



PUTTING PEOPLE AT THE CENTRE OF MALARIA CONTROL

WHEN COMMUNITIES PARTICIPATE
IN IMPROVING THEIR HEALTH



Alliance for
Reproductive
Health Rights

Contents

Preface

When Communities Share Responsibility for Their Health Care

Chap. 1

Community Scorecard Assessment

Chap. 2

Pulling Together

Chap. 3

Putting People at the Centre of Malaria Control

Chap. 4

Constraints to Health Care Services

Chap. 5

About ARHR

Bridging Gaps: Innovate for Malaria (B4M)

Call to Action

Preface

Ghana has gained a reputation for making progress in pursuing better health for all and promoting a healthy lifestyle and wellbeing for its people. The country’s health programmes include malaria control as an essential part of improving health outcomes because malaria is one of the leading causes of illness and death in the country.

Strengthening primary health care systems is fundamental to improving malaria outcomes. And increasingly, health experts recognise the importance of community participation to demand quality care and share responsibility for their own health care. Improving health care as a shared responsibility is even more significant in rural and deprived areas, where the people bear the brunt of the challenges and shortfalls in Ghana’s health system.

One innovative malaria programme has demonstrated the improvements that can be achieved when communities know their health rights, and collaborate with district health authorities to identify gaps at community health facilities and to help find quick and suitable solutions.

The Bridging Gaps: Innovate for Malaria (B4M) Project is being implemented by

the Alliance for Reproductive Health Rights, a longtime champion of health rights in Ghana. The B4M project is funded under Comic Relief’s Fighting Malaria, Improving Health program. This project seeks to contribute to strengthening primary health care systems as well as to build the capacity of community members to know their health rights and demand quality malaria care.

ARHR implements the B4M project in four selected districts in malaria endemic areas including Bodi and Juaboso Districts in the Western North Region, and Mpohor District and Nzema East Municipal Assembly in Western Region. The project hinges on three key strategies: community capacity strengthening to increase uptake of malaria services; evidence generation, namely through the community scorecard assessment; and advocacy for strengthening primary health care (PHC) systems in the target districts.

The community scorecard assessment allows community members, district health administrators, health providers, and other stakeholders to jointly assess the readiness of health facilities to provide malaria services as well as to assess client experiences and perceptions of care. Results of the assessment are discussed openly by all, and the challenges identified provide evidence for decision making

and opportunity to work together to address issues quickly.

The B4M framework has been a successful model in strengthening primary health systems in the project target districts.

This book presents the health care experiences of people in dozens of communities from their own perspectives.

The images and personal stories offer a window into the reality of health care in rural and deprived communities in malaria endemic areas in Ghana’s Western Region and Western North Region.

The photobook shares part of the journey of ARHR in implementing the Bridging Gaps: Innovate for Malaria (B4M) Project in Ghana.

Vicky T. Okine
Executive Director
Alliance for Reproductive Health Rights

Nii Ankonu Annorbah-Sarpei
Director of Programmes
Alliance for Reproductive Health Rights

Isaac Nyampong
Programme Officer
Alliance for Reproductive Health Rights



Chapter 1

When Communities Share Responsibility for Their Health Care

Increasingly, the concept of strengthening health systems is broadening to include an emphasis on community participation. One of the most effective strategies for improving health outcomes for all is strengthening health systems, particularly primary health care at district and community levels. Yet health outcomes can be further improved when coupled with building the capacity of individuals and communities on their health rights and responsibilities to demand better quality health services.

Thus good health systems

would consist of users of care empowered to know their rights and to make demands for better quality of care. Partnerships between communities and their providers and health authorities improve health outcomes.

That is why communities and families need information and support to know their health rights and to share responsibility for improving their health care. For rural and deprived communities, being empowered to demand quality health care could be life-saving because of limited

access to comprehensive health systems and other resources available in urban areas.

In malaria care, for instance, people need information to understand malaria protocols and standards established by the Ghana Health Service for proper malaria management. Currently, the appropriate care involves the test, treat, and track guidelines. Armed with this knowledge, any community member should know that when they attend a health facility, they can expect to be tested for malaria before being given treatment.

Further, communities must be made aware of the standard of health provision determined by the Ghana Health Service for all levels of district and community health facilities including CHPS compounds and health centres. Currently, community facilities must provide access to the following:

- a qualified health provider such as a community health nurse or midwife,
- private consulting space where the client and provider cannot be heard by others,
- running water for toilets and for washing hands,
- malaria tests and essential malaria drugs, and others

Clients should also expect answers to their questions, respectful treatment, and referrals when necessary.

When communities, families, and individuals become more knowledgeable and empowered, they will be able to share responsibility for their health care. ARHR works not only to build capacity of communities to strengthen them to demand health rights, but also to enable community members to work in partnership with district health authorities and other stakeholders to assess performance of health facilities and help find solutions to health care challenges.

This collaboration with district health authorities gives community members an opportunity to contribute to improving their health care.

Kate Mensah is based in Botodwina in Mpohor District and provides health services to families and pregnant women in nearby communities that do not have a midwife. She conducts an average of eight deliveries per month. She also organizes sessions once every month where pregnant women are educated on malaria prevention, management, and control in pregnancy as well as health rights and other government health commitments.



Madam Mensah’s presence as a qualified health professional offers numerous benefits for the communities. For instance, the administration of Sulfadoxine Pyrimethamine (SP) is critical in the prevention of malaria in pregnancy; however, only a midwife can administer the drug to pregnant women.



When Communities Share Responsibility for Their Health Care

Eunice Dasolah is an adolescent who has taken responsibility for preventing herself from getting malaria. Eunice lives in Kama in Bodi District, a largely agricultural area made up of 88 percent rural settlements. Just over one third of homes in Bodi District have access to electricity, and most households depend on water from river streams or boreholes.

