

TCE ZAIRE



NAME OF NGO OR INSTITUTION:

Ajuda de Desenvolvimento de Povo para Povo – Angola / ADPP Angola

PROJECT NAME/TITLE:

COMMUNITY CONTROL OF MALARIA IN ZAIRE PROVINCE

PROJECT NUMBER:

FIRST QUARTERLY REPORT 2016

QUARTERLY PROGRESS REPORT

PERIOD TO REPORT: JANUARY TO MARCH 2016

SUBMITTED TO: EXXON MOBIL FOUNDATION ANGOLA

A) Quarterly Progress Report	
1. General Information	
1.1. Name of Organization:	Ajuda de Desenvolvimento de Povo para Povo – Angola / ADPP Angola
1.2. Name of Representative or Liaison:	Rikke Viholm
1.3. Address of Organization:	Rua João de Barros nº 28, Luanda, Angola
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1.5. Email:	adppsede@netangola.com
1.6. Project Name:	Community Control of Malaria in Zaire Province
1.7. Project Reference Number:	
1.8. Project Budget:	US \$ 780.000 (three years)
1.9. Province / Municipality / Village / Community:	Zaire Province, Soyo Municipality and parts of Tomboco and Noqui Municipalities bordering with Soyo
1.10. Project Start Date & Execution Period:	1 April 2013 to 1 July 2016
1.11. Reporting Period:	January to March 2016
1.12. Area of Intervention:	Malaria, HIV/AIDS and TB

2. Project Background

2.1 Briefly describe the project:

The main objective of the project is to contribute to the reduction of the prevalence of malaria, HIV and TB in Angola, in accordance with the national strategic plans for controlling these epidemics. The project has been implemented in Zaire province and more specifically, in the Soyo municipality and parts of Tomboco and Noqui municipalities that border with Soyo municipality.

During the reporting period, the project continued emphasizing on the processes that ensure sustainability of the activities carried out since its inception. The project continued establishing community structures, comprised of people representing various groups (women, men, youth, disabled, etc.) and local leaders in each community. The area leaders, who are local people, and the volunteers, known as “passionate” and who have been trained by the project’s Field Officers, have been mobilized and included in the community structures to continue some of the project activities after the end of the project period.

The project sensitized the community to be in the forefront in community development, fighting diseases in their own capacity and establish better practices. The project uses a tool called ‘perpendicular estimate system’, is a tool that helps individuals to identify their risks and to take appropriate action to address the identified risk. The tool helps individual to make decision to get rid of identified bad behaviors that risk HIV/TB infection and create conducive environment surrounding them to control and reduce chances of malaria infection.

During the period, the project started consolidating school based work with 100 schools as part of phasing in activities for the coming three year period. In the next phase, the project plans to reach out to many people through training of teachers and students who transmit their knowledge further to their families and the community at large. Ensuring that a greater number of teachers and trainee teachers are trained and working with school leaderships to ensure that malaria lessons are integrated into the school program and is important in promoting institutional sustainability.

2.2 Highlight any significant socio-economic and political changes in the Project implementation area that may affect its execution in a positive or negative manner.

There was no significant socio-economic and political changes happened during the quarter that affected the implementation of the project.

2.3 Describe any coordination with other projects, operations and/or activities to be performed by the same organization (and/or other organizations) in the geographical area where the project is being implemented (synergies).

In coordination with the municipal health department, the project received 6,000

condoms which were distributed among communities. The project has also worked together with Teacher Training college, EPF Zaire, in combating malaria and HIV/TB in the province.

3. Results Achieved by the Project in Comparison with the Proposed Plan

3.1. A) School based element:

A.1. Organize the schools, mobilize municipal, provincial authorities and school directors to take part in the activities

During the period, Project Leaders visited 25 schools in the quarter. Main activities in the schools were establishing timetables for malaria school program together with the Headmasters and the Teachers who are responsible for malaria school program. During these visits, 800 T/Shirts were distributed to Malaria Control Patrols and Teachers responsible. These T/Shirts are of essential in serving identification purposes while the students carry out community campaigns in the community. Students also feel motivated in organising malaria community activities after receiving a T-shirts.

A.2. Reproduction of training materials

No materials were produced during the first quarter.

A3. Training of staff and volunteers, including teachers.

Training of teacher trainees from EPF Soyo (training in the three diseases, malaria, HIV and TB, and a five-day course in how to use the malaria manual, give lessons, run malaria control patrols.

