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AJESH

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**Advocating towards Scaling Up Malaria for Impact in**

**Tombel and Mbonge Health Districts in Cameroon 2011-2015**

**ADVOCACY ACTION PROPOSAL**

**For Submitted to:** GlobalHands

**By:** AJESH

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**Title**: Advocacy towards Scaling Up Malaria Control for Impact in Tombel and Mbonge Health Districts in Cameroon 2011 -2015

**Project N0:** Round 9

**Name of Organization:** AJESH (AJEMALEBU SELF HELP)

**Place:** Tombel and Mbonge Health Districts, South West Region, Cameroon

**01. Introduction:**

Cameroon obtained funding for the Global Fund Round 9-Malaria Project from the Global Fund to fight Aids, Tuberculosis and Malaria (GFATM) to run from January 2011 to December 2015, dubbed "Scaling Up Malaria Control for Impact in Cameroon”. The project aims at reducing by 50% morbidity and mortality related to malaria control by the year 2015. It is structured according to the “dual track” policy with the Government of Cameroon through the Ministry of Public Health/National Malaria Control Programme (NMCP) working on the one hand as Principal Recipient 1 (PR1), while on the other, the Civil Society including Plan Cameroon as PR2 and three Sub Recipients (SRs):  ACMS, IRESCO and MC-CCAM. ACMS handles the stock-management of LLINs under the supervision of PR1 (NMCP) while IRESCO is responsible for the Behaviour Change Communication (BCC) component and MC-CCAM advocacy under the supervision of PR2 (Plan Cameroon).

This project has as objectives:

* The nationwide mass distribution of Long Lasting Insecticidal Nets (LLINs);
* Public awareness raising on malaria control;
* The promotion of Behaviour Change in favour of malaria control interventions;
* The diagnosis and treatment of malaria cases;
* Treatment of uncomplicated malaria;
* The coordination and development of national, community, public and private partnership (RBM Partnership).

As part of the implementation of this project, the District Civil Society Organizations (DCSOs) have a vital role to play in ensuring the effective achievement of the project in reaching out to the entire target population, by capitalizing on experiences, skills and collective efforts towards malaria control in Cameroon.

The DCSO, within the framework of the execution of this project, agreed in principle to:

1. Effectively and efficiently manage the funds put at its disposal, with the highest level of transparency;
2. Comply with the management procedures of the Global Fund;
3. Strengthen the capacity of civil society actors at Health Area level;
4. Supervise the implementation of project activities by CBOs at Health Area level;
5. Produce monthly and quarterly activity reports;
6. Participate in the evaluation and strategic management processes of the project.

It is in this light, that this Advocacy Action is proposed for implementation in Tombel and Mbonge Health Districts of the South West Region.

**Problems identified:**

1. Some household where not censured
2. Some people who have collected their LLINs are not sleeping under
3. Majority of pregnant women in local communities do not take IPT (i.e. they do not attend ANC) nor finish the complete doses

**Goal**: To reduce morbidity and mortality malaria related cases in Tombel and Mbonge Health Districts of Cameroon.

Objectives:

1. To lobby the Sub Divisional Officers to address administrative letter to all the Chiefs for them to massively mobilize their communities for effective participation during household registration, LLINS transportation and distribution by September 2012.
2. To hold two enlarge advocacy meeting with 39 authorities (2 DO, 2 Mayor, 6 Religious Leaders, 15 CDC Managers, 10 traditional Rulers and 4 Elite) to lobby them carry out sensitization on the importance of sleeping under LLINs every night in their various domains of intervention in either of the Health Districts by October, 2012.
3. To organize advocacy dialogue forum in each Health Area of Tombel and Mbonge Districts with Head Teachers (HM), secondary and high school principals, Inspectors and Delegates to urge them to regularly pass over information to pupils and student in their various institution on the advantages of sleeping under LLINs every night by October 31, 2012.
4. To organize at each health area, meeting convincing all chiefs, councilors and 10 religious leaders to sensitise their community men and women on the importance attending Anti Natal Clinic (ANC) and completing the 2 doses of IPT (Intermittent Preventive Treatment) by November-December, 2012.