Eunice participated in the B4M project community education, and says she has been sleeping under an insecticide-treated bed net at home and in boarding school. She reports that she has succeeded in avoiding malaria over the last two years



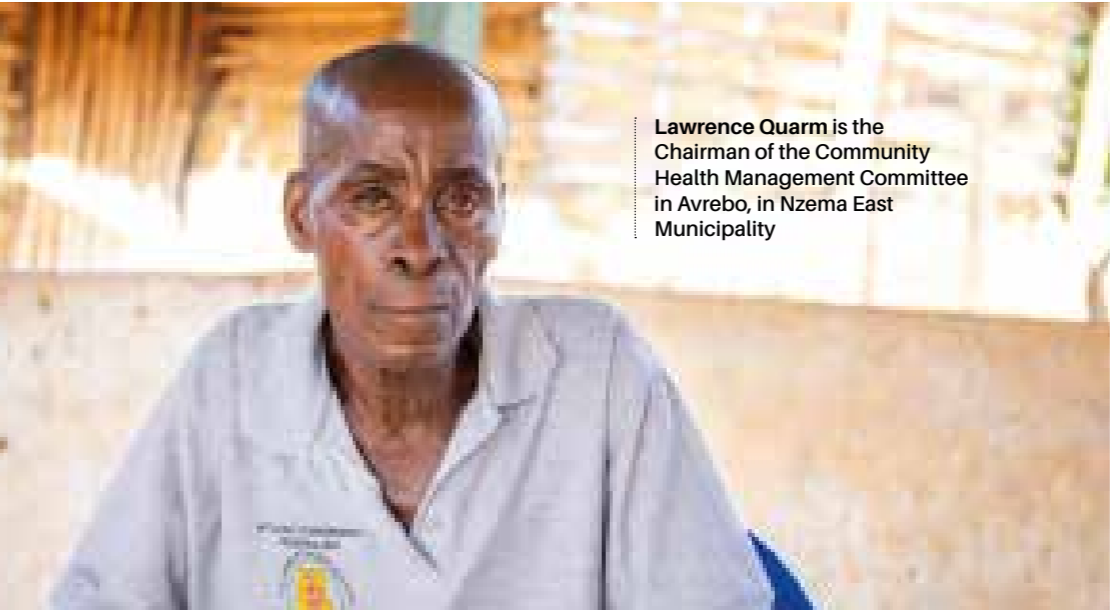
Eunice Dasolah
outside her family home
in Kama, Bodi District,
Western North Region.

Community Health Management Committees

Residents of many settlements are able to participate in matters relating to their health care through the Community Health Management Committee. Lawrence Quarm is the Chairperson of the Community Health Committee in Avrebo in the Nzema East Municipal Assembly. However, Avrebo does not have a health facility and community members have to travel to Dadwen CHPS Compound, about 3 kilometers away. He expresses concern that the Dadwen CHPS compound does not have a midwife to

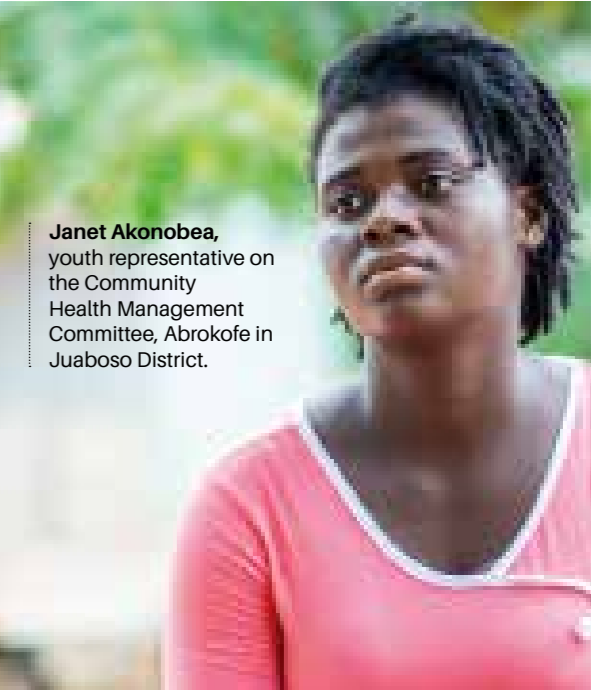
serve the communities. In addition, he notes that there are stock outs of malaria medications which he says pose a major challenge for Dadwen and Avrebo residents.

According to Quarm, community involvement is very important for improving delivery of health services to the people. When it was observed that there were inadequate chairs and seats at the community health facility, it was the Community Health Management Committee that facilitated the mobilization of funds to purchase plastic chairs for the facility.



Lawrence Quarm is the
Chairman of the Community
Health Management Committee
in Avrebo, in Nzema East
Municipality

The Community Health Management Committees strive to represent all segments of communities. In Juaboso District, Janet Akonobea is a young adult who serves as a youth representative on the Community Health Management Committee in Abrokofe. In this role, she is more likely to pay attention to quality of service when she visits the health centre herself. Janet gives her local health facility a positive review, saying that she found the health providers respectful and they provide prompt care.



