some delays in the construction process, the community's dedication remains strong. Regular meetings and follow-ups with community leaders and the construction team have ensured that momentum is maintained. The facilities are expected to be completed, and a handing-over ceremony is scheduled for mid-January 2025.

To finalize the project, work will focus on completi ng plastering, internal installations, and final touches by the end of December 2024, ensuring that the facilities meet quality and safety standards. Plans for the handing -over ceremony include a community durbar involving local leaders, the queen mother, and district officials to celebrate the collective effort behind the project. The event will highlight the importance of community collaboration and encourage similar initiatives across the district.

Community Toilet facilities for Ayomso and Asumura Communities in the Asunafo North district. The facilities are almost 90% complete with plastering and internal works ongoing.



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CUMULATIVE				
ACTIVITY 3.2: *Establish rehabilitation centers in three hospitals and provide training for health workers on basic rehab needs and specialized services.*				
Period		**Description of the Activity** *(This activity sort to work with local authorities to establish referral centers at the district hospital for all NTDs related cases for treatment. This will see an improvement in the response*	**Indicators** *(% of achievement of the indicator)*	**Sources of Verification** *(List SV's and indicate which*

		and management of cases by the district hospitals and linkages with the community level health centers. Records keeping will be enhanced at these centers and districts at large)		*annex they are included in)*
1				
2				
3	3.2	This is ongoing, with first-stage engagements with the District health committees from the three districts. The engagements offered a first-stage opportunity to introduce the objective of this activity, especially with the management of the selected hospitals. The discussions have been completed, and two large designated rooms, each from two hospitals from Asunafo North and Tain District. Sunyani West The hospital is still in the process of providing feedback for further evaluations. The activity will be reported in quarter 4	# of rehabilitation centers established **Target: 0%**	i. Photographs, Report, ii. Receipt, iii. Invoice
4	3.2	This activity is in progress, with a 33% completion rate. First-level engagements completed and in Asunafo North Districts, the Project is almost at the completion rate. After a higher-level engagement with the district's health management team and municipal chief officer, two rooms were donated at the district hospital to be renovated as a referral center for Skin NTDs. The renovation which includes structural renovations, has been completed. Plastering, and other masonry Works, room ceilings, ceiling fixing, doors, and window louvers have been fixed. Other áreas include the interior decorations which come with 10 plastic chairs, an official office table and chair, a cabinet, a sick bed, and a Television. The activity will be completed and commissioned for use by the end of the next quarter reporting period (Q5). Pictures of these details are provided for reference in the annex.	# of rehabilitation centers established **Target: 33%**	**Annex No 31 (Activity 3.2)** 3.2.1_ Photographs 3.2.2_ Attendance Sheet 3.2.3_Activity Report

5	3.2	**Updates:** The activity is in progress, with Asunafo North District Hospital rehabilitation center successfully completed and handed over. Activities at the Sunyani West and Tain District are progressing and expected to be completed in the ensuing quarters. In Asunafo North District, there was an official handing over exercise held in March, 2024 together key stakeholders including the District Chief Executive officer, and Municipal Health Director, the Medical director of the Municipal Hospital which who represented leadership at the local level together with beneficiaries and partners to officially launch the center and officially hand over to the management of the hospital. The center is fully furnished with basic items including bed, office desk and chairs with television and other logistics to serve as a holding center for all NTD cases in the district that require detention and management. The center are equipped with the following items:	# of rehabilitation centers established **Target: 3**	**Annex No 37 (Activity 3.2)** 3.2.1_ Photographs 3.2.2_ Activity Report 3.2.3_Attendance Sheet.

			➢ Modern hospital bed ➢ Four wheel Hospital screen		

		➢ Ten(10) plastic chairs ➢ A 32 inches Nasco television, installed ➢ An office Desk with chair/Furniture ➢ A television wall mount ➢ A double door with a locker The handing over ceremony offered an opportunity to advocate for support from the central government and local level partners to ensure that NTDs are eliminated in the district. This sparked discussions among stakeholders and ensured that, including the Municipal Assembly and Hospital pledging utmost support to ensure sustainability of the ongoing interventions and strengthened community level support to eliminate NTDs in the District. This ceremony was covered by one Adom TV, a national media organization as part of promoting visibility and awareness of Skin NTDs. Below is a link to a sample interview during the handing over session. https://youtu.be/Nb4r-sCldlA?si=YVIjAvbA_1MH7r0S		

Q6	3.2	The objective of this activity is to enhance the management of Neglected Tropical Diseases (NTDs) by establishing referral centers at district hospitals. This initiative aims to improve the response to and management of NTD cases, strengthen linkages with community health centers, and enhance record-keeping systems at these centers and across districts.		

		Progress and Updates for Q6. Sunyani West District: The establishment of the referral center is facing challenges due to the lack of a suitable venue. Efforts are ongoing with the Ghana Health Service and the Regional Director of Health Services to identify and secure an appropriate location. Given the delays, the project team is considering reallocating funds from the Sunyani West District referral center to the construction of latrines. A decision on this amendment will be communicated once confirmed.		

		Tain District: The referral center in Tain is progressing well, with 95% of the construction completed. It is expected that the center will be officially launched and handed over by the end of September 2024. **Key Achievements:** Significant progress in Tain District, with the referral center nearing completion, scheduled for launch, and handing over by end of September 2024. **Challenges and Recommendations:**	# of rehabilitation centers established **Target: 3**	**Annex No 37 (Activity 3.2)** 3.2.1_ Photographs 3.2.2_ Activity Report 3.2.3_Attendance Sheet.

		Sunyani West District: Address the issue of finding a strategic venue by continuing engagement with relevant stakeholders. Consider amending the project scope to redirect funds toward latrine construction if suitable arrangements for the referral center cannot be made promptly. Ongoing Monitoring: Maintain close monitoring and support for the referral center establishment processes to ensure timely completion and effective operation in all districts. The project continues to advance, with strategic efforts to overcome challenges and ensure the successful implementation of referral centers across the districts.		

Q7	3.2	**Update Report: Establishment of Rehabilitation Centers for NTDs Treatment:** As part of efforts to improve the response and management of Neglected Tropical Diseases (NTDs), the project has collaborated with local authorities to establish referral centers at district hospitals. These centers are integral to providing specialized treatment for NTD cases, improving linkages between district hospitals and community-level health centers, and enhancing data management across the districts. Out of the three planned referral centers, two have been completed, and one is progressing toward completion. **Progress on Completed Facilities:** The Tain District Rehabilitation Center has been completed and handed over to the district health directorate. The handover ceremony included a mini durbar organized by the community's chief, attended by the project team, the Bono Regional Health Directorate's NTD focal person, and district health leadership. The durbar emphasized the facility's critical role in coordinating NTD treatment, improving access to quality healthcare, and facilitating collaboration between the district and sub-district levels.	# of rehabilitation centers established **Target: 3** **34%**	**Annex No 55 (Activity 3.2)** 3.2.1_ Photographs 3.2.2_ Activity Report

		In his acceptance speech, the chief highlighted the pressing need for the center, sharing his personal experience as a victim of Yaws and expressing optimism about the facility's p otential to address similar challenges faced by others in the community. The center will focus on providing comprehensive treatment, ensuring proper case management, and serving as a hub for ongoing training to enhance the capacity of healthcare staff. Add itionally, the facility will prioritize data collection and reporting to guide evidence-based decisions for managing NTDs. **Link for Media: Graphic News** **https://www.graphic.com.gh/news/general-news/tain-district-gets-ntds-rehabilitation centre.html** **Ongoing Work in Sunyani West:** In Sunyani West, construction of the second referral center is well underway and is expected to be completed and handed over by mid-January 2025. Located in a strategic part of the district, the facility is anticipated to serve a large population, bridging gaps in healthca re delivery for NTD cases. Efforts are being made to expedite construction, with regular monitoring and engagement with local stakeholders to ensure quality and timely delivery. **Impact and Strategic Importance:** These referral centers represent a transform ative step in addressing NTD challenges within the region. By serving as dedicated hubs for treatment, they will improve patient outcomes, reduce		

		the burden on general healthcare facilities, and foster a more coordinated response to NTDs. Moreover, the facilities are designed to facilitate training programs for healthcare staff, ensuring they are well-equipped with the knowledge and skills required to manage NTD cases effectively. This will contribute significantly to the region's broader goal of eliminating NTDs through sustained and high-quality healthcare services. **Way Forward:** To operationalize the Tain District facility and ensure the successful completion of the Sunyani West center, several key activities are planned: Equipping the Facilities: The Tain center will be fully equipped with the necessary medical supplies, diagnostic tools, and treatment resources to handle a wide range of NTD cases. Preparations are also underway to source and allocate equipment for the Sunyani West facility once construction is completed. Staff Training and Capacity Building: Training sessions will be organized for healthcare staff to enhance their understanding of NTD management protocols, case detection, and treatment methods. These sessions will also include updates o n global best practices and innovations in NTD treatment. Community Awareness and Engagement: A comprehensive sensitization campaign will be launched to inform communities about the availability and purpose of the referral centers. This will include community durbars, radio announcements, and information dissemination through local health workers to encourage the timely reporting and referral of NTD cases.		

Strengthening Data Management Systems: Advanced record-keeping systems will be introduced at the centers, streamlining data collection, improving reporting accuracy, and ensure data integration with broader health systems. These systems will provide critical insights for monitoring progress and allocating resources effectively.

The Tain center, inaugurated through a community durbar, is operational and serves as a hub for NTD case management, staff training, and patient tracking. The Sunyani West facility will expand these efforts, ensuring district and regional access in the region. Planned actions include equipping the centers, staff training, and community sensitization to optimize the use and impact of these facilities.

Handover and Inauguration Ceremonies: A formal handover ceremony for the Sunyani West facility will be planned in collaboration with community leaders and health authorities. The event will serve as an opportunity to highlight the community's contributions, celebrate the project's achievements, and reinforce the commitment to addressing NTDs collaboratively.

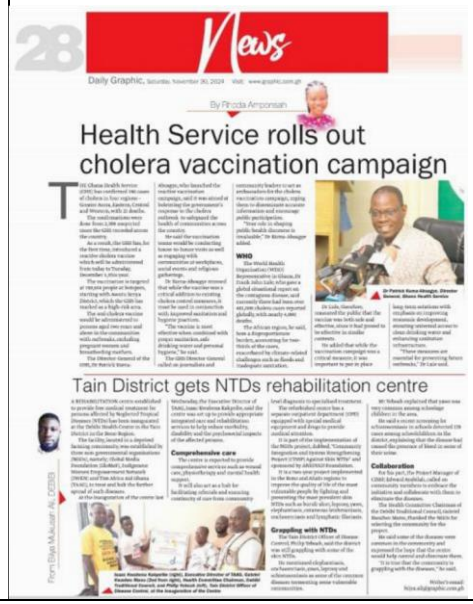
These centers demonstrate the power of collaboration between the project team, local authorities, and communities in tackling NTD challenges. With their completion, the Bono Region is poised for a stronger, more sustainable healthcare system that prioritizes the needs of its vulnerable populations.

Monitoring and Evaluation Framework: A robust monitoring and evaluation plan will be established to assess the performance of the centers, identify areas for improvement, and ... back loops ... continuous

... a significant ... specialized ... and improve ... ain District ... t facility is on track for completion by mid-January 2025.

Handing Over with the chief of Debibi community where the rehab center was inaugurates

Meeting with Tain District Director of health services and district team in preparation towards the handing over



28 News

Daily Graphic, Saturday, November 30, 2024 Visit: www.graphic.com.gh

By Priscilla Amponsah

Health Service rolls out cholera vaccination campaign

THE Ghana Health Service (GHS) has confirmed 190 cases of cholera in four regions – Greater Accra, Eastern, Central and Western, with 11 deaths.

The confirmations were made from 1,098 samples out of the 1,561 recorded across the country.

As a result, the GHS has, for the first time, introduced a reactive cholera vaccine which will be administered from today to Tuesday, December 3, this year.

The vaccination is targeted at 700,000 people at hotspots, starting with Accra-Sekyia District, which the GHS has recorded 70 cases and 11 deaths.

The oral cholera vaccine would be administered to persons aged two years and above in the communities with outbreaks, excluding pregnant women and breastfeeding mothers.

The Director-General of the GHS, Dr Patrick Kuma-Aboagye, who launched the reactive vaccination campaign, said it was aimed at bolstering the government's response to the cholera outbreak to safeguard the lives of the communities across the country.

He said the vaccination teams would be conducting house-to-house visits as well as engaging with communities at workplaces, social events and religious gatherings.

Dr Kuma-Aboagye stressed that while the vaccine was a critical addition to existing cholera control measures, it must be used in conjunction with improved sanitation and hygiene practices.

"The vaccine is most effective when combined with proper sanitation, safe drinking water and personal hygiene," he said.

The GHS Director-General called on journalists and community leaders to act as ambassadors for the cholera vaccination campaign, urging them to disseminate accurate information and encourage public participation.

"Your role is shaping public health discourse is invaluable," Dr Kuma-Aboagye added.

Dr Patrick Kuma-Aboagye, Director-General, Ghana Health Service

WHO

The World Health Organisation (WHO) Representative in Ghana, Dr Frank Nkiu Lulu, who gave a global situational report on the contagious disease, said currently there had been over 400,000 cholera cases reported globally, with nearly 4,000 deaths.

The African region, he said, bore a disproportionate burden, accounting for two-thirds of the cases, exacerbated by climate-related challenges such as floods and inadequate sanitation.

Dr Lulu, therefore, reassured the public that the vaccine was both safe and effective, since it had proved to be effective in similar contexts.

He added that while the vaccination campaign was a critical measure, it was important to put in place long-term solutions with emphasis on improving economic development, ensuring universal access to clean drinking water and enhancing sanitation infrastructure.

"These measures are essential for preventing future outbreaks," Dr Lulu said.

Tain District gets NTDs rehabilitation centre

A REHABILITATION centre established to provide free medical treatment for persons affected by Neglected Tropical Diseases (NTDs) has been inaugurated at the Debibi Health Centre in the Tain District of the Bono East Region.

The facility, located in a deprived farming community, was established by three non-governmental organisations (NGOs), namely; Global Media Foundation (GloMef), Indigenous Women Empowerment Network (IWEN) and Tim Africa Aid Ghana (TAAG), to treat and halt the further spread of such diseases.

At the inauguration of the centre last Wednesday, the Executive Director of TAAG, Isaac Kwabena Kalgotho, said the centre was set up to provide appropriate integrated care and rehabilitation services to help reduce morbidity, disability and the socio-economic impacts of the affected persons.

Comprehensive care

The centre is expected to provide comprehensive services such as wound care, physiotherapy and mental health support.

It will also act as a hub for facilitating referrals and ensuring continuity of care from community-level diagnosis to specialised treatment.

The rehabilitation centre has a separate outpatient department (OPD) equipped with special medical equipment and drugs to provide specialised care.

It is part of the implementation of the NGDs project, dubbed, "Community Integration and Stigma Strengthening Project (CISSP) against Skin NTDs" and sponsored by ARANDED Foundation.

