

Amasaman Community Outreach

Intern Report

INFANTA MALARIA PREVENTION FOUNDATION AND ACTS IN AFRIKA

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Intern Report

Acts in Afrika

Acts in Afrika is a Christian Organization that works to improve the well-being of those in rural, deprived communities. Cephas Kelly, the Country Manager, worked closely with Lois Okudzeto of Infanta Malaria Prevention Foundation to coordinate the visit to Hobor village in the Amasaman District.

Mission Statement

To raise Christian volunteers to reach out to rural and deprived communities in Africa with assistance towards improving life in the communities.

Purpose

Founded in March 2001, Acts in Afrika (AIA), is a Christian organization working to reach rural and deprived communities with very practical assistance in improving the life of people and with the gospel of Jesus Christ. Acts in Afrika is not affiliated to any church.

Vision

To be present in all African countries with a standing volunteer team providing practical assistance to deprived and rural communities.

Preliminary Discourse

Combating malaria: Discourse

Prior to our journey to the village, we had a lengthy discussion with Infanta Malaria member Lois Okudzeto surrounding the primary difficulties in fighting malaria in Ghana. Predominant systemic reasons included lack of national concern for environmental cleanliness and sanitation as well as a lack of community motivation and mobilization.

Previous governments had implemented a system of rounds to check on the cleanliness of a household, in which people would be fined if they did not meet the standards. Programming also included community clean-up days. The switch in government did away with such measures to try to improve the sanitary conditions of the communities. Without any top-down programming, the people of Ghana seems to lack motivation to take implement their own initiatives for malaria prevention and control. Therefore, despite the money being poured into the cause, Ghana continues to be afflicted by high malaria prevalence.

Program Itinerary

Tuesday-Wednesday, June 16-17, 2009

- Arrived in Osu, Accra sometime early Tuesday afternoon and discussed plans to gather supplies as well as issues regarding malaria with Auntie Lois
- Went to Makola Market to collect medications and malaria tests with Cephas Kelly
- Wednesday started off with a visit to Auntie Lois's in order to pick up the money needed to buy spraying equipment

Saturday, June 20, 2009

- traveled to Hobor village in the Amasaman area in order to conduct malaria testing, provide medication and vitamins, and donate mosquito nets as well as spraying equipment

Outcome

Malaria Testing

The event was fairly organized and calm, though a bit of crowding ensued as the testing progressed. Testing and medication pick-up areas were both set up outdoors, but the medication collection area was then later moved into a separate enclosed space. Using the malaria kits provided by Infanta Malaria, the Acts in Afrika team tested 150 children. About 50-60% tested positive for the parasite. Initially, patients who tested positive were simply directed to the pick-up area, but the staff at the pick-up area required more information about the testing status of the incoming patients (who themselves were unable to communicate results properly). Positive/negative slips of paper were then given to patients to present to the staff at the medication collection table, which aided organization.

It was also interesting to note the disappointment of patients who tested negative. We speculate that possible reasons include frustration from long wait, desire for medications for future use, etc.

Education

Cephas and some of his staff helped educate the mothers about malaria as a disease and effective preventive measures. Auntie Lois also provided the use of some educational posters.

Points of concern

More care should have been taken to monitor the proper disposal of biohazardous waste – in particular the alcohol swabs given to children after testing. Often, the children would simply dump the soiled alcohol swabs on the ground or pick them up from ground to replace soiled swabs on their fingers.

The process of directing patients from testing area to medication collection area was a tad disorganized because there was no completely accurate way to verify that the patient tested positive or negative. The subsequent use of small slips of paper denoting +/- could have been collected to prevent reuse, for it is possible that some patients might have picked up a + slip, despite testing negative, in order to obtain medicines (though this was not actually observed.)

More time and effort could have been used to decide the set-up of testing and medication pick-up areas *prior* to actual testing day (during the preliminary assessment visits to the village and previous conversations with the village chief). Previous work might have been done to create patient history cards, so that +/- results can be noted and signed off on by the particular tester to verify the result.