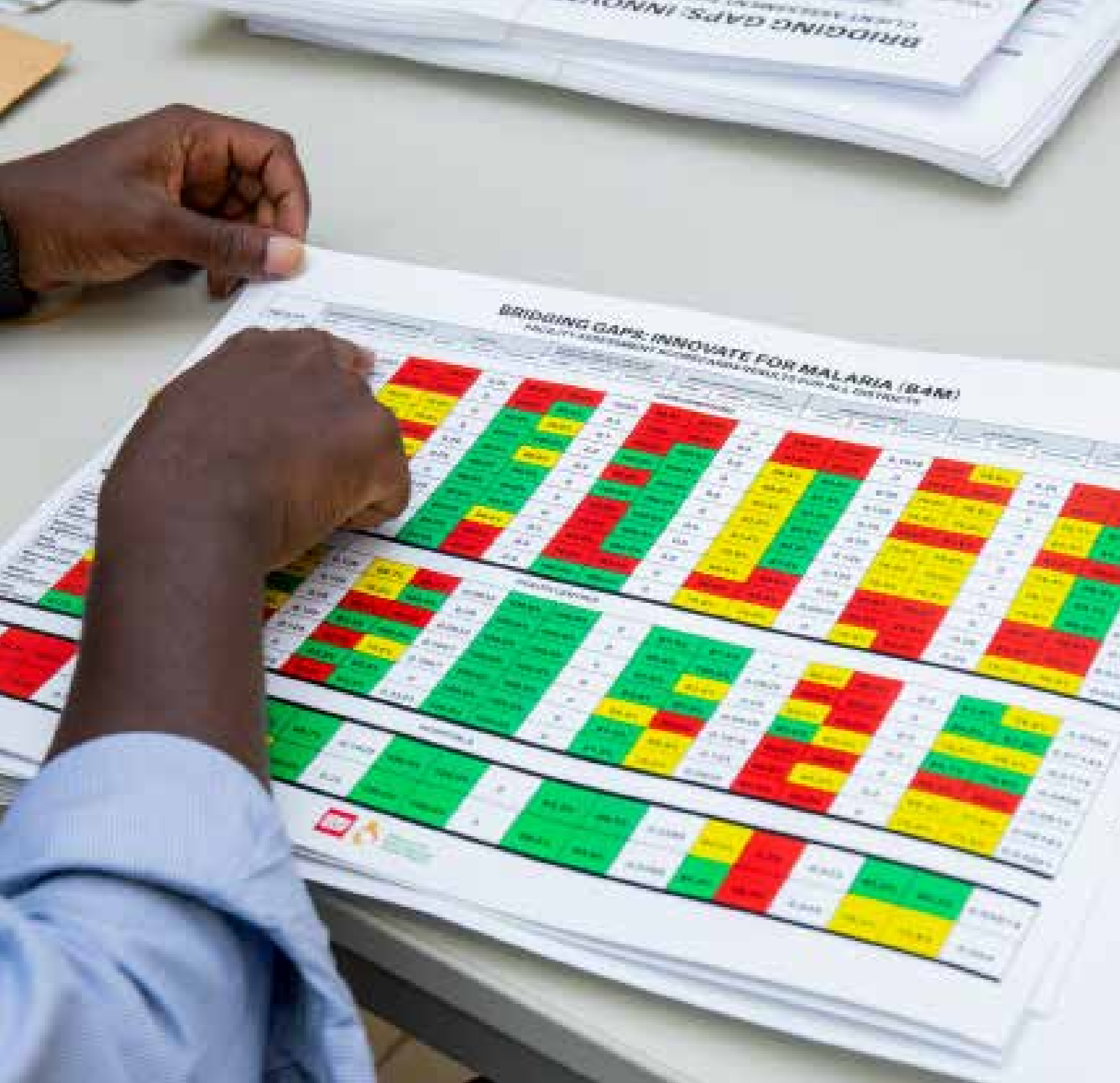
Janet Akonobea,
youth representative on
the Community
Health Management
Committee, Abrokofe in
Juaboso District.



Many community health facilities sometimes run out of essential malaria medication, and clients who visit the facilities are sent away without treatment for malaria. If the clients do not have the means to purchase the drugs, then they have to go without the needed treatment.

Eunice Ayepah, an adolescent who is pregnant, is fortunate to live only a short distance from the Adansi community health facility in Mpohor District. The last time she visited the health facility, she was diagnosed with malaria, but antimalarial drugs were not available because they were out of stock. Eunice says providers at the facility asked her to purchase the antimalarial drugs from a chemical store. Eunice made the effort to go to the drug store in Adansi to enquire about the prescription, and was fortunate to receive malaria medication.





Chapter 2

Community Scorecard Assessments

The scorecard enables communities and district authorities to partner in assessing health facilities and providers. To ensure that users of care receive the appropriate malaria testing and treatment protocols and standards established by the Ghana Health Service, community health services must be assessed regularly. Also, community health facilities must have adequate infrastructure such as electricity and running water for sanitation, and providers must offer competent and respectful care.

ARHR supports community members and health providers and other stakeholders to form joint assessment teams to review readiness of health facilities to provide malaria services and client satisfaction with care. The scorecard approach comprises of two modules which provide comprehensive overview of a facility's ability to provide malaria services and community members perceptions and experiences regarding these services.

The initial findings on health facilities are discussed openly by all the assessors. The community representatives such as chiefs and other opinion leaders, health providers, and district authorities such as district assemblies and district health administration, all sit together to examine the findings and draw out action plans and share in the responsibility of addressing the gaps in service provision.

This community led assessment has helped to improve malaria control in the 60 selected communities in Western and Western North Regions of Ghana.



Wilhemina Tiwaa Duah, Mpohor District Director of Health Services

Wilhemina Duah is in charge of providing primary health care to the people of Mpohor District, with a population of about 52,000 and 16 health facilities of different levels. The health facilities are made up of three health centres, two community clinics, and eleven CHPS compounds. These facilities together serve about 54 communities in Mpohor District. The facilities are supported by CHPS zones where outreach services are provided. The services provided include maternal, child and adolescent health care services, public health and clinical services including family planning.

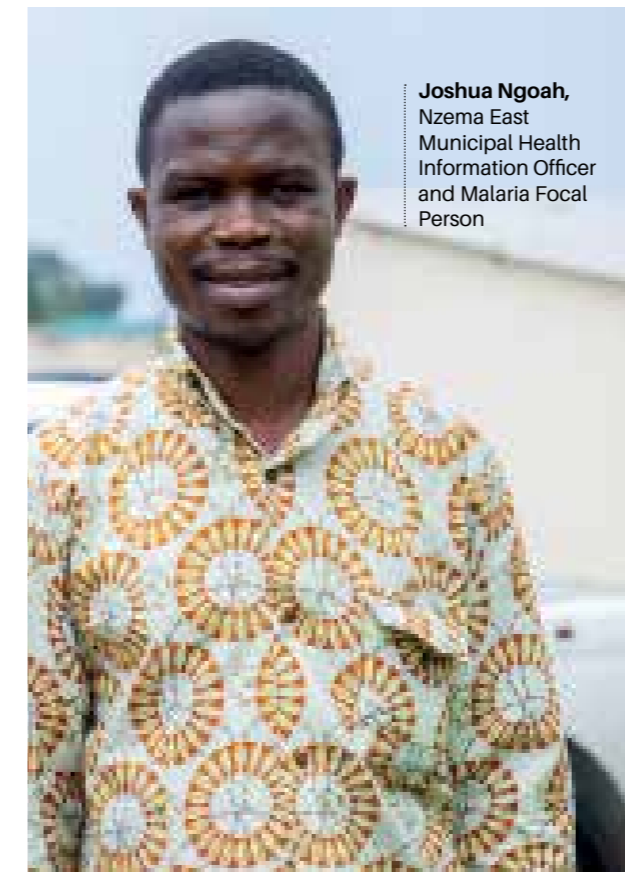
Madam Duah oversees infrastructure for health care provision, human resources, and mobilization of financial resources for health care. In her role, she oversees administration, being responsible for human resource and staffing, monitoring and evaluation of facilities, as well as community and private sector stakeholder consultations and engagements.