It is a two-year project implemented in the Bono and Ahafo regions to improve the quality of life of the most vulnerable people by fighting and preventing the most prevalent skin NTDs such as buruli ulcer, leprosy, yaws, elephantiasis, cutaneous leishmaniasis, onchocerciasis and lymphatic filariasis.

Grappling with NTDs

The Tain District Office of Disease Control, Philip Yeboah, said the district was still grappling with some of the skin NTDs.

He mentioned elephantiasis, onchocerciasis, yaws, leprosy and schistosomiasis as some of the common diseases tormenting some vulnerable communities.

Mr Yeboah explained that cases was very common among schoolage children in the area.

He said a recent screening for schistosomiasis in schools detected 106 cases of the disease in Dadieso, in the district, explaining that the disease had caused the presence of blood in some of their urine.

Collaboration

For his part, the Project Manager of GloMef, Edward Asubilah, called on community members to embrace the initiative and collaborate with them to eliminate the diseases.

The Health Committee Chairman of the Debibi Traditional Council, Nabord Mensa-Bonsu, thanked the NGOs for extending the community for the project.

He said some of the diseases were common in the community and expressed the hope that the centre would help control and eliminate them.

"It is true that the community is grappling with the diseases," he said.

Writer's email: felix.a@graphic.com.gh

From Olga Mukuse in KOMBA

Isaac Kwabena Kalgotho (right), Executive Director of TAAG, Queen Kwadwo Nkoa (2nd from right), Youth Committee Chairman, Debibi Traditional Council, and Philip Yeboah (left), Tain District Officer of Disease Control, at the inauguration of the Centre

CUMULATIVE		**67%**		
ACTIVITY 3.3: *Training of 60 community water and sanitation committees, developing community work plans to ensure sanitations at various sources of wat er, home based sanitation practices.*				
Period		**Description of the Activity** *(Describe the implementation of the activity in each reporting period)*	**Indicators** *(% of achievement of the indicator)*	**Sources of Verification** *(List SV's and indicate which annex they are included in)*
1	3.3	N/A		
2	3.3	N/A		
3	3.3	Planning is ongoing, and communities with bad sanitation issues have been identified and submitted for implementation. The activity has been delayed as a result of the seasonal dynamics.	# of community members trained as WATSAN **Target: 60** **0%**	

4	3.3	Activity planning completed, with collaboration with the district health team, participants have been selected from the Project communities as part of mobilization efforts. The team is working to complete the inputs from the key stakeholders and finalization and implementation of the activity will be completed in Quarter 5.	# of community members trained as WATSAN **Target: 60** **0%**	

5	3.3	Skin NTDs affect poor and marginalized areas where WASH services are often not prioritized precisely because of the under-developed nature of the communities. Improvements of water, sanitation, and hygiene (WASH) infrastructure and appropriate health-seeking behavior are necessary for achieving sustained control, elimination, or eradication of many neglected tropical diseases (NTDs). 25 Community level volunteers selected from the 5 communities in the Asunafo District received a 2 day capacity building training offering them the needed capacity to undertake community level, ensuring sanitation practices at homes, water bodies, organizing community labor or general cleaning exercises at key areas of the community to ensure proper sanitation practices. **Training Highlights:** ➢ **The** training highlighted participants' knowledge improvement on Skin NTDs, analyzing prevalence rates in the selected communities, with pictures of affected persons and the need for general community support towards elimination. ➢ The training also highlighted the importance of water and sanitation on the elimination of NTDs in general, the challenges communities face making them more vulnerable to Skin NTDs. ➢ The training focused on behavioral attitudes and how Social behavior change can be influential, learning some of the behavior factors around water, sanitation and hygiene and how these can be targeted at the community level. ➢ **P**articipants underwent a group exercise to identify community level water and sanitation challenges, and how these challenges can be resolved. **Results:**	# of community members trained as WATSAN **Target: 60** **42%**	**Annex 38 (Activity 3.3)** **3.3.1_ Photographs** **3.3.2_Activity Report** **3.3.3_Attendance Sheet** **3.3.4_ Presentation** **3.3.5_ Work plan**

		1. **25** community members have increased capacity and knowledge to mobilize the community and promote water and sanitation practices. 2. Increased commitment and support from the community members including opinion leaders to support WATSAN committee members to advocate on Water and Sanitation challenges through the Municipal Assembly and the local government for improvement.		

		3. Community level Action Plans developed and owned by community WATSAN committee members for implementation. **Wayforward:** ➢ The **A**ctivity will continuously monitor the implementations of the Community Action Plans, provide guidance and support needed and ensure successful implementations of these action plans. ➢ **L**essons learned in this activity from Asunafo North District to be incorporated for implementation in the Sunyani West and Tain Districts. **Lessons Learned:** ❖ There is considerable momentum by participants in defining community level Water and Sanitation priorities in targeted areas of the community, demonstrating a good will to ensure those priorities outlined in their action plans are implemented. ❖ Participants agreed that school based platforms provide a particularly valuable opportunity for progress toward shared NTDs elimination. School-based interventions are considered to be more strategic as school age children become more vulnerable and affected because of poor environments, water, and sanitation challenges.		
Q6	3.3	Planning is ongoing for Tain and Sunyani West District. Report will be provided in Quarter 7.		

Q7	3.3	Report: Training of Community Water and Sanitation Committees: **Introduction:** The training of 60 community Water and Sanitation Committees (WATSAN) was conducted to enhance sanitation practices and develop community action plans focused on improving water sources and household sanitation. This activity surpassed its initial target, successfully training		

		65 individuals, achieving 108% of the target. The training sessions were conducted in collaboration with the Municipal Sanitation Directorates in Sunyani West and Tain districts. **Key Results:** Increased Capacity: A total of 65 community members, including 40 individuals from Sunyani West and Tain districts, were trained as Water, Sanitation, and Hygiene (WASH) agents. Community Engagement: Participants gained practical skills in WASH practices, including waste management, water storage, and hygiene promotion. Action Plans Developed: Community work plans were formulated to address sanitation at water sources and promote household-based sanitation practices. Stakeholder Collaboration The training was facilitated by district-level stakeholders, including Environmental Health Officers and Behavioral Change Communication (BCC) experts. Their expertise provided participants with a strong foundation in WASH principles, ensuring that technical skills and knowledge were tailored to local needs. The collaborative approach between the project team and municipal sanitation directorates ensured that the training was practical and communitycentered.	# of community members trained as WATSAN **Target: 60** **66%**	**Annex 56** **(Activity 3.3)** 3.3.1_ Photographs 3.3.2_Activity Report 3.3.3_Attendance Sheet 3.3.4_ Attendance Sheet 3.3.5_ Media Adom TV

		Community Ownership and Sustainability: ➢ The training emphasized community ownership of WASH initiatives by involving local leaders and influential members. Participants, including volunteers and opinion leaders,		

		were encouraged to take an active role in implementing their community work plans. Key strategies included: ➢ Regular engagement with Environmental Health Officers to monitor sanitation practices. ➢ Formation of peer education groups to promote hygiene awareness. ➢ Mobilization of resources within communities to support WASH interventions. **Working in Communities:** The trained WATSAN committees will Serve as sanitation champions in their respective communities. Work closely with Environmental Health Officers to address sanitation challenges. Conduct regular awareness campaigns and community mobilization to promote clean water and sanitation practices. Monitor sanitation facilities and ensure the proper maintenance of water sources. **Conclusion:** This training initiative has equipped 65 communit y members with the knowledge and tools to drive sanitation improvements in their communities. The active involvement of stakeholders and the development of actionable community plans ensure that these efforts are sustainable. Moving forward, the WATSAN com mittees will play a crucial role in promoting sanitation and hygiene, fostering healthier communities through grassroots efforts and collaboration with district authorities.		

		 		
CUMULATIVE		40 WOMEN GROUPS TRAINING SESSIONS FROM TAIN AND SUNYANI WEST DISTRICT DURING THE ADVOCACY TRAINING. **108%**		

VI. STRENGTHS AND WEAKNESSES OF PROJECT IMPLEMENTATION AND IMPROVED ACTIONS FOR NEXT PERIOD

(Maximum 300 words – approx. 12 lines in each reporting period. Please, ensure there is a coherent relation between the information shared across the periods reported. Regarding improved actions: report on corrective measure taken during the period if any AND on corrective measures to be implemented in the next quarter, if any are needed)

Period 1	**Strengths**	- Good buy-in and support from various stakeholders from the local to the regional level. - Good relationship management between the implementing partners. - Diversity of Capacity. The three implementing partners are represented with different experiences in project management and implementation.
	Weakness	- Limited Communication between field coordinators and the project team. - Lack of transportation for the project team also slows progress, coordination, and reach to far communities. - Limited Capacity for visibility of the project and it findings
	Improved actions	- Staff capacity training for the project team - Hire a volunteer to augment the current team and enhance capacity
Period 2	**Strengths**	- Good coordination among consortiums and adherence to implementation plans - Improved capacity of project coordinators in working strictly according to the budget plans

	Weakness	- Limited understanding of project coordinators on specific activity-based objectives since it affects minimally expected outputs - Challenges with finance departments overseeing other consortium members in finance reporting one expenditure - Limited Capacity in strategic operational planning and change management.
	Improved actions	- Staff training organized for all project staff on operational and budget plan implementation - Online (Google Meet) financial reporting training organized for partners on budget implementation and standard reporting
Period 3	**Strengths**	- Consortium planning approach: Teamwork by the Consortium partners, especially among the project implementation team is identified as a key strength in meeting the targets as seen in this quarter. - Strategic Engagement with Partners: Especially Ghana Health Service, has been very useful in the delivery of activities at the community level.
	Weakness	- Working environments characterized by bad road networks, and hard-toreach impose difficulty and are seen as a long-standing operational challenge - The collaborative approach with the Ghana Health Service *affects*, especially in the planning of activities affects the time-lines against planned activities, even though it facilitates effectiveness and learning, it delays plans and affects timelines. - Lack of transportation for the project team also slows progress, coordination and reach to far communities
	Improved actions	- Use of community-level motor services that are familiar with communities and road networks during field operations. - Again, the use of community volunteers at the community also limits the frequency of travel, especially during community mobilization.

		- Participatory planning with the focus person of the Ghana Health Service helps to improve effectiveness in operational planning - Allocating responsibilities among the planning team and the focal person helps in managing timelines.
Period 4	**Strengths**	- Staff Capacity:- Current staff presents competents with Good knowledge and experience in working with rural communities - Good relationship and Project management experience among Consortium Partners - Excellent partnership with wider stakeholders from the community level to the regional and policy implementers.
	Weakness	- Limited Transportation Support being a challenge in reaching out to the far to reach communities - Limited Financial management systems for other partners - Limited capacity of some staff and volunteers for quality documentation and reporting on activities
	Improved actions	- Organize workshop on documentation and report writing and including monitoring, evaluation and learning for the staff - Financial management training provided for partners by the lead partner to improve reporting systems and documentations.
period 5	**Strength**	- Strategic relationships with stakeholders at all levels with good support and acceptance at both district and community levels. Our relationships with stakeholders including the regional health director and district director with interest in the project deliverables helps the team to deliver effectively
	weakness	Lack of transportation is becoming a challenge as the team decentralizes to the rural far to reach communities
	Improved actions	- Works closely with the district health management teams headed by the district health directors and also supported by the District Assemblies, especially traveling with their team to communities through their vehicles

Period 6	**Strength**	- Consortium Approach: The organization's consortium approach, which involves collaborating with multiple stakeholders and partners, has strengthened project implementation. By leveraging the diverse expertise and resources of consortium members, the project has been able to address complex challenges more effectively and efficiently. - Effective Collaboration with District Health Management Teams: The project team has successfully collaborated with district health management teams. This collaboration is crucial, as it allows the team to leverage district resources, including transportation, which is vital for reaching remote communities.
	Weakness	- Transportation Challenges: As the team expands its operations into more remote, hard-to-reach rural communities, the lack of adequate transportation has become a significant challenge. This limitation hinders the team's ability to access and engage with these communities effectively. Transportation Challenges: As the team expands its operations into more remote, hard-to-reach rural communities, the lack of adequate transportation has become a significant challenge. This limitation hinders the team's ability to access and engage with these communities effectively.
	Improved A actions	- Resource Optimization and Strategic Planning: The team has worked on optimizing the use of available resources, including strategic planning to ensure that activities are prioritized and resources are allocated efficiently. This approach has helped to minimize the impact of resource constraints and improve the overall effectiveness of project activities. - Strengthening Communication Channels: Efforts have been made to improve communication channels between the project team and community stakeholders. Regular meetings and updates have been instituted to ensure better alignment and coordination of activities.
Period 7	**Strength**	- Stakeholder Engagement and Collaboration: The project successfully fostered strong collaboration with key stakeholders, including the Ghana Health Service, Municipal Assemblies, and local leaders. This engagement ensured buy-in, alignment of efforts, and the leveraging of resources to address Neglected Tropical Diseases (NTDs) effectively. - Community Participation and Ownership: High levels of community involvement were observed in activities such as livelihood skills training, sanitation projects, and stakeholder meetings. The proactive contributions from communities, such as donating materials for construction and initiating sanitation

		practices, demonstrated strong ownership and sustainability potential.
	Weakness	Delays in Implementation: Delays in beneficiary selection and screening for livelihood training programs caused setbacks in meeting timelines, impacting the overall progress of the intervention in some districts. - Limited Data Integration: Challenges with entering identified NTD cases into the District Health Information Management System (DHIMS) highlighted gaps in data management and reporting, which could affect monitoring and resource allocation.
	Improved actions	- Enhanced Planning and Coordination: The project team will implement stricter timelines and improve coordination with local authorities to streamline processes such as beneficiary selection, ensuring timely implementation of activities. - Strengthening Data Management Systems: Active engagement of health information officers in all planning and implementation stages will be prioritized. Regular training and support for district teams will ensure accurate and timely data entry into DHIMS, enhancing evidence-based decision-making.

Key Lessons Learned:

- **Community Ownership Drives Sustainability:**

A significant lesson from Quarter 7 is the critical role of community ownership in sustaining project outcomes. Activities such as sanitation projects, livelihood training, and stakeholder engagements

demonstrated that when communities actively contribute resources and take responsibility for interventions, the likelihood of long-term success increases. For example, the Kobedi community's donation of materials for sanitation projects showcased how local ownership fosters resilience and commitment.

- **Strong Stakeholder Collaboration Enhances Impact:**
- Collaboration with stakeholders like the Ghana Health Service, Municipal Assemblies, and local leaders proved essential in aligning project goals with existing healthcare systems. This partnership facilitated access to technical expertise, logistical support, and a shared commitment to addressing NTD challenges, emphasizing the importance of multi-sectoral approaches for impactful and scalable outcomes.