Team 2016 of Escola de Professores de Futuro (EPF) Soyo will be trained in the second quarter.

A4. Training of Malaria Control Committees and Malaria Control Patrols

Each school has an active Malaria Control Committee.

During the period, 33 committee meetings were organised by the malaria control committees and 245 committees were trained about malaria and HIV/TB.

Each school has active malaria control patrols (MCP)

13 Malaria control patrols were trained about malaria and HIV/TB and 529 students participated. During the period, 748 families were reached by the malaria control patrols.

1st Quarter 2016		
Location	Patrols	Members trained
Soyo	4	156
Sumba	3	124
Mangagrande	2	82
Tomboco	4	167

TOTAL	13	529

A.5. Regular malaria lessons are held for the students. Lessons in schools on malaria and HIV/TB. Number of students attended, number of teachers involved, etc.

291 Lessons were held in schools and 15.870 students participated in these lessons. 291 Teachers have been working together with malaria control area leaders in organizing lessons in schools.

During the lessons in schools, malaria control area leaders have received tremendous support from the school headmasters and the teachers responsible for school program.

Location	January –March 2016		
	Lesson	Student	Teacher
Soyo Sede	467	8991	158
Sumba	92	1746	33
Mangagrande	94	1767	35
Tomboco	172	3366	65
TOTAL	825	15870	291

A.6. Students carry out community actions from their malaria handbook

Community awareness campaigns on prevention, diagnosis and treatment of malaria, HIV and TB.

Organize Malaria, HIV and TB Open Days each trimester for students and the community

Awareness campaigns have been effective in the fight against malaria, especially in prevention. Campaigns promote elimination of mosquito breeding areas, use of mosquito nets and better garbage management. In total, 18 Campaigns were organised by Malaria Control Patrols while 196 people directly participated during these campaigns. These campaigns were carried out in the villages close to the schools.

A.8. Distribution of IEC materials

A.9. Mobilization for voluntary testing and counselling for HIV

TCE Field Officers inform and mobilise individuals to know their HIV status and taking test as one way of preventing new infections and re-infections. During the period, 408 People were mobilized for HIV tests while 1,385 were mobilized to take malaria test. While the project mobilize people to take an HIV test, safe sex is also encouraged among sexually active, especially, youths if they cannot abstain from sex.

A.10. Mobilization of pregnant women to seek and follow appropriate health care / behaviour related to the prevention of Malaria, HIV and TB.

The immune system for pregnant women becomes very weak and, as such, they need appropriate health care in preventing diseases like malaria. In order to prevent malaria during pregnancy, 172 women were mobilized for pre-natal consultation, received prophylaxis twice during the pregnancy at clinics in closer proximities of their individual locations. The Field Officers mobilized all pregnant women to seek health care during the pregnancy as well as reducing chances of getting malaria and risks of infecting the unborn baby, if HIV positive.

A.11. Distribution of condoms

Sexually active young and adults were informed about correct and consistent condom use, while they also received 6,275 Condoms during community house to house campaign. The project continued mobilizing people about safe sex as some places are at higher risk of STI, especially areas along border with DRC where migration of people is high.

A.12. Organizing of annual school competitions for the school which has been best at raising awareness and mobilizing the community to take action on malaria, HIV and TB

There were no school competitions organised during this quarter.

2. House-to-house element:

B.1 Orientation of local stakeholders on the House-to-house element and exploration of potential areas of cooperation.

N/A

B.2 Field officers are trained at EPF Soyo for one month

No new field officers and malaria control area leaders were trained in this quarter.

B.3 Creation of household register with detailed information on the baseline level

No activity realized in this area.

B.4 Preparation and delivery of materials and planning tools for the Field Officers

No purchases were done in this quarter.

B.5 Education and information on malaria and HIV/TB to each individual in the target group through interpersonal communication and house-to-house visits

During the second visits to each households and personal contact with each person,

Field Officers go through personal risk reduction plans with every individual, give advice, encourage them to reach the set demands, to have better understanding about malaria, HIV/TB and take action to avoid infections and be in a position to reduce risks.

B.6 The Field Officers assist each person in making personal risk reduction plans for malaria and HIV/TB and in this way give individual support for behavior change, Use of PES- perpendicular estimate system- for HIV prevention.