“Prior to the B4M project, the district faced three main challenges: infrastructure or logistics, capacity building and community engagement, and participation. The scorecard approach has been very useful in identifying gaps in service delivery, assessing progress, providing useful feedback from service users, and collective stakeholder action to address gaps identified”.



Joshua Ngoah is the Municipal Health Information Officer in Nzema East Municipality. He ensures that logistics for malaria interventions are available in the health facilities. Mr. Ngoah is also responsible for monitoring health providers to ensure that they follow the malaria protocols.

“The scorecard assessment tool has contributed to equitable distribution of resources among health facilities because it produced useful evidence on service delivery gaps”.



Joshua Ngoah, Nzema East Municipal Health Information Officer and Malaria Focal Person



Evans Afful Cobbina is the Malaria focal person in Juaboso District.

The value of data and findings that emerge from the scorecard assessment is recognized by many district officials who are involved in malaria care. The scorecard findings give evidence for making decisions and taking appropriate action to address challenges promptly.

Mr. Evans Cobbina says, “The results of the scorecard was very useful in providing feedback on gaps in service delivery to the District Health Management Team. The scorecard has fostered community participation in health. Juaboso District Health Directorate has taken delivery and distributed some equipment (weighing scales for adults and babies and blood pressure apparatuses) to health facilities that lacked them”.



Juaboso District, like many districts in Western North Region, is predominantly rural and agricultural, with limited access to electricity and other basic amenities. Communities in Juaboso depend mainly on local health facilities for most of their health care needs, making health service provision here vital to improving health outcomes.

According to Juliana Appiah Kubi, an enrolled nurse at Abrokefe CHPS Compound in Juaboso District, the participatory nature of the B4M scorecard assessment has helped to enhance client-provider relationships at health facilities.

“Community members are now aware of the challenges the facility faces in the delivery of quality health service and are committed to addressing some of these challenges. Health seeking behavior of community members has improved because of the ongoing community education on malaria and patients’ rights through the B4M project”.



Juliana Appiah Kubi, (middle)
Enrolled Nurse, Abrokefe CHPS
Compound, Juaboso District.



Frederick Edward Sarfo
is the District Nutrition
Officer and also serves as
District Malaria Focal Person
and CHPS Coordinator for
Mpohor District.

Frederick Sarfo functions in several health care roles in Mpohor District, which has a population of about 52,000 people. Nearly 75 percent of the people live in rural areas, and communities face obstacles to quality care such as lack of qualified health personnel and essential malaria drugs.

Mr. Sarfo is responsible for coordinating all activities related to CHPS and malaria at the district level, and he welcomed the B4M project when he found that it complemented the work of the District Health Management Team. Through the scorecard assessment findings, the district health officers gained useful feedback on health service delivery from both health providers and community members who use health facilities. Findings from the scorecard assessment revealed several gaps in health provision.

“The stock out of essential malaria drugs including SP and inadequate staffing, particularly, midwives, were some of the issues that the scorecard process revealed.” These gaps were addressed with targeted solutions. A task sharing initiative which supports the training of community health nurses (CHNs) to provide midwifery services contributed to addressing the shortage of midwives in the district. Nine community health nurses received training in this initiative and are already providing midwifery services in various CHPS compounds in Mpohor District.

The introduction of the Ghana Integrated Logistics Management Information System (GHiLMIS) and the Last Mile Distribution has contributed considerably to addressing the issues of stock-outs. Stocks are now delivered directly from the Regional Medical Stores to the health facility every month. The GHiLMIS is an online tracking system that collects and analyses data to enable government to reduce waste resulting from expired commodities, detect counterfeit products, and ensure that quality commodities are available to health facilities. It enables health providers to facilitate appropriate planning to ensure a constant supply of life-saving medicines for clients and provide real-time information to managers across all levels to track the availability of all commodities.

Findings of the community scorecard assessment of the performance of Dadwen CHPS Compound revealed several shortfalls in malaria prevention, control and management. The long waiting time that users had to endure has been addressed.

Leticia Asamoah-Arthur says, “Two additional health providers have been posted to the facility. As a result, waiting time has reduced significantly.”

She credits the community scorecard process in identifying the lapses in service delivery. “Some of these lapses have been addressed. For instance, the blood pressure apparatus for outreach and OPD have been provided by the Municipal Health Administration.



Leticia Asamoah-Arthur,
Community Health Nurse
and Facility-in-Charge at
Dadwen CHPS Compound
in Nzema East Municipal
District.





Chapter 3

Pulling Together

It is remarkable what communities can achieve in improving their quality of health care when they work together with district health authorities and health providers to identify health service gaps and work together to address them.

Team work, collaboration, and partnerships have yielded remarkable results in countless difficult situations around the world. People find ways to work together when they find matters that they all care about.

The communities in the B4M malaria project were enabled to collaborate with district health officers and other stakeholders to consider how to improve malaria care. B4M supports communities and health stakeholders to form a partnership to conduct facility assessments and use the findings to improve malaria service delivery.

When the assessment results are produced, community representatives gather together with district health officers, local assemblies, and other stakeholders to identify priority issues and decide how to address these shortfalls quickly and appropriately.