- **Capacity Building Strengthens Service Delivery:**

Training for healthcare workers, volunteers, and beneficiaries has shown that capacity-building efforts are fundamental to improving service delivery and ensuring sustainability. For example, the livelihood skills training empowered affected individuals not only with skills but also with the confidence to rebuild their economic independence, showing the broader benefits of investing in human capital.

- T**imely Data Management is Crucial for Decision-Making:**

The importance of integrating timely and accurate data into District Health Information Management Systems (DHIMS) became apparent. Delays or gaps in data reporting hinder the ability to monitor progress effectively and allocate resources efficiently. This lesson highlights the need for consistent data management practices across all districts.

- **Flexibility and Adaptability Improve Project Outcomes:**

  The delays encountered in the screening and selection of beneficiaries underscored the need for adaptability in project timelines. By adopting a flexible approach and adjusting strategies to overcome challenges, the project team was able to maintain momentum and ensure activities moved forward despite initial setbacks.

- **Integrated Approaches Enhance Efficiency:**

Combining multiple objectives within a single activity—such as addressing livelihood needs while promoting health awareness—proved to be an effective strategy. This integrated approach maximized resource use, increased coverage, and addressed the multifaceted needs of affected individuals, making interventions more impactful and holistic.

Date: 29th/11/2024

Name: Isaac Kwabena Kakpeibe Signature:

Position: Executive Director

Organization stamp:

Annexes *(List out the annexes on sequential way and in coherence with the Sources of Verification columns in the different sections)*

Annexes	**Attachments**
Annex No 47 (Activity 1.3) 1.3.1 _Photographs 1.3.2 _Activity Report 1.3.3 _ Attendance Sheets	***Attached***
Annex No 48 (Activity 1.4) 1.4.1 Photographs,	**Attached**
1.4.2 Activity Report 1.4.3_Attendance Sheet	
Annex No 49 (Activity 1.5) 1.5.1 Photographa of T-Shirts, 1.5.2 A3 Posters 1.5.3_Flyers 1.5.4_Photo Album 1.5.5_Fact Sheet	**Attached**

Annex No 50 (Activity 1.6) 1.6.1 Photographs, 1.6.2 Activity Report	**Attached**
Annex No 51 (Activity 1.9) 1.9.1 Photographs, 1.9.2 Activity Report 1.9.3_Attendance List 1.9.4_ Training manual 1.9.5_ Activity Report 1.9.6_ Attendance Sheet	**Attached**
Annex No 52 (Activity 2.2) 2.2.1 Photographs, 2.2.2 Activity Report 2.2.3 Attendance Sheet,	**Attached**
Annex No 53 (Activity 2.5) 2.5.1 Photographs, 2.5.2 Activity Report 2.5.3 Attendance Sheet, 2.5.4_Media Adom TV	**Attached**

Annex No 54 (Activity 3.1) 3.1.1 Photographs, 3.1.2 Activity Report	**Attached**
Annex No 55 (Activity 3.2) 3.2.1 Photographs, 3.2.2 Activity Report 3.2.3 Engagement New Paper (Graphic),	**Attached**
Annex 56 (Activity 3.3) 3.3.1_ Photographs 3.3.2_Activity Report 3.3.3_Attendance Sheet 3.3.4_ Attendance Sheet 3.3.5_ Media Adom TV	**Attached**

GHANA COALITION OF NGOs IN HEALTH

ACTIVITY REPORTING TEMPLATE FOR IPs

Name of Organization	TIM AFRICA AID GHANA (TAAG)

Project name	PSR – Programme Support Rationale.
Location	Kwabre East Municipality _ Ashanti Region
Reporting period	July to November, 2024
Report compiled by	Abdul Fatao
Date submitted	16th December, 2024

Activity Name	• Organize a forum for faith-based groups on immunization • Organise community durbar • Carry out immunization campaigns and sensitization in churches, prayer camps, Child Welfare Centers and mosques • Mobilize caregivers and children for immunization services • Carry out door-to-door education and sensitization on immunization • Distribution of resources to enhance the outreach activities in the communities • Monitoring and Supervision in the selected communities
Status of Activity	Conduct programs to increase the demand for immunization in the selected communities
Objective of activity	To sensitize the Nursing Mothers and the general population on the importance of immunization

Activity date	Sensitization meeting in Churches, Mosque_ July-November, 2024 Sensitization meeting in Child Welfare centers_ July to November, 2024 Door-to-door education and sensitization_ July to November, 2024 Follow-up and tracing of defaulters' children and caregivers_ July to November, 2024 Mobilize caregivers and the children in nomad and migration communities for immunization services - July to November, 2024 Monitoring and supervision – 15th August, 2024 Community Durbar -7th November, 2024
Progress/description	**Deployment of 10 CHBVs** After the training, 10 CHBV were deployed into their various communities to start eliciting immunization campaigns in door-to-door, group discussion, focus groups, and support IP to organize community durbar etc. CHBVs were taken through data collection tools and community registers. Data collection tools and community register were distributed to all the 10 CHBVs and Community Nurses. **Various Sections Community Sensitization activities** The various sections of education and sensitization are used at the community level. Below are the sections of the activities implemented: Topic: Importance of immunization at childhood stage **Objective** ❖ To educate the community members on the importance of immunization

- ❖ To sensitize the selected community to the effects when the child is not immunized.

- ❖ To trace the defaulters for immunization service

From July to November, 2024, immunization campaigns and sensitization in churches and mosques were conducted in Old Abirem, New Abirem, Christ Apostolic Church- Adwoanam, Follow me to Christ-Adwoanam. Community Sensitization also conducted the following areas on the importance of immunization Kenyasi, Brofoyedru, Abirem, Ehinase, Nwamase, Mamponteng, Bampenase, Asonomaso, Fawade, Adwoanam, and Ntonso

Community Durbar conducted on the importance of immunization

Date: 7th November 2024

Location: Nwamase (Roman Catholic Church)

Introduction:

A Durbar was held on [7th November 2024] at Nwamase as part of this program. The event brought together traditional leaders, community members, and dignitaries to talk about the importance of immunization,

Objectives:

The objectives of the Durbar were:

- The need to get your child immunized at childhood stages

- Challenges and Concerns of mothers

Methodology:

	The Durbar was organized by TAAG, The event featured; Members from the District Health Directorate such Disease Control Officer and other staff, and Nurses from Kenyasi Health Center. Results: The Durbar was attended by 53 Participants. Mr Abdul Fatao (Tim Africa Aid Ghana) made mention of the importance of vaccines to children at the early stages and a forum was established for participants to query about immunization, The Nurse present are Mr. Frimpong Isaac (Nurse Kenyasi) took them through the immunization schedule table which factors on the age or month at which the child needs to be vaccinated, a representative from the DHA gave them a comprehensive education about the novel polio vaccine type two. Furthermore, Madam Fatimah S. I. Twene (Disease Control Officer) sensitize the participant on the importance of immunization and stages to take the vaccines. She took them on the importance of immunization and keep the weighing cards for future reference. A Nurse from the Health Centre explained the function of immunization vaccines such as BCG, Polio, Penta, Measles, and YF etc. She pleaded with the women to bring their children to welfare centers to prevent them from diseases. She informed them on the importance of weighing such as helping them to determine if a child has increased or reduced in weight. Taking the vaccines has reduced disabilities in children so they should take the immunization activity seriously to protect their children from these diseases. He pleaded with the opinion leaders and participants to send these messages across to their families and friends on the importance of immunization. Furthermore, we urged them not to default but they should keep on attending the child welfare center to take the vaccines and weighing the

children to avoid future sickness. They plead to them that bringing the children to the weighing center will increase their chance of prevention.

Challenges:

- Access of health care services is low
- Some community members also made mention of creating new weighing centers

Conclusion:

The Durbar was a successful event that showcased the importance of immunization to care givers and their children

Recommendations:

- One of the local chief said he, hopes that organizers would end it here but will continue to organise such event periodical in their communities.
- The event should be publicized more widely to attract more attendees.

As part of our activities conducted in the communities from July to November, 2024, following weighing centers had benefited from the PSR2 which includes; Fawaode, Brofuyedu, Bompenase, Kenyase, Ehinase, Ntonso, Nwamanase, Mamponteng, Asonomaso, Abirem, African Diaporal Clinic etc. Community Health Volunteers used the community register to register children who attended the child welfare centers.

	All the selected volunteers were able to reach a total of 471 children registered in the selected communities. In above total number of 226 were

	males and 245 were females. The selected nurses and volunteers together educate the nursing mothers on the importance of vaccination for their children and keep child weighing cards safe for future reference. Nursing mothers received knowledge on the importance of immunization to children health. Community Health Volunteers explained the stages of vaccination and its importance to a child which includes:; BCG, OPV, IPV, PENT, PNEUMO, ROTA, MR. YF, MIs, MEN 'A' and others. From July to November, 2024. The method use are door-to-door education in the selected community to increase the demand for immunization by community health volunteers. However, the volunteers conducted a comprehensive follow-up to the defaulters' children and nursing mothers to administer the vaccines in their homes and advise them to visit the child welfare centers when the date is due for weighing. During the sensitization beneficiary demanded for creation of additional child welfare centers as where they access their CHC is quit a distance to them. Some of the nursing mothers especially Aboaso, Asonomaso, and Kenyaso complained that migrants living in these communities are not willing to attend the child welfare centers to immunize their children. A door-to-door campaigned was established to reach-out the Immigrants for immunization services for children and encouraged them to attend child welfare centres. We were able to reach a greater number of people who have received knowledge on the importance of immunization. They should keep on attending weighing center till the children are above 5years. **Comments, Suggestions, and Questions** • Community Leader from Old Abirem Mosque agitate that the weighing site was far from them.

- Community members seeking for that DHD should create new child welfare centers at Nwanase, Kenyase and Abirem to increase participation.

- Communities also emphased that they should be given prior notice ahead through CIC of the weighing day.

On 15th August, 2024, a monitoring team (Madam Helina Nesau) from Coalition of NGOs in Health Ashanti region visited Tim Africa Aid Ghana operation district called (Kwabre East Municipal). Madam Fatimatu Twene and Godwin Ampadu Kwakwah (Disease Control Officer) mentioned that there is improvement on attendance of immunization centers in the municipality compare to previous municipal data. Also monitoring team in collaboration with the TAAG team visited some of the volunteers and community members to find out the key messages (such as Mamponteng and Asonomaso. They also checked the activities reports and financial reports and made the necessary modifications.

Outcome

Communities that beneficted from PSR2 and number of person reached are as follows;

Date	Areas	Community	No of people reach
12/7/2024	Child Welfare Center	Fawade	54
16/7/2024	Child Welfare Cen.	Bampenase	48
17/7/2024	Child Welfare Center	Ntonso	102

	22/7/2024	Child Welfare Center	Brofoyedru	50
	24//72024	Abirem-Old and New	Abirem	99
	27//72024	Child Welfare Center	Kenyasi	100
	28/7/2024	CWC and Church Premises	Asonomaso	50
	29/7/2024	Abirem	Abirem	70
	19/4/2024	CWC	Kenyase	45
				618
	4/8/2024	Christ Apostolic Ch.	Bampenase	50
	5/8/2024	CWC	Kenyasi	53
	14/8/2024	CWC	Mamponteng	30
	19/8/2024	CWC	Abirem and Ehinase	132
	20/8/2024	CWC	Ntonso	99
	21/8/2024	CWC	Abirem and Ntonso	80 99
				543

3/9/24	CWC	Asonomaso	53
5/9/2024	CWC	Nwamanase	48
17/9/24	Kenyasi Health Center	Kenyasi	100
21/9/24	Pentecost Church	Asonomaso	120
21/9/2024	Safa Community	Asonomaso	65
21/9/24	CWC	Kenyase	100
25/9/2024	Abirem Mosque	Abirem	74
25/9/2024	CWC	Ehinase -Ntonso	102
29/9/2024	CWC	Ehinase	110
25/9/2024	CWC	Brofoyedru	42
25/9/2024	CWC	Ehinase	85
			899
16/10/24	CWC	Ntonso	142
17/10/24	CWC	New Abirem Old Abirem	33 40
20/10/24	Kenyasi Health Center	Brofoyedru	67
21/10/24	Pentecost Church	Bampenase	38
24/10/24	Safa Community	Fawode	45

	25/10/24	CWC	Ehinase	90

25/10/24	Abirem Mosque	Abirem	74
25/10/2024	CWC	Kenyasi	100
25/10/2024	CWC	Brofoyedru	30
[redacted]	[redacted]	Nwamanase	659
7/11/24	Durbar		
9/11/2024	CWC	Bampenase	38
11/11/24	Kenyasi Health Center	Kenyasi	100
21/11/24	Pentecost Church	Mamponteng	97
23/11/24	Safa Community	Asonomaso	65
24/11/24	CWC	Kenyase	89
25/112024	Abirem Mosque	Abirem	64
29/11/2024	CWC	Ehinase	80

586

Communities that door-to-door education and sensitization are conducte d and number of people reached;

Month	Number of Male	Number of Female
July	66	111
August	69	84
September	82	103

October	53	66
November	35	36
Total	305	400

Community Register Registration

Below is the total number of children and caregivers reached in the selecte d community.

Month	Number of Male	Number of Female
July	63	76
August	62	52
September	58	72
October	42	45
November	39	42
Total	264	287

10 COMMUNITY HEALTH VOLUNTEERS

Name	**Gender**	**Community**	**Position**	**Phone Number**
Afriyie Sabrina Yeboah	F	Mamponteng	CHBV	0544093182
Atonoguma Ayishetu	F	Kenyasi	CHBV	0544746342

	Frimpong Isaac	M	Kenyasi	CHBV	0543646404
	Opoku Cosmos	M	Kenyasi	CHBV	0549027515
	Gabriel Gyasi	M	Kenyasi	CHBV	0593433399
	Matilda Nyarko	F	Aboaso	CHBV	0541667574
	Sandra N. A. Afful	F	Aboaso	CHBV	0595722239
	Mark Baah	M	Asonomaso	CHBV	0247843060
	Gifty Osei	F	Asonomaso	CHBV	0246031698
	Kofi Appau	M	Asonomaso	CHBV	0246960301

Outputs created	• Good collaboration with the MHD team (Municipal Director and Disease Control Officers • 10 trained Community Health Based Volunteers on immunization services and community register • 4 selected communities where immunization activities conducted to increase demand for immunization services. • 705 people reached on door-to-door education in the selected communities • 635 nursing mothers received knowledge on the importance of immunization • 551 children were registered in the community register in the selected communities • 25 defaulters were identified in the selected communities and sensitized to take the vaccines and visit the child welfare centers. • 3,305 people reached with immunization services • Resource distributed to volunteers and project team (raincoat, jacket, community register booklet, T-shirts, etc • Municipal Health Directorate acknowledged that, there is an improvement in immunization coverage in the municipality. According to their mid-year report, the municipal has moved from the bottom compared to last year's report of Regional Health Directorate.
Best Practices	**lunteers and project team conducted mop-up visits to trace defaulter's vaccination, education of the importance for CWC.**

	migrate were reached through one –on –one based to sensitized them on the importance of immunization service to child under 5years
Partners & Stakeholders (*list and describe their role*)	**Conclusion** In all, we can solidly say that the project has been successful so far looking at the noteworthy number of people reached and their compliant they shown so far toward the program. **Partnership & Collaboration of the Project** • We would like to acknowledge the support provided by GAVI and Ghana Coalition of NGOs in Health. • Ghana Health Service/Municipal Health Directorate • Sub-District in-charge • Community leaders • CBSV

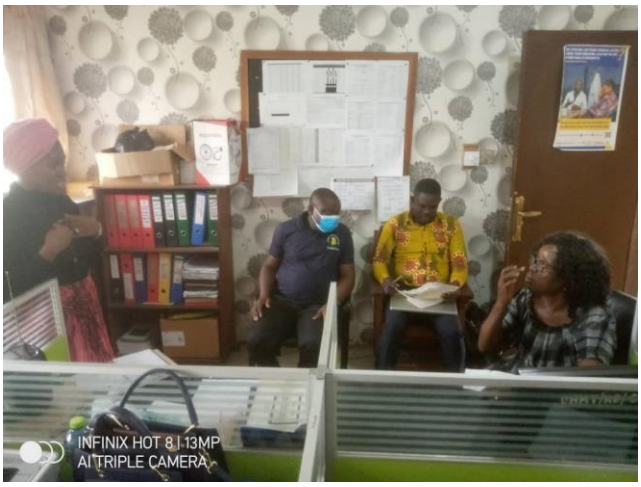
Challenges	○ Inadequate funds for training of Community Health Based Volunteers ○ Community Health Based Volunteers request an increment in their allowance ○ Community volunteers and community nurses complain about the shortage of vaccines. ○ Some of the nursing mothers complained about financial problems when it comes to attending Child Welfare Centres. ○ Migration do not have ANC card for reference.