During this quarter, among the people visited, 2,015 made risk reduction plans. During the individual meetings, field officers provide counseling on how individual can take better decisions to stay in control from different diseases and get rid of bad practices which can lead into new infections. They also give advices on how the community can maintain malaria community control with clean and no mosquito breeding places. Risk reduction plans help individuals to identify their risks on malaria and HIV/TB, thus give them chance to consider how they can act and make decisions to stay safe. This tool helps and assists individual to take appropriate decisions about diseases control and, as a result, give capacity to every individual to fight and stay in control.

B.7. The Field Officers offer practical help and advice on risk reduction

Practical advice and help to each household based on their individual needs regarding halting the transmission of the diseases

41 Campaigns were organized to assist the community to be in total control. These campaigns help the community, in one way or the other, to achieve 'malaria total control'. In total, 481 people participated in these campaigns. 1,488 Houses were declared "Malaria in Control" after maintaining a good environment around their houses as there were no mosquito breeding places, correct and consistent use of mosquito nets and use mosquito window screens. These houses demonstrate how people understood about fight against malaria and how they transmit information and knowledge given into best practices.

B.8. The Field Officers organize community activities to control malaria, HIV/TB

Field Officers organises different activities like theatre and mosquito nets demonstration in order to cement malaria messages disseminated during house to house visits. Field Officers has also worked together with the TCE Leadership to establish malaria control committees for every village, these committees will continue fighting malaria together with pupils from the schools around their community.

B.9 Recruitment and training of Community Activists (Passionate) to fight against the three diseases

In total, 69 people were trained and mobilized to work as community activists or Passionate (Volunteers). During the training, the project covered roles of traditional leaders in the fight against epidemics, basic facts about malaria, network between local leaders and development projects, TCE concept and the roles for malaria committees.

Also, during the period, the project established 58 malaria control committees, 19 in Soyo Sede Area A, 39 in Sumba area.

The project had made 45 ID cards (identification for the local leaders) 12 for Soyo Sede area and 33 for identification in the fight against malaria, to be easily recognized by other key players, community and other Health departments.

The project also managed to demonstrate a litter deposit point in one of the villages in Soyo. The idea for establishing the litter deposit point is to inspire the municipal administration to adopt it for other locations and provide transport the deposit out of the community and also to demonstrate for litter deposit points in almost every village.

B.11 Organizing of clubs in churches, workplaces and the community at large to take action to prevent the spread of the three diseases.

4 pastors were mobilized to join malaria control committees during the period. They work together with the local leaders in maintaining malaria community control.

B.12 Distribution of condoms

Same as A.11

C.1. Continuous monitoring and evaluation

Weekly Field Officer meetings with close follow up on key figures, planning, problem solving etc.

The project organized 9 meetings with Field Officers, Malaria Control Area Leaders and the Supervisors. These were routine meetings scheduled for weekly planning, problem solving and reporting. During these meetings, the project leader analyzed achievements, set the targets for the following week, provide inspiration and motivation. In total 398 people participated in these meetings.

C.2. Quarterly reports to ExxonMobil

The project submitted quarterly reports on time.

C.3. A final dissemination event to publicize the project's activities, best practices, results and Exxon's role.

Final dissemination event will be done in next year at the celebration of the result.

3.2 Describe how effectively and efficiently the project services/activities are being accomplished and benefiting the target groups.

The following were accomplished during the quarter.

- 2,015 were mobilized to make risk reduction plans while 2804 declared themselves TCE compliant.
- 2 meetings were organized with 69 local leaders for briefing about project transition to its next phase
- 58 malaria control committees were established.
- The project constructed one litter deposit point for demonstration.

- A calendar with different drawing about malaria prevention was developed from the school competition held in November last year. 120 of such calendars were distributed in Soyo.
- 291 Teachers worked together with malaria control area leaders in organising lessons in schools.
- 1,488 Houses were declared in line with 'malaria control'
- 172 pregnant women and 1.432 under five years old children were mobilized to understand malaria prevention and be in malaria control especially, by using mosquito nets correctly and consistently.
- 825 Lessons were held in schools and 15,870 students participated in these lessons.
- 45 Identity cards were produced for local leaders and the committee members.
- 13 Malaria Control Patrols were trained about malaria and HIV/TB.
- 41 Campaigns were carried out and 481 people participated. .
- 1.385 people were mobilized for malaria test while 408 were mobilized for HIV test.

Describe the activities to be developed and services to be provided by the project in the next quarter (if applicable).