Challenges in health service include lack of qualified health staff such as a community health nurse or midwife. Some facilities lacked running water for sanitation, availability of a cooling system to keep certain medications. Stock outs were reported for malaria test kits, essential malaria drugs, and other resources.

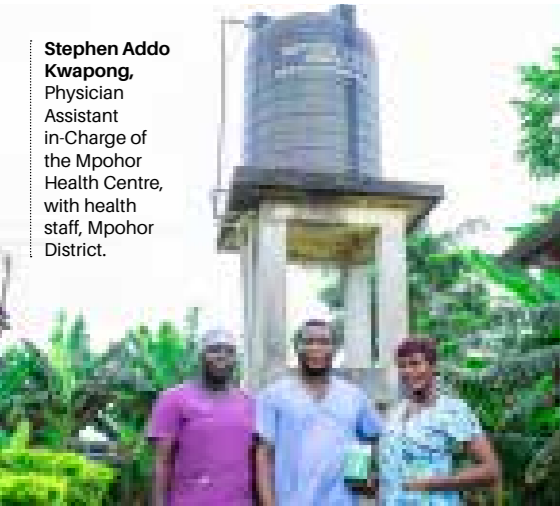
Having more people and more diverse stakeholders learn of health needs has opened the door for collaboration as to who can meet a need.

Partnership between District Health Administration and District Assembly

Here is a good example of interface between District Health Administration and District Assembly.

Stephen Addo Kwapong who is in charge of the Mpohor Health Centre says the facility needed direct access to a source of water for sanitation. It was after this finding came out of the community scorecard process and became known to stakeholders that it was addressed.

According to Kwapong, “The Mpohor District Assembly provided a mechanized borehole for the Mpohor Health Centre. This has contributed to improved infection prevention and severe malaria case management at the facility”.



Priscilla Amoah oversees health services for the Nzema East Municipality with a population of about 90,000. The Nzema East Municipal includes seven sub-municipals, with one government hospital in Axim, the district capital; three health centres; and about 22 CHPS compounds.

Madam Amoah believes that the community education sessions on health rights and responsibilities carried out in the B4M malaria project have contributed to the reawakening of community involvement and participation as well as acceptance of health responsibilities by communities. The district level stakeholder interface



meetings provide platforms for communities to engage duty bearers on the gaps and to address the gaps. There is evidence that communities are more likely to contribute to strengthening the health system once they understand the systemic challenges in service delivery at the primary health care level.

Apewosika community, for example, purchased a refrigerator for the health facility to support in the storage of essential drugs and other medications.

Partnership between community members and health providers

Paulina Mensah is a 22-year-old woman and this is her fourth pregnancy. She is grateful for access to the services of a midwife, and has also chosen to do her part. She sleeps under an insecticide-treated bed net and ensures that all her three children also sleep under the net. She says she admires the attitude and professionalism of the midwife who is in charge of the nearest health facility at Adansi CHPS compound.

“I would score her 100% if I were asked to assess her because even at night she is welcoming and attends to us”.



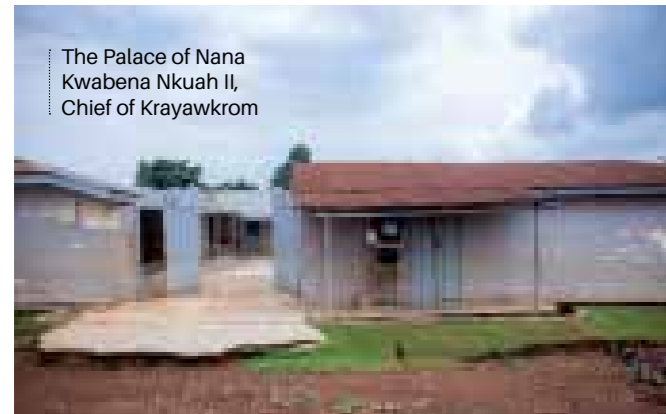
With support from three community health nurses and two enrolled nurses, Millicent Eshun serves as the facility-in-charge at the Kegyina CHPS Compound. She conducts on the average ten deliveries every month. She says the B4M community education on patients’ rights and responsibilities has contributed to improved adherence to malaria treatment by clients, particularly Sulfadoxine Pyrimethamine (SP) for pregnant women.



Partnership between District Health Administration and District Assembly

Krayawkrom in Juaboso District does not have a health facility. Residents have to walk to the next settlement to seek health care. This could be life-threatening in health emergencies. The chief of Krayawkrom, Nana Kwabena Nkuah II, and his community took the initiative to do something about it. Nana Nkuah II and the community provided four plots of land for the construction of a CHPS compound. The Juaboso District Assembly has awarded a contract for the construction of the CHPS compound and the project is scheduled to start soon.

Nana Kwabena Nkuah II, Chief of Krayawkrom, Juaboso District, together with the community, and the District Assembly have displayed an example of pulling together to address a gap in health service in order to improve access to health care.



Nana Kwabena Nkuah II, chief of Krayawkrom, Juaboso District, meets with community-based NGO (Development Focus) to discuss the need for a CHPS compound in his community and how the community had initiated steps toward building of a CHPS compound for the people of Krayawkrom.





Chapter 3

Putting People at the Center of Malaria Control

Demand for Quality Care

Health care is about people and keeping families and individuals well. Effective health systems focus on users and how to deliver the appropriate care in a timely manner to all users. In the case of Ghana’s efforts to reduce malaria-related illness and deaths, people and communities have held a key role in sharing responsibility for prevention, management and control, for instance, by sleeping under an insecticide-treated bed net or completing malaria medication.

In order for people to participate in their own care, they need adequate knowledge about their health rights and the standard of care to expect. The more knowledgeable

families and individuals are the more equipped they are to experience better malaria care and attain better overall health.

That is why it is important for people and communities in rural and deprived areas to be empowered to exercise their health rights and to receive support to demand better quality care for themselves.