Activity Report Certified by:

Name: Isaac Kwabena Kakpeibe

Position: Executive Director

Date: 16th December, 2024 **APPENDIX**



Monitoring team at Health Directorate sessions

Monitoring team at community level

TAAG staff and Regional Monitoring team session

Sensitization session at community level

Monitoring and supervision at Child Welfare Center in the selected communities

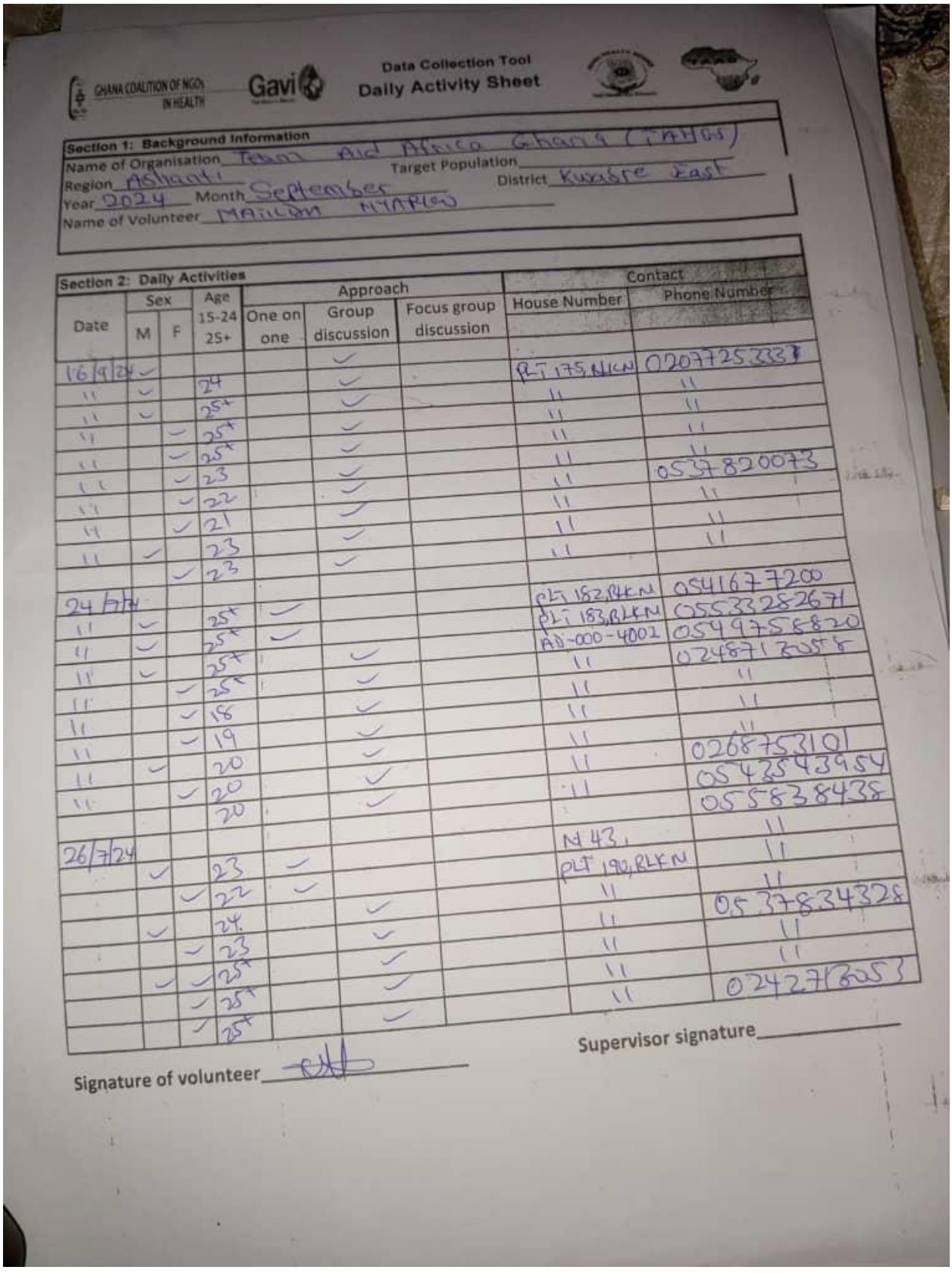
Sensitization meeting at Churhes and Mosques


Disease Control Officer presentation at Nwamase durbar


Presentation by Community Health Nurse at Nwamase


Screening and Checking Defaulters at Nwamase

Data collection Forms



GHANA COALITION OF NGOs IN HEALTH — Gavi — Data Collection Tool — Daily Activity Sheet

Section 1: Background Information

Name of Organisation: Team Aid Africa Ghana (TAAG)
Target Population:
Region: Ashanti
District: Kwabre East
Year: 2024 Month: September
Name of Volunteer: MALCOM NYARKO

Section 2: Daily Activities

Date	Sex M	Sex F	Age 15-24	Age 25+	Approach: One on one	Approach: Group discussion	Approach: Focus group discussion	Contact: House Number	Contact: Phone Number
16/9/24	✓					✓			
"	✓			24		✓		PT 175, NICN	0207725333
"	✓			25+		✓		"	"
"		✓		25+		✓		"	"
"		✓		25+		✓		"	"
"		✓		23		✓		"	"
"		✓		22		✓		"	0537820073
"		✓		21		✓		"	"
"	✓			23		✓		"	"
		✓		23		✓		"	"
24/9/24									
"	✓			25+	✓			PT 182, RLKN	0541677200
"	✓			25+	✓			PT 183, RLKN	0553328267
"	✓			25+		✓		AD-000-4002	0549755820
"		✓		25+		✓		"	0248713058
"		✓		18		✓		"	"
"		✓		19		✓		"	"
"	✓			20		✓		"	"
"		✓		20		✓		"	0268753101
				20		✓		"	0543543954
									0558384385
26/7/24								N43,	"
	✓			23	✓			PT 190, RLKN	"
		✓		22	✓			"	"
				24		✓		"	0537834328
	✓			23		✓		"	"
		✓		25+		✓		"	"
	✓	✓		25+		✓		"	0242718053
		✓		25+		✓			
		✓		25+		✓			

Signature of volunteer: _____

Supervisor signature: _____

Door to door Education sessions

COMMUNITY REGISTER FOR IMMUNIZATION

DISTRICT: Kwabre East
COMMUNITY: Asonomaso
NAME OF CBHV: Gifty Osei TEL NO: 0246031698

DISTRICT CODE:
COMMUNITY CODE:
DATE: 21/9/2024.

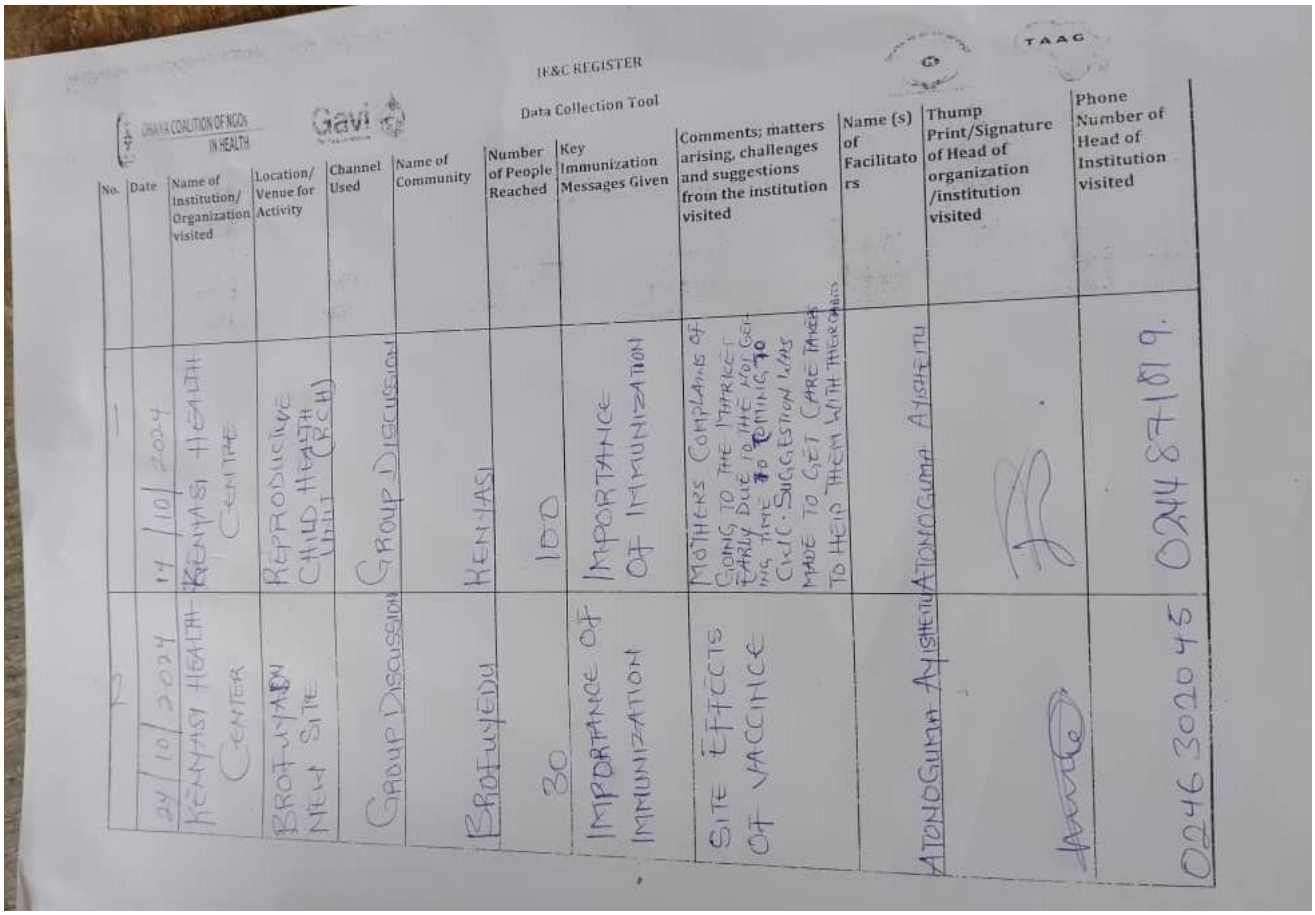
No.	HOUSE No.	NAME OF CHILD	DATE OF BIRTH	SEX M	SEX F	CAREGIVER'S NAME	CAREGIVER'S TEL. No.
1	A0 5	Bernice Acquah	15/10/22		✓	Christiana Owusu	0536392436
2	A0 4	Esther Amoah	28/7/23		✓	Beinma Yaa Taw	0542021166
3	A0 10	Prince Boateng	5/4/22	✓		Bright Boateng	0546955915
4	A0 10	Grace Badu	14/5/22		✓	Belinda Opoku	0554133961
5	A0 14	Donnisa Owusu Agyei	20/7/24		✓	Alice Asamoah	0554485675
6	A0 8	Blessing Oppong	20/5/24		✓	Mercy Forwaa	0547322915
7	A0 10	Owusu Bach	14/6/21	✓		Obiyaa Grace	0551462871
8	A0 3	Miracle Asante	23/10/23	✓		Pious Griffiths	05364756F
9	A0 18	Redeemed Ampong	11/2/21		✓	Faustina Adinkah	0246133841
10	A0 20	Ivan Berkye	6/5/24	✓		Augustine Twoah	0534332648

IMMUNIZATIONS: BCG, OPV (0, 1, 2, 3), IPV, PENTA (1, 2, 3), PNEUMO (1, 2, 3), ROTA (1, 2), MR, YF, Mls, MEN 'A', REMARKS

NAME OF COMMUNITY LEADER: MR. Osei Kojo
...TURE OF CBHV: Gifty Osei

HEALTH COALITION
Gavi The Vaccine Alliance

Data Collection Tool Daily Activity Sheet
GHANA COALITION OF NGOs IN HEALTH



IF&C REGISTER

Data Collection Tool

GHANA COALITION OF NGOs IN HEALTH

Gavi

TAAG

No.	Date	Name of Institution/ Organization visited	Location/ Venue for Activity	Channel Used	Name of Community	Number of People Reached	Key Immunization Messages Given	Comments; matters arising, challenges and suggestions from the institution visited	Name (s) of Facilitators	Thump Print/Signature of Head of organization /institution visited	Phone Number of Head of Institution visited
1	24/10/2024	KENYASI HEALTH CENTER	REPRODUCTIVE CHILD HEALTH UNIT (RCH)	GROUP DISCUSSION	KENYASI	100	IMPORTANCE OF IMMUNIZATION	MOTHERS COMPLAINS OF GOING TO THE HOSPITAL EARLY DUE TO THE NOT GETTING TIME TO COMING TO CWC. SUGGESTION WAS MADE TO GET CARE TAKERS TO HELP THEM WITH THEIR CHILDREN	ATONOGUMA AYISHETU		0244871819
2	29/10/2024	KENYASI HEALTH CENTER	BROFUYAW NEW SITE	GROUP DISCUSSION	BROFUYEDU	80	IMPORTANCE OF IMMUNIZATION	SITE EFFECTS OF VACCINCE	ATONOGUMA AYISHETU		0246302045

Sensitization exercises at Church and Mosque form

Child Community Register

NAME OF NGO

REPORT: TECHNICAL

DISTRICT:	**AHAFO ANO NORTH**
REGION:	**ASHANTI**
PERIOD OF GRANT:	**3RD & 4TH QUARTERS**
NUMBER OF TB CASES DETECTED:	**6**
NAME OF REPORTING OFFICER:	**ISAAC KWABENA. KAKPEIBE**
MOBILE NUMBER OF OFFICER:	**0551477673**

TO

STOP TB PARTNERSHIP GHANA

DATE: 13TH JANUARY, 2025

.