The following are activities planned for the following quarter:

- commemorate malaria world day on April 25th
- demonstrate litter deposit point in one village
- Continue establishing malaria committees for every villages
- Organize and hold lessons in schools
- Assist people to draw their risk reduction plans
- Organize cleaning actions with malaria control patrols
- Assist families to reach malaria control in their houses
- Assist and mobilize pregnant women for pre-natal
- Parents with under five years old children are trained and well informed about malaria norms
- Organize and carry out monitoring evaluation for activities in the communities and schools
- Organize and carry cleaning campaigns in each village
- Make IDs (Identification for the local leaders in fighting malaria)
- Consolidate activities in the 100 schools.

3.4 Make a list of the achievements and any limitations faced by the project and describe how these achievements are being used to address the limitations, including any changes or alterations to the project's initial structure. Comments on external factors (assumptions):

Achievements 2016

N°.	Goals	Total Project Goal (3 rd Year) July 2015 to June 2016	Achieved until Dec 2015	Achieved in the 1 st Quarter Jan –Mar 2016	Total achieved in the project	Balance
	MALARIA					
1	# of malaria control teachers active in the project	100	100	100 (Continued)	100	0
2	# of trainee teachers trained to give lessons on malaria, HIV and TBs	60	60	60 (Continued)	60	0
3	# of students who participate in lessons on Malaria and HIV/TB	45,000	64,627	15,870	70,497	0
5	# of students active in Malaria Control Patrols	4,000	5,266	919	6,185	0
6	# of families reached by Malaria Control Patrols	8,000	4,833	748	5,581	2,419
7	# of families with a personal plan for malaria control	7,500	6,708	0	6,708	792
8	# of malaria control days carried out in the communities around the schools	200	118	18	136	64
	HIV/AIDS					
8	# people mobilized and tested for HIV	1,800	2,755	408	3,163	0
9	# passionate (community volunteers) trained and active	600	1,650	198	1,848	0
10	# people with individual plans for HIV avoidance / management	20,000	32,987	2,015	35,002	0
11	# condoms distributed in communities	250,000	45,811	6,275	52,086	197,914
12	# pregnant women referred for PMTCT	750	1,356	172	1,528	0
13	# community groups established	50	0	58	58	0
	TB					
14	# of people referred for a TB test	150	37	0	37	113
15	# of people in DOTS TB treatment	60	30	0	30	30

16	# of initiatives taken to help people complete their TB treatment	50	9	0	9	41
	General					
17	# of field officers selected and trained	45	45	45 (Continued from earlier year)	45	0
18	# of campaigns / events and activities on health education	100	236	41	277	0

- 1) The Supply of condoms was scarce as the government had provided only 44,000 condoms only. The project tried from other sources/agencies to find more condoms for distribution but did not succeed.
- 2) The number of TB patients was less than the targeted.
- 3) School activities were low in this quarter as the school opened in the end of January.

3.5. Need for immediate or urgent action (Implementing Organization, Esso Angola, and Government.

N/A

4. Conclusions and any Changes expected for the next Implementation Period

4.1 Conclusions

The project will go through a transition from earlier years as the new funding from 2016 emphasized more of activities based in 100 schools and its surrounding communities. In the following quarter, the project will continue to focus on sustaining the activities from the last years, especially those activities done in the communities.

The project will establish litter deposit points in three different areas as models to inspire the municipal administration to replicate in other areas. These are some footprints which the project will leave behind in the area in relation to functioning sanitation system.

4.2 Any Project changes expected for the next period (3 months)? Answer, if applicable.

N/A

**ExxonMobil Malaria Program
Community Control of Malaria in Zaire Province
2016**

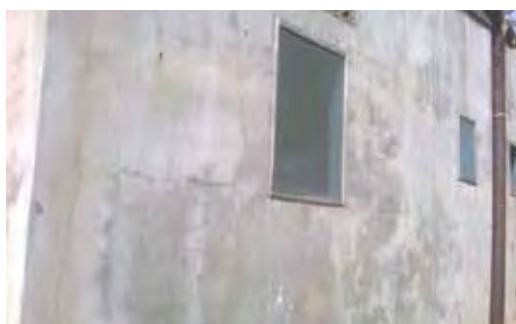
Indicators		2016	Expected Outcomes Achieved 2016				Observations
			January – March 2016	April – June 2016	July – September 201	Total Achieved	
Beneficiaries							
	Total	50,500	16,926				Includes 291 teachers, 15,870 students active in malaria students who participate in lessons, 172 pregnant women referred for PMTCT, 43 field officers, 4 Church Leaders, 65 Sobas and 481 attendees in campaigns
	Under five	5,000	1,432				
	Pregnant women	800	172				
Bed nets							
	Total	0	0				
	Under five	0	0				
	Pregnant women	0	0				
	Free	0	0				
	Subsidized	0	0				
	Monitor usage	0	0				
Testing and treatment							
	Malaria Tests	5,000	1,385				
	ACTs						
Training							
	Government						
	Teachers	100	291				Includes 100 malaria control teachers (MCT) trained and active
	Students	45000	15,870				
	Peer educators	0	919				Students from primary schools that received malaria lessons.
	Others	0	0				
Community sessions							
	Number	250					Numbers of Malaria campaigns
	Attendees	6,500	677				Average of 17 people per campaign
	Household visits	94,250	27,333				These are visits made to each households individually.
IPT		800	172				Includes pregnant women that were mobilized for IPT.
Other							