In three selected districts and one municipality, most users of care are attended by health providers such as community health nurses and midwives in CHPS compounds, and/or physician assistants in health centres. These primary health care providers also need training and refreshers in

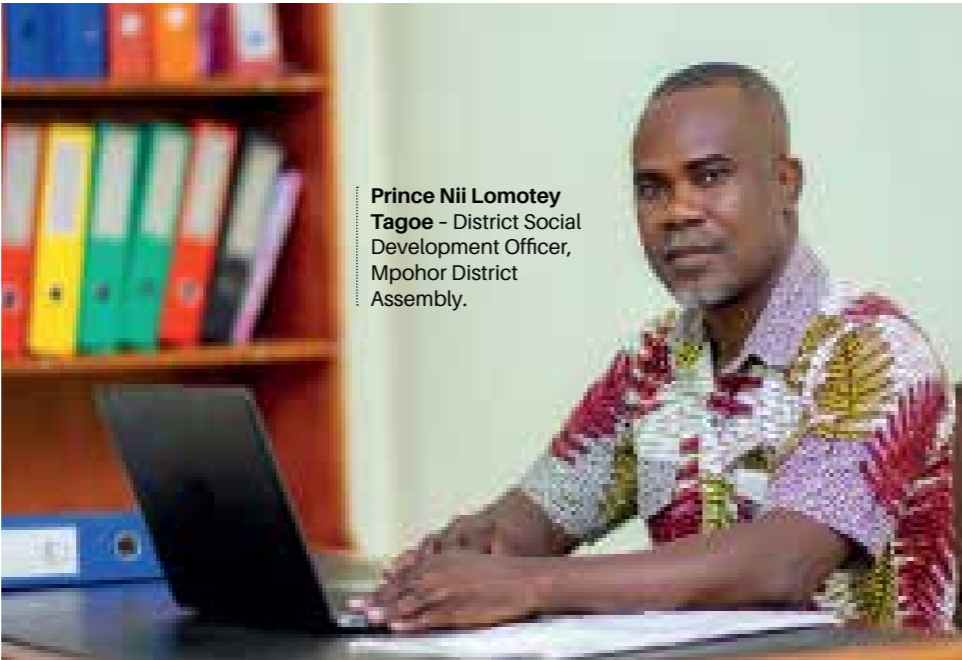
the malaria protocols and standards established by the Ghana Health Service.

Thus improving malaria care involves ensuring that informed users and health providers work together to follow the malaria protocols and make any needed lifestyle changes.

As community members and families receive education about their health rights and understand appropriate malaria management, they are able to ask for what they need when they attend the health facility. In addition, knowledgeable healthcare users are equipped to share responsibility for their care.

Quality health care needs to reach all community members. And Prince Tagoe works to ensure that marginalised and other vulnerable groups such as people with disabilities (PWDs) are empowered to demand for their health rights to be respected.

“As a social development officer, I am passionate about ensuring that the health needs of vulnerable groups are always addressed”.



Prince Nii Lomotey Tagoe - District Social Development Officer, Mpohor District Assembly.

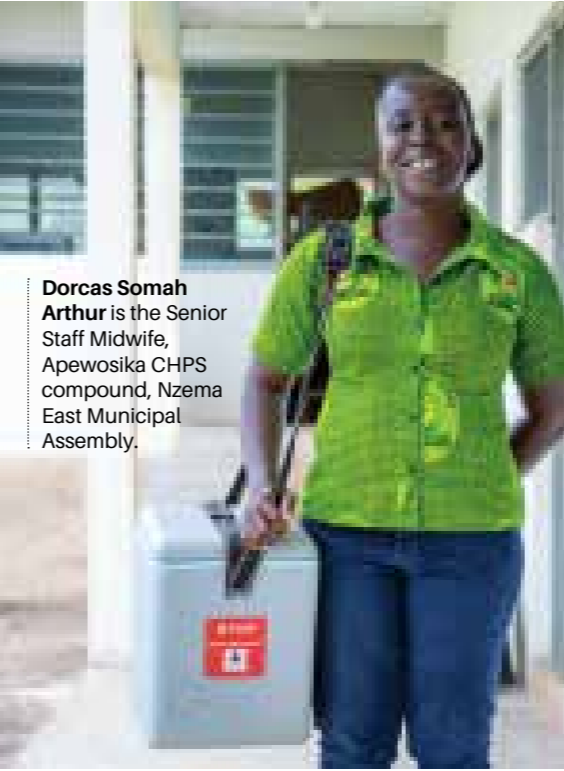


Benjamin Nemson, owner of the community drug store in Adansi in Mpohor District; with his daughter in the background.

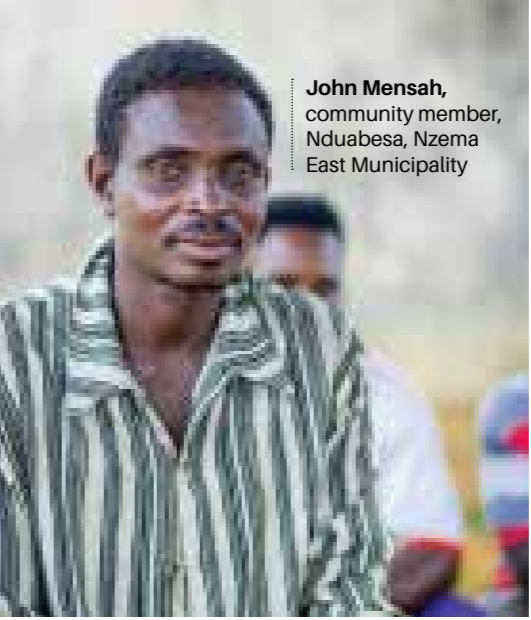
Benjamin Nemson operates the community drug store in Adansi and serves community members who are unable to access malaria medication from the health centre.

He says, “Adherence to malaria treatment in the community is a challenge. Most people who come to buy malaria drugs do not usually complete the course. The B4M project has been useful in educating and encouraging community members to complete their malaria medication course”.