SUMMARY OF TB CASE FINDING RESULTS

NO	INDICATORS	RESULTS
1.	Number screened.	280
2.	Number of persons eligible for testing.	41
3.	Number of sputum samples collected.	41
4.	Number of collected sputum samples tested.	41

5.	**Number testing positive.**	**6**
6.	**Number placed on treatment.**	**4**
7.		**33**
8.		**8**
9.	**Number of sputum tested.**	**8**
10.	**Number of positive cases through contact tracing.**	**0**
11.		**8**
12.		**0**

INTRODUCTION *(Provide a brief background to the activities implemented within the grant period in the space below)*

Tim Africa Aid Ghana (TAAG), a Non-Governmental Organization, has been awarded a contract from **STOP TB PARTNERSHIP** / AGAMAL/NTP funded to **UNDERTAKE IMPLEMENTATION OF THE NATIONAL TB PROGRAM'S GC7 PROJECT (TITLE: 'FINDING THE MISSING TB CASES)** from July–December, 2024 at a cost of **FIFTEEN THOUSAND SEVEN HUNDRED AND TEN (GH₵15,710.00) to implement the project in the** Ahafo Ano North Municipality of the Ashanti Region. 100% has been approved and paid by STOP TB PARTNERSHIP. 100% of the total amount has been released to TAAG to commence the project. Submission of the quarterly reports from July to December, 2024.

TARGET GROUP: The main target groups for this grant are old people, Miners, Alcohol Use Disorder, persons living with HIV, the incarcerated, diabetics, household contacts of index cases, pregnant women, and children living in slums and hard-to-reach communities. Below are the activities implemented

- Targeted community TB Screening and contact tracing activities
- Sputum Transportation to Spokes/Hubs
- Provide treatment support and follow-up to adhere to TB treatment
- Referring to TB-positive cases for HIV counseling and testing services
- Distribution of IE&C materials
- Monitoring and follow-up cases

Num	PLANNED ACTIVITY *(list of planned activities for the reporting period- one for each cell below)*	STATUS *(Executed or Not Executed)*	CHALLENGES *(Describe the challenges encountered with the planned activity if any)*	INNOVATION *(Describe any innovation employed in executive the planned activity)*
1.	Community TB Screening and Contact tracing Exercise and education	Executed		Tim Africa Aid Ghana has adopted to conduct case finding through the use of the following: • Visiting Mining "Galamsy" Site for screening • The use of information centers programmed to find cases and TB education • Constant visits to prayer camps, mosques, and churches in the Municipality. • One-on-one case finding • House-to-house campaign • Community screening Interventions • Large group screening
2.	Sputum Transportation to Spokes/Hubs	Executed	None	Sputums were transport to hub for investigation as soon as receive.

3.	Provide referral service to presume TB persons and enrolment of all detected Positive TB cases on treatment.	Executed	None	Detect presumes were transport to facility for investigation at
Num	**PLANNED ACTIVITY** *(list of planned activities for the reporting period- one for each cell below)*	**STATUS** *(Executed or Not Executed)*	**CHALLENGES** *(Describe the challenges encountered with the planned activity if any)*	**INNOVATION** *(Describe any innovation employed in executive the planned activity)*
				the time of receive the sputum in the community level.
4.	Referring to TB-positive cases for HIV counseling and testing services	Executed	Some of the TB Positive cases were not found.	Detect TB positive cases were put on treatment at nearest facility**.**
5.	Provide treatment support and follow-up to adhere to TB treatment	Executed	**N/A**	Visiting and encouraging affected persons with TB and advice to take the medicine
6.	Monitoring and follow-up with facility, volunteers, and Identifying TB person	Executed	**N/A**	Monitoring and supervision volunteers, facility and affected TB patients**.**
	GENERAL RECOMMENDATIONS *(Executed or Not Executed)*			
In all, we can solidly say that the project has been successful looking at the significant number of people reached and the cooperation they have shown toward the TB program. The motor has made it easier to conduct monitoring and follow up, screen activities, and transporting sputum to the lab for investigation and collection of results. The project has equipped both the project staff and the TB screening volunteers with skills in TB activities in the communities. All mandated activities were executed within the period.				

	CONCLUSION			
Num	**PLANNED ACTIVITY** *(list of planned activities for the reporting period- one for each cell below)*	**STATUS** *(Executed or Not Executed)*	**CHALLENGES** *(Describe the challenges encountered with the planned activity if any)*	**INNOVATION** *(Describe any innovation employed in executive the planned activity)*

- Tim Africa Aid Ghana commends its gallant TB screening volunteers for their hard work.
- Tim Africa Aid Ghana is grateful to Mr. John Provinseh, (The Chief Technical Officer) for the hard work he has contributed to all laboratory work done in the Municipality. The laboratory officers in Tepa Government Hospital also furnished tested results timely.
- To support the trained TB volunteers with Identification materials such as T-shirts and ID cards for easy identification in the community
- TAAG commends the District Health Directorate for their support to make the quarterly successful.

Tuberculosis (TB) Screening Activities

Tim Africa Aid Ghana conducted TB screening activities in the communities. Participants in TB screening activities conducted by

- Isaac Kwabana Kakpeibe – Executive Director of Tim Africa Aid Ghana
- TB Volunteers

Tim Africa Aid Ghana organized TB screening activities in the suspected community to search for patients and educate community members to prevent themselves from Tuberculosis. Also, TAAG uses information centers to education populate about the prevention and infection of Tuberculosis.

Also, Community screening activities conducted in Kyekyewere, Nfante, Tepa, Manfo, Mabang, Akwasise, Subriso, Camp 2, etc.

As part of Tim Africa Aid Ghana activities to support Municipal Health Directorate as a whole in the detection of tuberculosis (TB) free TB screening was organized in the above communities, with social mobilization started through the use of local information centers and gong beaten.

The exercise was done in the communities for them to see if any community members have been infected with Tuberculosis commonly known as TB. TAAG uses the same medium as part of the implementing the follow up intervention with TB patients in their various communities

The project team has been taken phone numbers of the suspected clients and promise to return phone calls for feedback on their results. The positive clients are referred as soon as possible to the TB Clinic for treatment

SCREENING AT TEPA COMMUNITY CENTER, NNUMASUA, SUBRISO, TEPA WARD 3, AKWASIASE, KYEKYEWERE, ETC

INTRODUCTION

The TB screening event at Tepa, Subriso, and Nnumasua as part of a targeted health initiative to raise awareness about tuberculosis (TB) and ensure early detection and treatment. Recognizing the importance of safeguarding the health of young professionals in training, this program provided free and accessible TB screening services tailored to their needs. In addition to identifying individuals at risk, the event aimed to educate apprentices about TB prevention and management, fostering healthier lifestyles and reducing the prevalence of the disease. This initiative underscores a commitment to improving health outcomes within the community members while promoting overall well-being in the sub-districts

VENUE

This health screening was held at Tepa Community Centre, Subriso, Tepa Ward 3, and Nnumasua

PARTICIPANTS

A total of 301 participants opted for screening of which 73 were males whiles 228 being females.

MAIN ACTIVITY

During the TB screening event at Tepa Community Center, Subriso, Nnumasua,etc. a dedicated educational session was held to raise awareness among the apprentices about tuberculosis (TB). Participants were introduced to the causes of TB, focusing on how the Mycobacterium tuberculosis bacterium spreads through the air. The symptoms of TB, such as persistent coughing, night sweats, fever, and unexplained weight loss, were clearly explained to help participants identify early warning signs.

The facilitators emphasized the importance of early detection and treatment, explaining that TB is both preventable and curable when addressed promptly. The modes of prevention, including good ventilation, wearing masks, and proper cough etiquette, were discussed to reduce transmission risks. They also highlighted the significance of completing the full course of prescribed medication for those undergoing treatment to prevent drug resistance. Participants were encouraged to seek medical attention if they or someone they know experienced such symptoms. Real-life examples and success stories of individuals who overcame TB reinforced the importance of timely intervention. The session concluded with an interactive Q&A, where apprentices clarified misconceptions, shared their thoughts, and committed to becoming advocates for TB awareness in their communities.

CONCLUSION

In conclusion, the TB screening event at Tepa Community Center, Subriso, Nnumasua, Tepa Ward 3 etc with a valuable opportunity to learn about tuberculosis, its causes, symptoms, prevention, and treatment. The educational session equipped participants with the knowledge needed to recognize early signs of TB and take proactive steps to safeguard their health and that of their community. Through interactive discussions and practical guidance, the event fostered a deeper understanding of TB and empowered

apprentices to become advocates for prevention and awareness. This initiative not only promoted early detection but also strengthened the commitment to building a healthier, more informed in the municipality.

Tepa Community Center Session

Screening @Tepa Ward 3 Session

Screening @Nnumasua Sessions

Screening @ Subriso


W-21-65
6047

Sputum Transportation session


Sputum Collection session

MONITORING AND FOLLOW UP

On 23rd October 2024 a monitoring visit was conduct in Akwasiase and Maabeng to monitor activities of the TB case finding volunteers. In Akwasiase TB patient was visited to see how she was responding to treatment. Unfortunately, the lady has defaulted for most 2months. We asked why such a defaulting she said she has travelled to the mother in another community. Since she returned he has not gotten transport fees to visit the hospital in Tepa to collect her medication. She also said life has been very difficult her to be able to get food and she cannot take the medication with an empty stomach that alone is discouraging. Mr. Isaac Kwabena Kakpeibe, the executive Director advise her that she should pretty do well to take the medication any time she gets food and eaten. If she takes the medication with empty stomach, she will certainly not feel comfortable.

She also advised that she should try best to complete her medication to avoid relax as well as drug resistance on her immune system.

The team also visit some of the eligible clients to collect the samples with Volunteer to the GenXpert center in Tepa Government Hospital. This 75years old lay was taken through the screen processes a gave her the sample container to collect sample to the Genexpert center.

The 75 years old was very delight to the team and said she pray that, the Genxpert will come out with result to help her to get the needed medication to end her coughing, which make her uncomfortable most especially at night.

Also visited Nfanti, Subriso, Owen-Mkwanta follow up and contact tracing in above communities. These activities help look for positive cases to come to nearest facilities for TB treatment and education.

Social Media Links *(Please paste in the spaces provided below, links to social media posts you have made in your social media platforms, about your work in the field)*

Facebook Link	
Website Link	
Other Social Media Links	

TIM AFRICA AID GHANA (TAAG)

DONOR

GILEAD SCIENCES INC. - USA

TITLE

COMMUNITY INTEGRATION AND SYSTEM STRENGTHENING PROJECT AGAINST THE USE OF DRUGS AND ITS ASSOCIATED MENTAL HEALTH DISORDERS, HIV & HEPATITIS C INFECTIONS

COUNTRY

GHANA

OPERATIONAL REGION

ASHANTI

OPERATIONAL DISTRICT

AHAFO ANO NORTH, AHAFO ANO SOUTH WEST AND SOUTH EAST DISTRICTS

REPORTING PERIOD

JULY TO AUGUST, 2024

DATE OF SUBMISSION

19TH AUGUST, 2024

Background

Tim Africa Aid Ghana (TAAG), a Non-Governmental Organization based in Ahafo Ano North in the Ashanti Region of Ghana. Tim Africa Aid Ghana is registered under the Companies Act, 1963 Act 179 as a company limited by guarantee on 5th July 2001 and registered with register General with Number G-8258 and DSW/1542 at the Department of Gender, Children and Social Protection, non-for-profit Secretariat (NPO) which classifies Tim Africa Aid Ghana as a non-governmental

organization. TAAG has been awarded a contract by **Gilead Sciences Inc. USA** to undertake a **Community Integration and System Strengthening Project against the use of drugs and its associated mental health disorders, HIV & HEPATITIS C infections** in the Ahafo Ano North, Ahafo Ano South West and in Ashanti Region of Ghana from February 2024 to March 2025 (One (1) Year) for forty-four thousand and *nine hundreds eighty-five Ghana cedis* (GH¢ 449,850.00).

The project is to be implemented in two (2) districts of the Ashanti Region in Ghana.

Executive Summary

The Community Integration and System Strengthening Project aims to address the intertwined challenges of drug use, mental health disorders, HIV, and Hepatitis C infections. This project focuses on enhancing community-based responses and integrating these efforts into formal health systems to create a sustainable and comprehensive approach.

Reduce Drug Use and Associated Mental Health Disorders:

- Implement community-led interventions to prevent and treat substance use disorders.
- Provide mental health support and services to individuals affected by drug use.

Combat HIV and Hepatitis C Infections:

- Increase access to testing, treatment, and prevention services for HIV and Hepatitis C.
- Integrate these services with mental health and substance use disorder treatments.

Strengthen Community Systems:

- Build the capacity of community organizations to deliver effective health services.
- Foster collaboration between community groups and formal health systems

Project Objective

1. To improve access to harm reduction services, needle and syringe programs among 300 youth in (NSP), and HIV and Hepatitis C testing and treatment in 2 districts by the end of the project.
2. To reduce stigma and discrimination against 500 PUD and increase their social inclusion in 2 districts by the end of the project

3. Increase 300 PUD access to comprehensive prevention, care, and treatment services across the HIV care cascade in 2 districts by the end of the project
4. To increase and sustain 300 PUD demand for comprehensive prevention, care, and treatment services in 2 districts by the end of the project
5. To strengthen linkages to and retention in care for HIV-positive 100 PUD in 2 districts by the end of the project **Project Activities**

1. Organize community entry exercise in 2 districts
2. Organize 10 community forums in 2 districts for 1000 people on the effects of hard drug usage, reduction services, needle and syringe programs (NSP), and HIV and Hepatitis C
3. Organize quarterly screening and testing of HIV and Hepatitis C in 10 communities and refer the clients for further support in 2 districts.
4. Organize 5 mass media education through radio, and community information centers in 2 districts!
5. Organize 6 community forums for stigma reduction and discrimination against 1000 PUD and Organize community entry in 2 districts (Ahafo Ano North and Ahafo Ano South West
6. Organize an advocacy inception meeting with 30 stakeholders in 2 districts.
7. Select and train 20 community health volunteers, 10 champions, and 10 health workers in 2 districts to increase their social inclusion in 2 districts
8. Organize monthly review meetings with 20 community health volunteers, 10 champions, and 10 health workers in 2 districts
9. Develop a jingle, 50 posters, banners, and 70 T-shirts with peace campaign messages
10. Conduct monthly monitoring and supervision visits in 2 districts

Key Strategies:

Community Engagement: Mobilize community members and leaders to participate in and support health initiatives.