**Plan**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal** | **To reduce morbidity and mortality malaria related cases in Tombel and Mbonge Health Districts** | | | | | | |
| **Objectives** | **Activities** | **Date** | **Place** | **Responsible** | **Needed resources** | | |
| **Material** | **Human** | **Financial (US$)** |
| To lobby the Sub Divisional Officers to address administrative letter to all the Chiefs for them to massively mobilize their communities for effective participation during household registration, LLINS transportation and distribution by September 2012. | Plan meeting with DO on LLINs and Malaria Census | 15 Sept | DO's Office | AJESH, District Medical Officer (DMO) | Pen and Papers, Taxi | 2 persons | 11 |
| Prepare advocacy messages using kits | Sept | District Health Service | AJESH, DMO | Advocacy Kit | 4 persons | 0 |
| Hold 12 meetings with all stakeholders (DO, Health Area Chairman, Clan Chief, Mayor, Forces of Law and Order in each of the Health Districts | Sept | DO's Office | AJESH, DMO | 2 Coffee Breaks, perdiems | 2 persons | 9,653 |
| **Sub Total 1** | | | | | | | **9,664** |
| To hold two enlarge advocacy meeting with 39 authorities (2 DO, 2 Mayor, 6 Religious Leaders, 15 CDC Managers, 10 traditional Rulers and 4 Elite) to lobby them carry out sensitization on the importance of sleeping under LLINs every night in their various domains of intervention in either of the Health Districts by October, 2012. | Collect and analyse data on Malaria cases from the district health service and other health Reports | Oct | DHS | Coordinator/Acc. Sec | Block Note, Pen, Taxi, Communication credit | 2 staff | 25 |
| Prepare advocacy messages on the project itself, realisations and gaps in the community | Oct | AJESH Office | Coordinator/Acc. Sec | 5L fuel for Generator, Computer Ink, Papers, photocopy | 2 staff | 260 |
| Hold meeting proper and agree on resolutional approaches to be employed by each stakeholder | Oct | AJESH Office | Coordinator/Acc. Sec | Hall, Fuel, Projector, Flip Chart, Flip Board, photocopy, Credit, 2 Coffee break, transport for participants, Facilitators perdiem, secretariate, participants perdiems | 1 facilitators, 1 secretariate | 2,800 |
| Follow up implementation of resolutions arrived at and assess impact | Oct | Community | CBO members | Register, LLINs forms | All CBO members | 0 |
| **Sub Total 2** | | | | | | | **3,085** |
| To organize advocacy dialogue forum in each Health Area of Tombel and Mbonge Districts with Head Teachers (HM), secondary and high school principals, Inspectors and Delegates to urge them to regularly pass over information to pupils and student in their various institution on the advantages of sleeping under LLINs every night by October 31, 2012. | Hold one meeting per health area, present and agree on approaches to be use in Schools to sensitise pupils and student to sleep every night under LLINs | Oct 2012 | Health Centres | Coordinator/Acc. Sec | Writing Material, Flip Chart, Flip Board, photocopy, Credit, 2 Coffee break, transport for participants, Facilitators perdiem, facilitator's transport, secretariate, participants perdiems | 2 facilitators and Chief Of Centre (COC) | 6,700 |
| **Sub Total 3** | | | | | | | **6,700** |
| To organize at each health area, meeting convincing all chiefs, councilors and 10 religious leaders to sensitise their community men and women on the importance attending Anti Natal Clinic (ANC) and completing the 2 doses of IPT (Intermittent Preventive Treatment) by November-December, 2012. | Collect and analyse data on ANC and the intake of IPT from the health area service | Nov. 2012 | Health Centres | Coordinator | Transport to Health Areas, Communication credit, perdiem | 1 staff | 500 |
| Hold meeting with chief, councilors and religious leaders to lobby them to encourage pregnant women to attend ANC and complete their IPT doses | Nov. 2012 | Health Centres | Coordinator | Flip Chart, Flip Board, photocopy, Credit, 1 Coffee break, transport for participants, Facilitators perdiem, participants perdiems | 1 facilitators and COC | 8,121 |
| Follow up implementation of resolutions arrived at and assess impact | Nov./Dec. 2012 | Community | CBO members | IPT Register | All CBO members | 0 |
| **Sub Total 4** |  |  |  |  |  |  | **8,621** |
| **Sub Total Activity Related Cost** | | | | | | | **28,070** |
| **Other Costs** | | | | | | | |
| **Means of Movement 2 AG Yamaha 100 motorbike** | | | | | | | **5,000** |
| **Total Project Cost** | | | | | | | **33,070** |