The Apewosika CHPS Compound provides 24/7 service for pregnant women. Dorcas Somah Arthur, the Senior Staff Midwife at Apewosika CHPS compound, says, “the community education of women through the B4M project has contributed to uptake of Sulfadoxine Pyrimethamine (SP) for pregnant women to prevent malaria during pregnancy”.



Dorcas Somah Arthur is the Senior Staff Midwife, Apewosika CHPS compound, Nzema East Municipal Assembly.



John Mensah, community member, Nduabesa, Nzema East Municipality

John Mensah believes that learning to demand for quality care can save a life. The community member of Nduabesa recounts a story of how he demonstrated his knowledge in health rights to demand for needed service delivery for his grandchild with severe malaria at the Axim Government Hospital.

According to John Mensah, who lives in Nduabesa, a project and farming community in the Nzema East District, he took his granddaughter with severe malaria to the Axim Government Hospital. Nduabesa community does not have a health facility and the nearest facility (CHPS compound) which is two kilometers (2 km) away could not offer his granddaughter the required treatment for malaria.

They were thus transferred to the municipal hospital, Axim Government Hospital, which is also about 19 km from Nduabesa community for treatment.

On reaching the hospital, they were informed by the nurses that the doctor on duty had closed and was at the car park getting ready to leave and go home.

They quickly moved to the car pack and implored the doctor to attend to their granddaughter, but the doctor was reluctant, insisting that he had closed for the day and had to go home. John Mensah insisted that his granddaughter had the right to quality health care regardless of the circumstances. After persisting and insisting for care to be provided, the doctor went back to the consulting room to provide care to the young girl who was very ill with malaria.

John Mensah remarks, “If I didn’t know my rights and didn’t have the skills to demand for this right to be met, I would have lost my granddaughter”. John Mensah is extremely happy about the B4M project in his community and states that the project provides opportunities for community members to know about their health rights and responsibilities and to increase their knowledge on malaria prevention, treatment, care and management. He suggested an extension of the project to other underserved communities to help improve the quality of primary health care and malaria services.



Community members engaged in an energizer before a malaria education session





Chapter 5

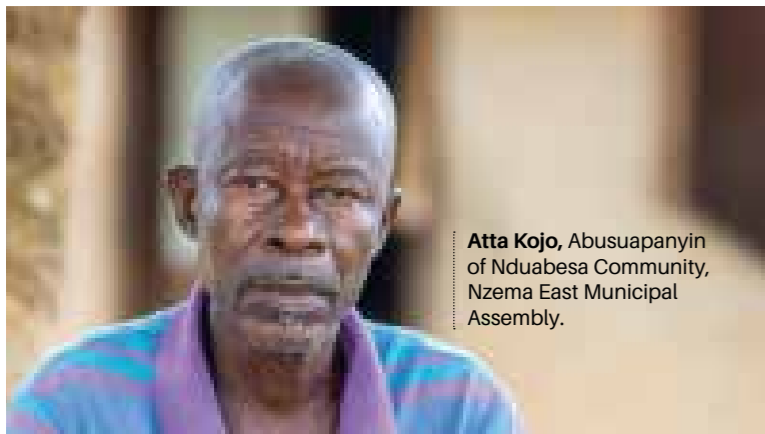
Constraints to Health Services

Challenges persist in Ghana's primary health care system in spite of the country's efforts at pursuing quality health for all over many decades. Weaknesses include shortage of qualified health personnel, particularly in rural and deprived areas; poor coordination at the health facility level; stock outs of essential malaria drugs and equipment; and others.

The country faces resource constraints and tough competition in allocating resources to the various sectors and regional/district needs. Thus rural and deprived areas generally do not receive sufficient funds to ensure adequate health care infrastructure, availability of competent personnel, and other health service resources that are required.

In addition, many settlements do not have access to basic services such as electricity or running water in their homes, reliable telephone services, good road network, or consistent transport services.

In terms of health care, the 60 selected communities in the four districts in Western and Western North Regions have a variety of access and quality of care issues. Several communities did not have direct access to a health care facility of any sort and community members were compelled to travel to another settlement to access a facility. Other communities had a health facility but not a midwife. And many families and individuals do not receive timely malaria care and other general health needs.

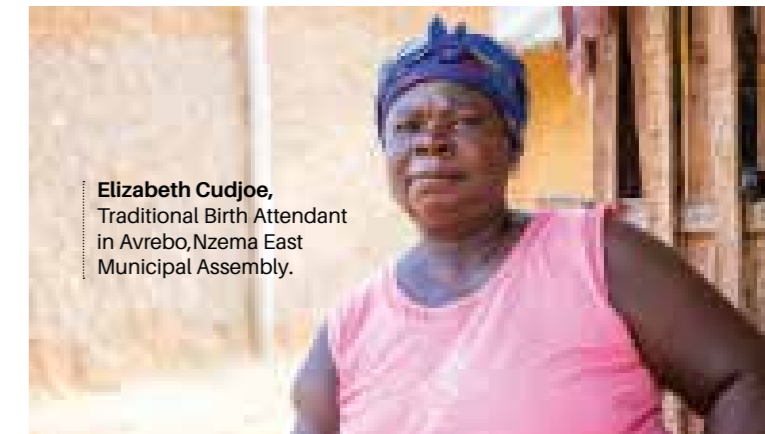


Atta Kojo, Abusuapanyin of Nduabesa Community, Nzema East Municipal Assembly.

Access to Services

Atta Kojo says, "Community members travel two kilometers (2 km) to access health services at Fantekrom CHPS Compound. However, the services at the facility are not accessible 24/7 to clients because the facility closes at 7 pm. The very bad nature of the road also impedes access to care, especially, in emergency situations. During the rainy season, the road becomes almost unmotorable".

Avrebo community in the Nzema East Municipality does not have a health facility. Community members have to travel to Dadwen to the nearest facility. Elizabeth Cudjoe is a traditional birth attendant in Avrebo. She understands that she is not expected to conduct deliveries, but she serves as a link agent between pregnant women in the Avrebo community and the midwife in the nearby health facility for ANC (ante natal care).



Elizabeth Cudjoe, Traditional Birth Attendant in Avrebo, Nzema East Municipal Assembly.