Integrated Services: Combine mental health, substance use, HIV, and Hepatitis C services to provide holistic care.

Capacity Building: Train community health workers and volunteers to enhance service delivery and sustainability.

Monitoring and Evaluation: Implement robust systems to track progress, measure outcomes, and adapt strategies as needed.

Expected Outcomes:

Improved Health: Reduction in drug use, mental health disorders, and HIV/Hepatitis C infections.

Enhanced Access: Increased availability and utilization of integrated health services.

Sustainable Systems: Strengthened community and health systems capable of maintaining and expanding health initiatives

DETAILS OF THE ACTIVITY.

Community Entry Exercise

The community entry occurred in two districts, Ahafo Ano North and Ahafo Ano South West East. This activity sought collaboration with the key stakeholders from Ghana Health Service and Districts Assembly in the two districts. The project team met with key stakeholders to brief them about the project and the funder of the project Gilead Sciences Inc. and the implementing partner Tim Africa Aid Ghana.

Target participants

- Ghana Health Service
- District Assembly
- Executive Director of Tim Africa Aid Ghana
- MEL Officer of Tim Africa Aid Ghana

On the 27th of July 2024 and 30th of July, 2024, the Tim Africa Aid Ghana project team met the District Health Directorate (Ghana Health Service) and the District Assemblies at the various departments to dialogue the dub project called **Community Integration and System Strengthening Project against the use of drugs and its associated mental health disorders, HIV & HEPATITIS C infections** to implement in the two districts Ahafo Ano North and Ahafo Ano South West/East. The project team to discuss the project to be implemented in the districts. The team first met with key stakeholders in Ahafo Ano North and next day met with the Ahafo Ano Sout West /East stakeholders.

Mr. Isaac Kwabena Kakpeibe (Executive Director of Tim Africa Aid Ghana) briefed them about the project in the districts. He also outlined the funder of the project to support education and sensitization in the communities in the two districts. He mentioned the timeline of the project as one (1) year. He mentioned that there was small-scale mining in the districts so the majority of youths are in the mining site taking drugs. He continued to mention the project objectives and

activities to be implemented in the districts. He pleaded with stakeholders especially the District Health Directorate to help us in the selection of the communities, competent community health volunteers, and community nurses in the implementation of the activities. Also, pleaded with the assembly to advocate the project mandate to Assembly members at the community level. He urged the health sector to provide us with data on People Using Drugs (PUD) and Hepatitis B, C, and HIV.

The project named Community Integration and System Strengthening Project against the use of drugs and its associated Mental Health disorders, HIV & HEPATITIS C infections in two districts, and the project is targeting 600 PUD with the following activities strategies and approaches. He further mentioned that they should select 10 hardworking community health-based volunteers from each district to conduct education, and awareness creation of Hepatitis B, and C, effects of the Use of drugs. He further mentions that there will be media announcements and community information centers to be used to educate the community members on disease and where they can receive treatment. He pleaded with the district health directorate to help in developing jingle and Information Education Communication (IEC) materials. He ended by saying there would be stakeholder engagement on the 14th and 16th in the separate districts for the commencement of the project. Tim Africa Aid Ghana (TAAG) needed their support to be able to discharge their vow mandate and make the project successful.

Deliberation of the project

Mr. Staley Asiateba (Disease Control Officer – Ahafo Ano North) said that it will be difficult to get the data on People Using Drugs (PUD). They are secretly taking the drugs so the project will help them to get those data for the district. The community health volunteers and champion will be visiting where they are taking the drug do the education and refer them to facilities for treatment and assistance so that they will get data on them.

Mr. Boakye Williams (Municipal Director of Health – Ahafo Ano North) suggested that the majority of people in the mining site are taking drugs and some are foreigners or migrants. He mentions that the youths are known for drugs and prostitutes in the mining site called “Galamesay”. The project is going to help in the education and prevention of the diseases. He urged his coworkers

(Disease Control Officer) to start the selection of the communities, communities' health volunteers, and community nurses.

Mr. Abdul Hussan (Municipal Coordinating Director -Municipal Assembly) also supported the project and they will provide any assistance to make the project successful.

Mr. Michael Owusu Kingsley (District Director of Health -Ahafo Ano South West East) said that his team will support the implementation of the project activities. He also mentioned that they will include a mining community called Kunsu in selected communities. Because Kunsu is a mining community a lot of foreigners are there working due to a lot of diseases that can be found in the communities. He assured the project team to be provided to the communities, community health volunteers, and nurses to support the project implementation. He also pleaded with the team to provide them with a soft copy of the project activities and implementation plan.

Mr. Paul Antwi (Coordinating Director _District Assembly Ahafo Ano South West East) assures us of the support of the project implementation in the district. He further pleaded with the team that they should provide a letter of introduction of projects to be filled in the district.

Mr. Isaac Kwabena Kakpeibe (Director of Tim Africa Aid Ghana) assured them that a letter of introduction would be provided as the sole documentation of the existence of the project in the two districts. These documents will be given to the Assemblies and Health Directorate in the two districts. He advised that the project would help get those people out of drug usage and identified people with hepatitis B, C, and HIV who will be referred for treatment and prevention.

Mr. Kwaku Nguayam (Internal Autor of Health -Ahafo Ano South West East) said that there is testimony from TV that "*one victim of drug usage received education and is out of drug usage*". He supported the project implementation in the districts

Outcome

- Key stakeholders in the two districts supported the implementation of the project.
- Agreed to share with us any information and assistance needed from their department.

STAKEHOLDER ENGAGEMENT IN TWO DISTRICTS

The stakeholder's meeting was organized to seek support from the various departments in the implementation of the project in the two districts. The main goal of the engagement meeting was to dialogue with 30 stakeholders from Ahafo Ano North and Ahafo Ano North West East, to solicit their views on strategies, implementation, and advocate for Hepatitis B, C, infections, People Using Drugs and HIV at the local level.

Methodology

Preparatory Stage

A week before the event, the project coordinator scheduled a meeting with the engagement meeting facilitator to decide on the presentation's content and structure. Following that, letters inviting the attendees were disseminated through the proper channels. On August 14, 2024, and 16th August 2024, the stakeholders' engagement meetings were organized, and invited participants were present.

Venue:

This Stakeholders' engagement meeting was held at Evergreen Hotel (Conference Hall) _Tepa and District Assembly Conference Hall_ Mankronso

Medium of Language

The medium of communication during the stakeholders' engagement meeting was a blended English and Twi which participants could relate and this facilitated a great contribution to and discussion

Methods Used

The stakeholders' engagement meeting deployed both teacher-centered and interactive styles because the speakers made sure that information was not only shared but also recognized and comprehended by the attendees. Everyone could relate to the language, which allowed the participants the confidence to seek clarification and effectively participate in the program.

Objectives

The meeting was to inform stakeholders about the project objective and seek for their:

1. Feedback on the implementation
2. To support the project with technical know-how in the implementation
3. To collaborate with the District Health Directorate and other partners to strengthen health systems.
4. Promoting disease awareness, supporting immunization and treatment initiatives and serving as the primary source of information for patients and their families and the general public.

OPENING

The stakeholders' meeting was called to order with an opening prayer by Nana Sasareku (Sub Chief of Tepa). A self-introduction by the participants shortly followed this. The meeting was attended by dignitaries from all spheres of work including Ghana Health Service.

Participants:

At the stakeholders' engagement meeting, there were 34 attendees in all. The majority of the participants, 26 (76%), were men, while 8 (24%) of the participants were women

Highlight of proceedings

The executive director of Tim Africa Aid Ghana, Mr. Isaac Kwabena Kakpeibe welcomed the participants and highlighted the purpose of the meeting to the stakeholders. Mr. Isaac Kwabena Kakpeibe said Tim Africa Aid Ghana has secured funding from Gilead Science INC- USA to

implement a project dubbed: Community Integration and System Strengthening project against the use of drugs and its associate mental health disorders, HIV AND HEPATITIS B, C infections in two districts in the Ashanti Region. The meeting was the need to seek inputs from the stakeholders as well as seeking for collaborative support for the project implementation. He also thanks the participants for making time from their busy schedules for the meeting.

The project coordinator Mr. Maxwell Adom. Adom took his turn to present to the participants. In his presentation, he cited the project was built in line with the WHO Road Map for Hepatitis B, C, and HIV (2022-2030). He mentioned the under-listed indicators and prevalence of WHO and Ghana Health Service to the participants. *(Attached presentation)*

He keenly mentioned that GILEAD SCIENCES INC. – USA was the Funder of the project Tim Africa Aid Ghana (TAAG) was the implementing partner and Ghana Health Service was a strategic collaborative partner in the implementation.

He further mentioned WHO estimates that 254 million people will be living with chronic hepatitis B infection in 2022, with 1.2 million new infections each year. WHO focused on "***One life, one liver"*** to illustrate the importance of the liver for a healthy life and the need to scale up viral hepatitis prevention, testing, and treatment to prevent liver diseases and achieve the 2030 hepatitis elimination target. In 2022, hepatitis B resulted in an estimated 1.1 million deaths, mostly from cirrhosis and hepatocellular carcinoma (primary liver cancer). Ghana has a high prevalence of hepatitis B with approximately 12.1 % of the population infected while the prevalence of hepatitis C is relatively low around 1.5% (WHO, 2019). The common modes of transmission of hepatitis B include mother-child during birth, unsafe medical injection, and sexual contact. The common modes of transmission of hepatitis C include unsafe medical injections, blood transfusions, and sexual contact. Approximately 2.3% of Ghana's population (around 600,000 people) use drugs, with a higher prevalence among males (3.6%) than females (1.1%) (Ghana Statistical Service, 2019). Cannabis is the most commonly used drug (1.7%), followed by opioids (0.4%), and cocaine (0.2%) (Ghana Statistical Service, 2019). He mentioned to the participants the types of drugs that are mostly used by the affected persons as follows: - Cannabis (marijuana, weed),- Opioids (heroin, tramadol),- Cocaine,- Amphetamines (including ecstasy),- Inhalants (glue, petrol) etc. He also

drew the attention that Hepatitis B vaccination is included in Ghana's national immunization program with a coverage rate of around 90% (WHO, 2019), There is no vaccine for hepatitis C. Approximately 150,000 Ghanaians live with chronic hepatitis C while 2.5 million Ghanaians live with chronic hepatitis B putting them at risk of liver cirrhosis and liver cancer (Ghana Health Service, 2020).

He said drug abuse is seen as a social and health problem that has many serious implications on the physical, social, psychological, and intellectual development of the victims more especially, the youth. The most vulnerable are Street children are hypothesized to be more at risk of any epidemic including drug abuse simply because they do not have anyone to take care of them hence, they have to fend for themselves and in so doing, they succumb to the pressures they see around them and in most cases, lead to serious repercussions that do not affect only the street children but the country as a whole. Youth in galamsey or illegal mining are also contributing to the abuse of drugs. Marijuana is the most commonly abused drug. He said that drug Abuse is associated with poor socio-economic development and marginalization. These factors have dimensions that extend well beyond the health sector and impede progress on nearly all Sustainable Development Goals (SDGs). And have multiple negative impacts, with a particularly acute toll on the most vulnerable populations. And the mental health consequences all result in reduced quality of life.

DISCUSSION

A follow-up to the presentations was a discussion by the attendees on the strategies of the project implementation.

Mrs. Corfort Osei from Information Service Department recommended that the traditional authorities should enact by-laws to prevent people from smoking in public places.

Mr. Samuel Adu from Subriso Health Centre contributed that due to illegal mining activities at Subriso/Numasua, the prevalence of HIV is very high in those communities. He attested that a one-day screening and testing program at Numasua recorded eight (8) HIV positive cases and therefore much attention should be place at those areas.

Madam Aisha A. Abdellah from Department of Social Welfare and Community Development asked the role of the security personnel in combating the use of hard drugs and smoking at public places.

In reply, it was said that, the security personnel should be invited to be part of the project and also take part during the volunteers training.

Nana Koansah Saseiku from Tepa Traditional Council contributed that, fighting for the use of hard drugs and abuses required an in-depth sensitization for the youth to clearly understand the negative implications of it. Though, enacting some rules and regulations could also help, we should stick much on changing the mindset of the people especially the youth.

Mr. Eugene Teye, the Mental Health Officer of the Tepa Municipal Hospital also contributed that, neglect is part of the drugs issues. Said some of the abusers have peculiar problems, therefore there is the need to interact with the drug users.

Musah Opata Sulemana, NCCE director for Ahafo Ano North Municipality asked what the "Nananom" (chiefs and elders) has done about the drugs addict in the communities.
In reply, Nana Koansah Saseiku said, what the chiefs did was to go to the drug sellers to interact with them to prevent the young ones from joining into the use of hard drugs and also, those already into it should try as much as positive to minimize its intake.

In a nutshell, the session was very impressive justifying the willingness and interest of the various opinion leaders in the project.

On the contribution, participants assisted the project team in selecting 10 communities that were mostly affected by the persons using drugs in the two districts

No	Ahafo Ano North Municipal	Ahafo Ano South West East
1	Tepa- Ward 3 and Akwasiase	Mankranso
2	Subriso	Kunsu
3	Mfanti and Asikam	Bankwaso
4	Camp 2	Mpasaaso 1 and 2
5	Twabidi	Wioso

In the selection of the 20 community health volunteers, Tim Africa Aid Ghana is using the Ghana Health Service volunteers which are well-structured and have experience in the related project. The district's directors are yet to share with us the list of the volunteers and health workers for the training.

In the selection of the 10 champions, the stakeholders advised the project team that they were also going to assist in the selection of the champion from the various communities selected.

Jingle Development

The project team is collaborating with Ghana Health Service in the development of the project jingle.

T-Shirt and Banner.

The project team has identified a vendor to share with a sample for management to discuss before approving the budget for the T-shirts and a banner.