Leutina David Lina

My name is Leutina David Lina and I have been successful in preventing Malaria for over a year now. Malaria is a widespread disease in Angola, especially, children under five and pregnant women get malaria often. I have been working with a field officer of the TCE Project in my area and he has made several visits to my house here and talked about how families can prevent malaria infection. From the malaria key messages I have learnt, I restricted my children not to play outside the house during the night. The reason that they do not like long sleeves clothes because of the hot climate. I have also learnt to go quickly to a clinic if my child gets sick and show malaria symptoms.

Malaria can be easily cured when a person gets treatment early in time as many die in hospital because they were late going to the clinic. I had only one mosquito net which I got from the clinic when I was pregnant and I had to put it in my bedroom, for me, my husband and the little child, while other kids could sleep without a mosquito net. When the field officer of the TCE project talked to me about high risk groups to contract malaria, use of mosquito nets correctly and consistently, he asked me how many mosquito nets we have for the whole family. I replied to him that it was only one. I had to use the money that I had for other things to buy another mosquito net for my other to children. I also realized that it is worth buying a mosquito net in order to prevent the whole family from getting malaria than using a lot of money in hospital and even losing a life.

Apart from that the above, the field officer also taught me about a number of issues for a family to be in malaria control. Though I had changed my behavior towards malaria by seeking early treatment, securing mosquito nets for myself and my children but, there was litter lying around the house, stagnant water and my windows didn't have mosquito screens. After I learned what made a house in control of malaria, I made it a routine, to clean surrounding of my house and taking care of weeds also. In 2015, none of my children got malaria and they also practice what I taught them, like staying indoors at night and sleeping under their mosquito net. I think every family should secure mosquito nets for the whole family, not only for elders as our children who are under five, remain the high risk group to get malaria infection. We use mosquito nets in all rooms but I have also noted that it's very rare to see mosquitoes inside our house due to the measures I have taken to keep our environment clean, mosquito screen on the windows.



Manuel Madalena, Director of Kimpondo secondary school



I am Manuel Madalena and the school Director of Kimpondo secondary school. I witnessed the influence of the TCE Project on the pupils of the school as they became more aware of preventing themselves from getting infected by malaria. It has become a routine at our school that pupils take care of cleaning of the surrounding, avoid throwing litter and get rid of stagnant waters. Young people and the youths have the influence in malaria control, as they are more literate and can easily disseminate different messages through theatre, poems and songs in the community especially, during campaigns and other events. Our students have also capacity of passing same messages on malaria they were taught to their parents, family members and neighbors. In reality, this makes a great impact to the community, in general, because different ages are reached and this brings a great change in malaria control. The teacher's takes full responsibility in the malaria school program as this reduces absentism in schools.

At Kimpondo School, we participated and took part in fighting malaria with TCE Malaria school program. Our school has been the most active school participating in different TCE events. Two students from our school came out with best malaria prevention drawings. It means messages from malaria lessons have made impact in their lives and understand how critical malaria is in Angola. I have also seen impact of this malaria school program in the villages around our school; the environment is quite inviting, no garbage heaped along the roads or behind the houses. The project has made a lasting impact on the school and its surrounding community.



Malaria Control Area Leaders – grateful with the calendar from school drawing competition



Vice Administrator Municipal Soyo, receives school drawing calendar from TCE PL



A field officer encourages the community to make use of torn mosquitoes by using them as mosquito screens on the windows.



The troop commander explains areas in the field officer household to other new TCE Staff



Village Head participates in project phase out meetings and establishment for community malaria control committees.



Village Head explain how he contribute to malaria control in his community during monitoring visits.



A Field Officer explains how a household can be in malaria control



The Education Director Municipal Soyo, receives school drawing calendar from TCE PL