Constraints to Health Services

Dora has to travel 2.5 kilometres to Puakrom to access antenatal care services because the CHPS compound in Kama does not have a midwife. The transportation cost for each ANC visit is about GH¢6 (a little more than US\$1).



Dora, a pregnant girl in Kama, Bodi District.

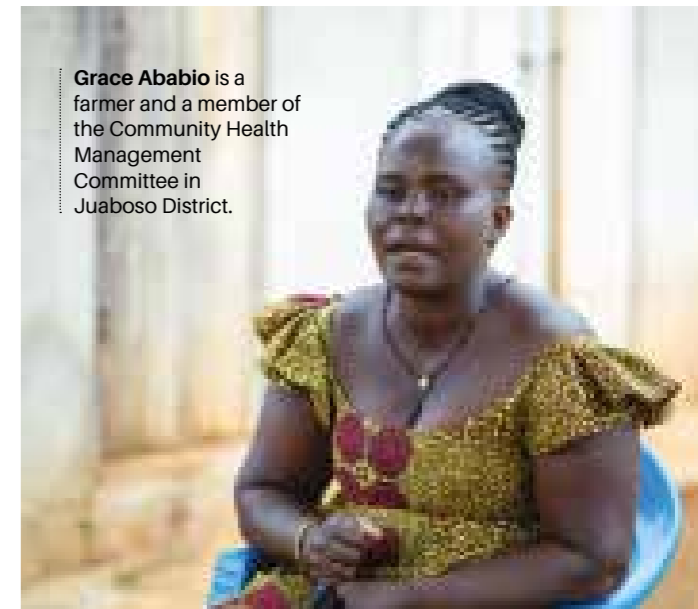




Other enviornmental factors

Grace Ababio expresses grave concern about the dangers of artisanal mining activities in the district. The work of the miners, known in Ghana as “galamsey”, created massive craters in the earth.

“The issue of large uncovered “galamsey” mining pits that collect rainwater and breeds mosquitoes is a major challenge for the community. It is a major setback in the fight against malaria in the community”.



Grace Ababio is a farmer and a member of the Community Health Management Committee in Juaboso District.



Meshack Damoah is 20 years old, and recently completed senior high school. He sleeps under an insecticide-treated net but had malaria about six months ago. He said he is satisfied with malaria services provided to him at the facility in Adansi. The service providers were courteous, and services were delivered promptly.

However, Meshack pointed out that one issue mitigating against the malaria fight is the poor telecommunication network in the community. Community members are exposed to mosquito bites in the evening or at night when they come out to make calls and browse the internet. This is because night time is the only time the network quality gets better.



Meshack Damoah,
Adansi, Mpohor
District





About ARHR

The Alliance for Reproductive Health Rights (ARHR) is a women, children and adolescents health advocacy group established in 2004. ARHR is a Ghanaian NGO with more than 40 member organisations across all 16 regions of Ghana.

Through advocacy, capacity-building and research, ARHR works to promote universal health coverage through a strengthened primary health care system in Ghana.



Bridging Gaps: Innovate for Malaria (B4M)

Bridging Gaps: Innovate for Malaria (B4M) project aims to bring about changes in access to quality primary health care and better outcomes in malaria prevention, control, and management, particularly among pregnant women and children under-five in four selected districts (Mpohor, Nzema East, Juaboso and Bodi) in the Western and Western North Regions.

The B4M project empowers communities to improve malaria prevention and treatment and to hold service providers to account. At district level, Community Based Organisations (CBOs) deliver a broad range of educational activities through existing community structures and groups, targeting 60 communities across the four districts.

A key deliverable is the use of community scorecards assessments to track adherence to policy guidelines for correct diagnosis of suspected malaria cases, prompt, and effective treatment, as well as availability and quality of rapid diagnostic test kits, and intermittent preventive treatment in pregnancy (IPTp).

The project is funded by Comic Relief.





Call To Action

Fighting malaria has been identified as one of the pathways towards improving health outcomes and achieving the Sustainable Development Goal three target of Universal Health Coverage (UHC). Across Africa, strengthening primary health care (PHC) has been proposed as a key pillar to ensure that people everywhere have access to quality and affordable health care including malaria care. In high burden countries such as Ghana, where malaria is the number one outpatient department (OPD) case, reducing the incidence and mortality rates associated with malaria is a prerequisite to achieving UHC. In turn, this presents a significant opportunity to scale up cost-effective, quality-assured services targeting malaria to populations and communities in need.

ARHR's B4M intervention appears to have had a significant impact in numerous ways and at different levels - stimulating community engagement and action, empowering individuals and communities, shared ownership, multi-sector, and multi-level accountability and prompting decision makers into concrete actions. Communities are empowered, and community members know what kind of malaria treatment to expect, and they have the skills to demand better malaria services.

However, the stories in this photobook illustrate that more needs to be done to strengthen primary health care systems to improve malaria outcomes. Financial, infrastructural, and other social and environmental challenges persist.

To consolidate progress made so far and address the challenges, ARHR calls on government, donors, civil society partners, health providers and community leaders to:

- Keep malaria financing high on the political agenda by developing an investment case on malaria financing issues and co-financing needs.
- Undertake a nation-wide district-level monitoring of malaria funding to assess the amount of domestic funds for malaria reaching the community level, enabling evidence building for high-level advocacy.
- Explore opportunities for tax incentives for private sector investment to fill the malaria funding gap with linkages to the Ghana Beyond Aid agenda.
- Step up community education on government commitments, health rights and responsibilities for clients as well as service providers to foster trust and uptake of services within their community
- Address the social and environmental determinants of health. In strengthening primary health care to effectively fight malaria and improve health outcomes, other development related issues such as access to electricity, running water, reliable telephone and internet services, good road network, or efficient transport services, decent housing and responsible mining practices should be addressed through effective coordination and effective cross-sector collaboration.





**Alliance for
Reproductive
Health Rights**

9 Apple Street, East Legon, Accra
00 233 302 504 468 | 00 233 243 690 339
www.arhr.org.gh

Supported by