Recommendations

1. The discussion proved that our objectives of the workshop were achieved, and there should be strategic ways to implement the project successfully in the two districts...
2. In addition, it was recommended that the participants support the project implementation in the two districts and also promise to advocate by disseminating the messages on Hepatitis B, and C, HIV infection, People Using Drugs, and Mental disorder
3. The participants were able to select the communities from two districts and will share with us the names of community volunteers. **Various Departments of Stakeholders**

1. Department of Social Welfare and Community Development (DSWCD)
2. National Commission for Civic Education (NCCE)
3. Information Service Department
4. Traditional Council
5. Mental Health Officer
6. Medical Superintendent
7. Disease Control Officer
8. Municipal Health Directorate

9. Municipal HIV Coordinator
10. Staff Nurse
11. 3 Media Houses
12. Ahafo Ano North Municipal Assembly
13. Ahafo Ano South West District Assembly

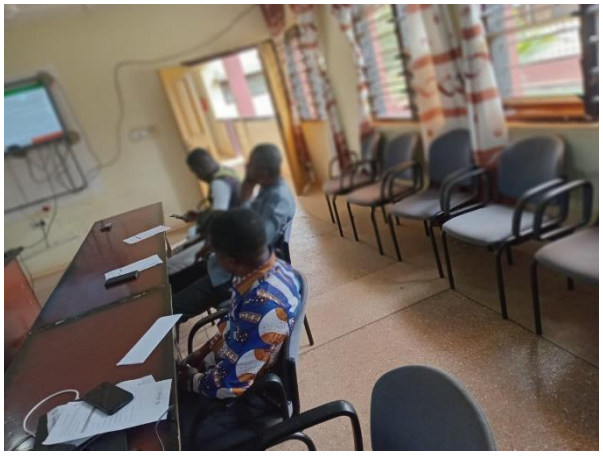
Participants The community entry participants are as follows:

#	Name	Sex	Organization	District	Position

1	Abigail Odonko	F	Ghana Health Service	Ahafo Ano North	Health Information Officer
2	Anthony Arken	M	Ghana Health Service	Ahafo Ano North	Accountant
3	Boaky William	M	Ghana Health Service	Ahafo Ano North	Health Director
4	Staley Asiateba	M	Ghana Health Service	Ahafo Ano North	Disease Control Officer
5	Abdul Hussan	M	Municipal Assembly	Ahafo Ano North	Coordinating Director
6	Michael Owusu Kingsley	M	Ghana Health Service	Ahafo Ano North West East	Health Director
7	Richard Oduro	M	Ghana Health Service	Ahafo Ano North West East	Accountant
8	Kwaku Nguayam	M	Ghana Health Service	Ahafo Ano North West East	Internal Auditor
9	Paul Antwi	M	District Assembly	Ahafo Ano North West East	Coordinating Director
10	Isaac Kwabena Kakpeibe	M	Tim Africa Aid Ghana	Tepa	Executive Director
11	Abdul Fatao	M	Tim Africa Aid Ghana	Tepa	MEL Officer
12	Lambon Linlab	M	Tim Africa Aid Ghana	Tepa	Finance Officer

MONITORING AND EVALUATION						
ACHIEVEMENT						
Indicator (outcome and output level)	**Baseline** *(secondary source if available. If not put 0)*	**Target (T)**	**Achieved (A)**	**Variance (V)**	**% of Target (A/T*100)**	**End of project target**
Community Entry conducted	0	10	11	0	110%	Complete
Community stakeholders engaged	0	30	34	0	113.3%	Complete

Activity Photographs



Stakeholders Engagement Session at Ahafo Ano South West East _Mankranso

Stakeholders Engagement Session at Ahafo Ano North _Tepa

Group photographs _Ahafo Ano South West

Group photographs_ Ahafo Ano North

Community Entry session with Municipal Heath Directorate at Ahafo Ano North

Community Entry session with Municipal Heath Directorate at Ahafo Ano South West East

REPORT ON DISTRIBUTION OF EDUCATIONAL MATERIALS FOR TIM AFRICA AID ORPHANS.

OBJECTIVES FOR THE ACTIVITY

- To ensure that each orphan is provided with basic necessity such as books, pens and uniform for school
- To see to it that the orphans are given access to education without hindrance whatsoever
- To educate the children about the importance of education and the need to take it seriously

- To give lost hope to the children and encourage them to work hard in their academics
- To help create a conducive environment for the children to study and pass their exams just like their peers

INTRODUCTION

Education they say is the key to success. Without any doubt about this saying, there is the need for each and every child to be given the opportunity to attend school without any excuse. Education has in no doubt helped shape and build a lot of people in our societies by teaching them good morals and making them knowledgeable. If not for anything every child is supposed to be given the opportunity to read and write to better his or her life.

While some children are privileged to have access to education, others are not because they do not have anyone to cater for their school needs. This brings a lot of emotional trauma to these children as some of them suffer verbal abuse and to some extent physical abuse from the fortunate ones demeaning them and making them lose confidence in themselves.

As a result of these issues faced by orphans in our society, Tim Africa Aid Ghana a nongovernmental organization in the Ahafo Ano North Municipality precisely Tepa in the Ashanti region of Ghana has taken to heart to hear the cry of these orphans and help support in one way or the other so that they can also enjoy school and learn peacefully. Tim Africa Aid Ghana is able to do this from its own coffers and donations from individuals and philanthropic groups. The orphans being supported by the organization are about thirty in the municipality. Not only does the organization support orphans but the aged and disabled people as well.

DETAILS OF ACTIVITIES UNDERTAKEN.

The orphan beneficiaries were visited in their various schools to ask their tutors about their performances and what they will be needing for school. The schools of the children includes English and Arabic school, S.D.A school, Islamic mission school, Presbyterian school, Wesley Methodist school and Fountain of life school. Each of the children pinpointed what they needed for school. These included exercise books, text books, pens, pencils, sanitary pads, note books, school bags, uniform and school shoes.

The children who were absent from school during the visit were followed up in their various homes to ask them of why they were not in school and the things they need for school. Most of

the guardians of these children showed much appreciation and were very thankful for the support. This act brought tears to our eyes as they weren't expecting this kind gesture.

The measurements and shoe sizes of the children who needed uniforms and shoes were taken and the items were procured for distribution. We were so pleased to help bring back smiles on the faces of the children.

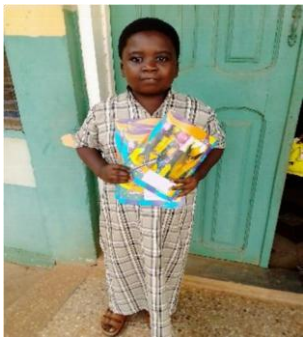
CONCLUSION AND WAYFOWARD

The school materials were successfully procured and distributed to the children. They were encouraged to maintain them well and make good use of the items. The children in return were thankful and appreciative for the items. They also prayed for more of such help and for more people to come to their aid so they can also be happy in life like every other child.

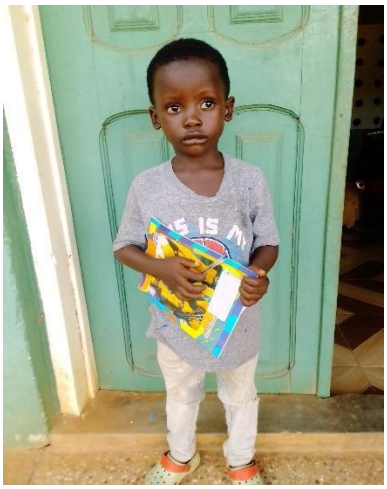
LESSONS LEARNT

In undertaking the activity, it was noticed that the needs of the children were many hence all their needs were not met but the most important ones were prioritized.

PICTURES FROM THE ACTIVITY.



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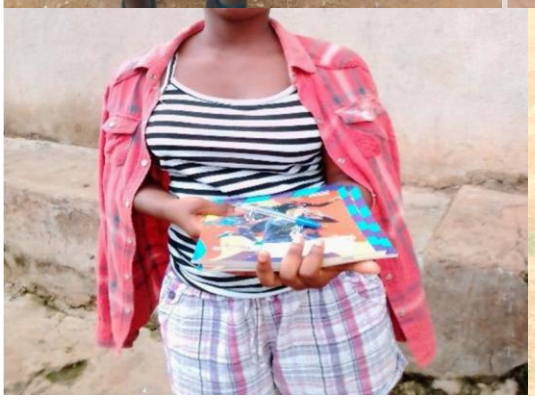

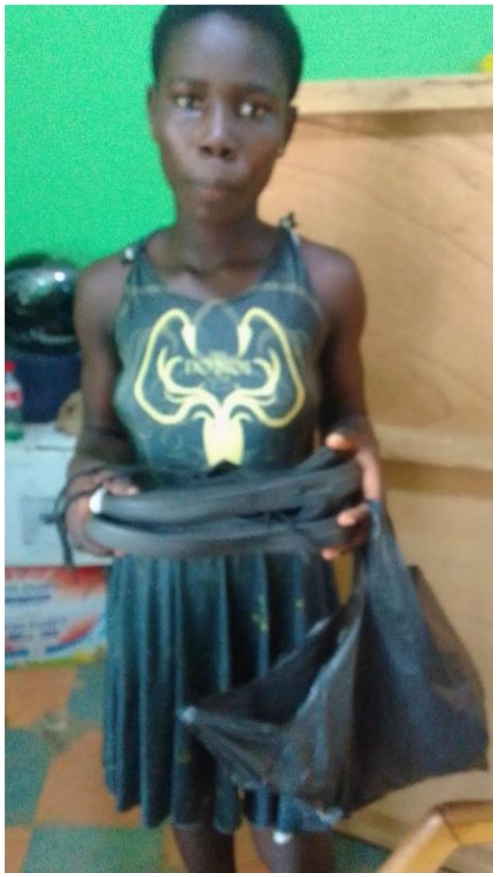

Women's Voice and Leadership – Ghana

FRFM Grantee Project Results Report

Prepared for Plan International /Global Affairs Canada

Name of organisation: TIM AFRICA AID GHANA Report
Submitted by:
Date Submitted:

Section 1 – PROJECT DATA			
Project Title [the name of your project not WVL**]**	**GROW LOCAL RICE FOR A SUSTAINABLE DEVELOPMENT PROJECT**		
Type of Grant Awarded	**FRFM3**		
Name of Organization	**TIM AFRICA AID GHANA**		
Location of Organization [Region & District**]**	**AHAFO ANO NORTH - ASHANTI**	**Digital Code**	GPS: 0002-6303
Contractual Grant Amount [GHC]	90,000		
Amount Received in Grant Period [GHC]	72,000		
Project Start Date [dd/mm/yyyy**]**	01/02/2023		
Project End Date [dd/mm/yyyy**]**	01/12/2023		
Total Spending on the Project [GHC]	72,000	**Total Unspent Amount GHC:**	18,000
Total Spending on the Project [%]	80%	**Total Unspent Amount (%):**	20%

Section 2 – SUMMARY OF PROGRESS
2.1. **Summary of progress (provide a brief summary of what has been done** towards achievement of the grant objectives - 1 Page

The project dub: Grow Local Rice For A Sustainable development targeted women in the Ahafo Ano North municipal. The total number of women are 25 and these women are farmers who produce rice but due to financial constraints, they are not able to produce more hence they become independent. Some of the women are widows who single handedly take care of their children and other dependents.

The project begun with an inception meeting with key stakeholders in the municipal, then continued with valley identification. Capacity building for the women was also conducted. Afterwards, farm inputs such as rice seeds, N.P.K, ammonia, selective and nets were also given to the women. Field days were also conducted to check on the progress of the project and address issues where necessary.

Section 3 – PROJECT ACHIEVEMENT

3.1 Briefly describe all the activities undertaken so far under each of the project results areas (objectives) (include numbers reached).

NB: *space in this section can be extended to accommodate any number of objectives and activities by the Partner*

The activities that have been undertaken so far includes an inception meeting with stakeholders, valley identification,

capacity training, procurement of farm inputs and field days for the 25 women.

The inception meeting with key stakeholders in the municipal was organized on the 30th of April, 2023 and begun with an opening prayer from the MoFA director Mr. Daniel Agyare. Mr Isaac Kwabena Kakpeibe the director of Tim Africa Aid Ghana continued with the statement of the purpose of the meeting. There were 16 stakeholders in all present for the meeting. We had representatives from the traditional council which includs Nana Kakari Appau and Nanahemaa Ama Asantewaa. There were also representatives from the district assembly, the social welfare, the media as well as representatives from financial institutions including Derma Area Rural bank, Ahafo Ano Premiere Rural bank and Tepaman Rural bank. Staffs from Tim Africa Aid Ghana were present to make sure the meeting became a success.

The workshop or meeting was chaired by Nana Kakari Appau as he gladly accepted to be the chairperson. He then gave a speech of acceptance and encouraged each and every one to partake in the activities for the meeting. The presentation was done by the project coordinator, Linda Gumah. At the end of the presentation, we talked about;

- The Implementing Partner and Funder
- The workshop Objective
- The Project objective
- The Project background
- The Project (GLRFASD)
- The Operational plan
- The Work packages
- The Key messages to stakeholders

After the presentation, the director of Tim Africa Aid Ghana Mr Kwabena Kakpeibe made the summary of the presentation and urged the MoFA and district assembly to award best farmer to women in the municipality during the farmers day celebration to serve as a motivation to the women. He also encouraged the chiefs/nananom to release lands to the women in the municipality for the cultivation of rice. Last but not least, the urged the banks to give loans to the women for the cultivation of rice.

There was an open forum as well for the stakeholders to share their views, suggestions and experiences about the project. Mrs Victoria Korankye the manager of Derma Area Rural bank was the first person to share her view. She stated that Derma Area Rural Bank have started a program to help the purpose of the project; that is to say, they give farmers access to loans. Not just any farmers but rice farmers hence she encourages the women to come for the loans for the production of the rice. She stated emphatically that the people who will come for the loans should not necessarily have an account with the bank before they can have access to the loan. Sulemana of Tepaman rural bank also followed with his opinion. He stated that women are good in settling their loan debts that is to say, they are credit worthy hence, the women in rice production should have a group/an association and come forward to the banks to access the loans. He also made it clear that the women should be truthful in all their dealings with the bank. Oppong Joseph of Ahafo Ano Premiere bank also stated that, women as well come individually to access the loans but they are reminded that the loans are not for free. Sylvanus Kwasi) Delali (planning officer) from the Municipal assembly assured Tim Africa Aid Ghana that they will also do everything within their power to support the project through the department of agriculture. The MoFA director also shared his view. He started by saying that

empowering our women means empowering everyone. He then made us understand that farming is seasonal as a result of that, financial institutions should provide the farmers with the loan on time to ensure a bounty harvest that is to say, timing of agriculture loans are very important. He also suggested that instead of cash loans, the banks should rather focus more on input loans. The materials, tools and equipment's needed for the rice cultivation should be made available to them rather than the money as some of the farmers use the loans for other purposes rather than the intended purpose. He stated again that women going for lands for the cultivation of rice is much difficult as compared to the men so the chiefs should give the lands to women at a low price without any difficulty. Last but not least, he stated that there are 25 rice mills and still counting in the municipal but a major problem is that most lowlands and valleys in the municipal are not used for the cultivation of rice but rather the planting of coconut. He encouraged farmers to desist from that. Ending his opinion, he stated that when a woman becomes successful, hunger will be eliminated from our families, communities and the country as a whole. We also had Mr Jerry Kofi Hagan from the social welfare to also contribute. He also stated that what men can do, women can do and do it better but women are more vulnerable than men hence, suggested that the social life of the 25 women should be addressed before they are been selected as it is only when they have a sound mind that they can work to achieve positive results. The director of TAAG made the house understand that the women were selected based on the economic burden, household burden as well as the selection of their farms.

Abdul Fatao from Tim Africa Aid Ghana also said that the project is scheduled to last for 8 months and as a result of that, all stakeholders should help to make the project a success. Amo Badu Ernest from the customary lands secretariat also stated that once the access to loans for the 25 women is not available for the time being, TAAG should support the women financially. The director of TAAG responded to this opinion. He stated that the women will be provided with seedlings, nets, weedicides and money for by day. Also, he made the house understand that some money made from the cultivation of rice will be saved by the women in order for them to use it in the cultivation of rice in the near future. Mrs. Victoria Korankye from Derma area rural bank asked if there were storage facilities that have been made available to the selected women. She asked this because some farmers keep the rice in the farms after harvesting and in a situation where it rains, the water carries away all the harvested rice. The director for TAAG responded to her question by saying that the selected women will be talked to so they do not store the harvested rice in the farms.

After the open forum came to an end, Nana Kakari Appau from the traditional council who was the chairman for the workshop gave his closing remarks by stating that ;

- The lands used for the cultivation of rice in the municipality are not sold. Only 100 cedis or a bag of rice is demanded.

Hence, he urged people to feel free to come to the traditional council for lands to cultivate the rice.

- He also encouraged the financial institutions to provide input loans rather than money loans to the farmers.

The vote of thanks was done by Linda Gumah from TAAG and the closing prayer by Suleman from Tepaman rural bank

Baseline valley identification was also conducted. The total number of women reached was 25. The farms of these women were inspected to know the number of acres and how far they can grow the rice. The areas where the farms were located included: Tepa, Mabang, Nkyensedanho, Anyinasuso, Akurakese, Odikro Nkwanta, Katabo and Subriso. The farms of these women were located at a suitable place for the cultivation of the rice. These happened on the 14th to 17th of March, 2023 and was led by the M&E officer who is in the person of Abdul Fatao and the director of Tim Africa Aid Ghana who is in the person of Mr Isaac Kakpeibe.

Capacity building was also conducted for the women to increase their

knowledge and scope on how to cultivate the rice. Some of the things they were taught was how to separate the bad rice seeds from the good ones and how to plant the rice seeds. Materials such as a basin of water and rice seeds were made available so the women can better understand the concept. Their questions were answered and they perfectly understood everything. This happened on the 30th of March 2023 and was facilitated by the director of Agric (MoFA), Mr. Daniel Agyare.

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After the capacity building, the women were given a labor cost to either pick laborers to weed the farm or buy weedicides to spray on the farm before the cultivation of the rice seeds.

The farm input were given to the 25 women and was led by the project coordinator who is in the person of Miss Linda Gumah. This took place on the 5th of May, 2023. The women were given a bag of rice seeds, N.P.K and Ammonia. They were also given 4 nets each as well as selective. They were urged to go and cultivate the rice and the inputs for its intended purpose.

Field days were also conducted for the women in the month of May, on the 19th to keep track of the progress of the project. The rice of all the women had thrived and was flourishing. We were pleased

and happy with the work and effort they put in. This was led by the project coordinator and M&E officer. Some of their challenges such as the weeds sprouting despite applying the weedicide was also addressed.

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Section 3.2 –Describe the key achievement/success of the project by the objectives

- *Display your products/Results*
- *How are these achievements leading to the achievement of your objective/s? For instance, when you organized a training session, what benefit has participants gained.*
- *NB: the box can be extended to accommodate more details.*



The pictures above show the evidence of the rice production by some of the women. The inception meeting gave us a chance to acquire lands or extension for some of these women through the chiefs. The valley identification helped us to know the lands that are suitable for the rice production. The capacity building increased the scope and knowledge of these women. The procurement of farm inputs has also helped the women grow the rice. All these have resulted in the pictures we see above. The joy and smiles on the faces of the women was just unexplainable. They can now sell and get more income to cater for their families and make them self –reliant. They will also save some of the money they get from cultivating the rice and use it in the near future even when the project is over. The beneficiaries are a step away from becoming dependent and fending for themselves.

Section 3.3 – Were there any unexpected/unintended positive results?

The unintended positive result was that the 25 women were able to farm more than they used to. They increased the rice farm and produced more. This was a good unintended result and we were very amazed by this discovery. This is to say, if they were getting 5 bags from their previous production, they can get about 8 to 10 bags now and this is a very good or positive result.

Were there any unexpected/unintended Negative results?

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Some unintended negative results were encountered. Some of the women were complaining about some insects in the land and that making the rice become red when they cultivate it and also, some had issues with the weeds sprouting or growing again despite applying the weedicide on them.

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Table 1

Section 5 – MONITORING AND EVALUATION					
5.1 TECHNICAL ACHIEVEMENT					
Indicator (outcome and output level)	**Baseline** *(if available. If not put 0)*	**Target (T)**	**Achieved (A)**	**Variance (V)**	**% of Target (A/T*100)**
Inception meeting with 15 municipal stakeholders to share the project goal, objective and also seek for their support to select the most in need (25 marginalized women) for the rice intervention was conducted	0	**15**	16	**1**	**107%**
Land management Base line survey and valley identification for 25 beneficiaries conducted	**0**	**25**	**25**	**0**	**100%**
25 women rice farmers and 2 staff and 3millers Capacity built.	**0**	**30**	**30**	**0**	**100%**
25 beneficiary women in land preparation were supported	**0**	**25**	**25**	**0**	**100%**

Farm inputs for 25 women were procured and distributed	**0**	**25**	**25**	**0**	**100%**
25 beneficiary women rice farmers field visit conducted	**0**	**25**	**25**	**0**	**100%**

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	5.2 BENEFICIARIES/PARTICIPANTS OF ACTIVITIES
	Share the total number of beneficiaries reached so far.

Activity #	Activity name	Date undertaken	**Age Category for Direct beneficiaries *(enter the age apply)***						**Has any of these activities been reported on KoboCollect (Yes/No)**	**Indirect beneficiaries Estimate *(enquire from direct beneficiaries & enter the #)*** (NB: Averagely, each direct female beneficiary is reaching 3 people whilst male beneficiary is reaching 2 people)			
			Persons with disability M = F=							**M= F=**			
			Woman (24+)	Man (24+)	Young woman (18-24)	Young man (18-24)	Girl (<18)	Boy (<18)		Girl (<18)	Boy (<18)	Woman (18+)	Man (18+)
1	Activity 1: Organize an inception meeting with 15 municipal stakeholders to share the project goal, objective and also seek for their support to select the most in need (25 marginalized	30th March, 2023	4	12					Yes			16	48

	women) for the rice intervention												
2	Land management Base line survey and valley identification	14 th to 17th March,2023	25	0					Yes			75	
1	Capacity Building of 25 women on farm activities and 2 selected staff and 3millers	30th March,2023	25	0					Yes			100	
2	Support 25 women in land preparation	30th March,2023	25	0					Yes			86	
3	Activity 3: Project management Procurement of farm inputs and distribute for 25 women	5th May,2023	25	0					Yes			100	
4	Conduct field days for 25women farmers	19th May, 2023	25	0					Yes			93	
									Choose an item.				
Total			29	12									

5.3 INNOVATION
For WVL Ghana, Innovation is about finding new ways of tackling barriers to gender equality and empowerment of women and girls in Ghana. It also means encouraging, promoting and scaling up the ideas when successful. ***Briefly explain the innovation that you brought to or that drove the project in reaching women and girls in your project location? [During implementation].***
Women who have lost their spouses go through a lot to take care of their children. In view of this, we wanted to empower these women and give them hope and assure them that all hope is not lost. The selected women included these women. All the selected women are already into the production of rice and are well abreast with what to do and what not to do when producing rice but finance was a major constraint to them. During the capacity building with these women, we learnt that the rains have been washing away their harvested rice when they leave them in the farm so we suggested to them that whilst harvesting, they can get other people to be packing them home in order to prevent such occurrence in these year. This is an idea or innovation that will go a long way to help them and to prevent loss.

Section 6 – MATERIALS PRODUCED

6.1 Please list all materials and documents (and number of copies) produced during the life of the Grant. Please submit also electronic copies of any public recognition, press releases, awards, or other types of acknowledgement of your program published in local media, community newsletters**,** organization bulletins, or news articles.

IEC/Knowledge Product Produce *(e.g. press material & tittle, or press release & tittle, etc.)*	**Type** *(e.g. print material, website, video, audio etc.)*	**Date published /aired**	**Target Audience** *(gov't agencies/departments, private sector, community members, CSOs, academia, public*	**Link to the publication** *(if available)*
Six O'clock evening news on Mpuntuo FM at Tepa	Audio	30th May, 2023	The entire people of Ahafo Ano North Municipality	

If the project was cited/quoted/featured in any media reports/articles, please provide the link to the article/video here

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Section 7 – SUSTAINABILITY
7.1 How are you ensuring sustainability of the gains made on the project?
Financial institutions like Derma area rural bank, Tepaman rural bank and Ahafo ano rural bank were present at the inception and they were willing to educate the women on the need to save some of the income they get from the sale of the rice in order to help them use it in the near future even after the project ends. The financial institutions also agreed to help these women with monetary loans or input loans to help them increase their production when the time comes. The input loans here mean that the banks will purchase inputs such as rice seeds and fertilizers and give it to the farmers so they can repay when they get the money. With all these, the women will continue with the production of rice even after the project ends and this will go a long way to reduce hunger and poverty amongst these women.
7.2 Collaboration *(who are some of the state actors you collaborated with to implement the project at the community level. What role did they play during implementation)?*

Organization	**Position**	**Role**
The department of Agriculture	Director of Agriculture(MoFA)	He helped with educating other stakeholders and the women on the production of rice.
The social welfare	Head of department	He helped in counselling the women on the need to be strong and empowered them to stand up for their rights.
The Municipal Assembly	Assistant director	They helped in providing support to the women by providing them with storage materials to store their rice when harvested.
Ahafo Ano Premiere Rural Bank	Operations manager for branch	He helped in educating the women on the need to save some of the income they get from the rice production and means of accessing loans for the production of rice
The traditional council	Chief, coordinator	The Chief assured Tim Africa Aid Ghana that lands will be readily made available to the women beneficiaries.

Derma Area Rural Bank	Manageress	She helped in educating the women on the need to save some of the income they get from the rice production and means of accessing loans for the production of rice
Tepaman Rural Bank	Recovery officer	He helped in educating the women on the need to save some of the income they get from the rice production and means of accessing loans for the production of rice
The Media	News Editor	The news editor helped in broadcasting the project and the need why people should come together to support the project.
Staffs from Tim Africa Aid Ghana	Director, Finance officer, M&E Officer, Project Coordinator	They helped in organising the conference room for the meeting, took attendance of the people, helped in facilitation and answered questions from the stakeholders.

Section 8 – LESSONS LEARNED

This section allows you to share any knowledge you have gained so far on the grant

8.1 Describe any lessons learned during the grant **implementation** process (by your organization and in response to assistance from the technical and financial teams).

Some of the positive lessons learnt are as follows:

a. The meeting with stakeholders broadened our scope and gave us more insight on how to go about with the implementation of the project.
b. Involving the media in the implementation of the project went a long way to make the project a success this is because information on the project far and people were interested in the progress of the project
c. Going to the various farms of the women to inspect before cultivating the rice also went a long way to help help in making the project a success because for those whose lands were not suitable for the cultivation, advice of the department of agriculture was seek the cultivation started.

8.2 Lessons Learned - **Positive** aspects that may be replicable

1. Partnerships and Collaborations are very important to achieving project success. With this, collaborations with the District Assembly, Religious and Traditional authorities, parents and guardians were tremendous in ensuring the sustainability of

8.3 Lessons Learned- **Negative** aspects which may be avoided in future.

1.We had no negative lessons only that means of transporting the inputs from the market to the office was a challenge due to the bulky nature of the goods so in the near future when undertaking such projects there will be a means of transportation like a vehicle to convey the inputs from the market to the office

2. The prices of the farm inputs increased as at the time were procuring the goods for the women so in the near future, such goods will be bought earlier to prevent an increment in the prices of the goods.

8.4 Lessons Learned - Other **general comments**.
Other general lessons learnt were that the women were very happy to receive such help. Lost hope was restored. The widows amongst them were so much happy and thanked the donors and implementers for such opportunity.
8.5 Challenges and Mitigation (*state key challenges you encountered within the reporting period and the mitigation strategies used)*
During the field days, it was realized that some the rice of the women were not thriving well due to some insects in the land feeding on the rice so we seek for the advice of the director of the department of agriculture who then showed us how to about it and the issue was resolved. Some of the women were also complaining about the weeds growing despite applying the weedicide. Again, the director recommended the right weedicide to use on the land and this issue was also resolved.

Section 9 – ADDITIONAL COMMENTS AND RECOMMENDATIONS
9.1 *If you have any additional comments about the grant, and its overall management, please use the space Below:*
The project Grow Local Rice for A Sustainable Development has helped these women beneficiaries. It has helped bring smiles back on the faces of these women and has helped restore lost hope. Tim Africa Aid Ghana and the women beneficiaries are very grateful to Plan International Ghana for the support. Through this, the women will become self-sufficient. They will be able to cater for the needs of their family and they will no longer depend or put their burdens on other people. Rice especially local rice is consumed by so many people in the community so this will help them get income and safe some to meet future occurrences. The children of these women will have access to good education as well as healthcare. Social vices like armed robbery and prostitution will be reduced because the women will be able to fend for themselves and their children. This would not have been possible without this great initiative.

REPORT VALIDATION			
Prepared By		**Reviewed and validated by**	

GRANT PROGRESS REPORT

Designation		**Designation**	
Signed		**Signed**	
Date submitted to WVL Ghana PMU			

Proposed Appendixes (*should be attached or fixed here)*

i. *Success Stories (Provide a minimum of 2. You are however encouraged to share more if possible. All success stories should be supported with a photo and consent forms)*

ii. *Anecdotes*

iii. *Photo gallery etc. (it is mandatory to attach clear action-based pictures of activities implemented. It is acceptable to also insert pictures in the 'project achievement' section above for each activity reported on. All photos should be supported with consent forms)*

Anecdotes. Please list some anecdotes (quotes) from your beneficiaries indicating their sex and or position instead of their names.
ANECDOTES FROM OUR WVL STORIES: 1. Beneficiary of GLRFASDP (Female): She stated that she project has gone a long way to help her. Her harvested rice last year got carried away the rain. She was very devastated and couldn't get money to start again but this project has made her stand on her feet again and she can now get money to cater for her children. She is very grateful to our implementers. 2. Beneficiary of GLRFASDP (Female): She also thanked the donors and implementers for this initiative since she is a widow and have children to cater for, this will be of great help to her.

ANNEX I: STORIES FROM OUR WVL DIARY (Give as many stories as you can- add their consent forms)

ANNEX II: PICTURE GALLERY (Include as many photos as you can-add their consent forms)

INCEPTION MEETING WITH MUNICIPAL STAKEHOLDERS.

BASELINE VALLEY IDENTIFICATION

CAPACITY BUILDING FOR THE WOMEN BENEFICIARIES.

SUPPORTING THE WOMEN BENEFICIARIES ON LAND PREPARATION.

PROCUREMENT OF FARM INPUT AND DISTRIBUTE TO THE WOMEN

CONDUCT FIELD DAYS FOR THE WOMEN.

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Page