

# Transitioning LLIN Distribution Campaign in Ghanaian Communities Through Social Mobilization and Capacity Building

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## Overview

The aim of our project is to improve effectiveness of the Mass LLIN Distribution Campaigns by transitioning into the Community-based Health Planning and Services programme in Ghana. The objective of this poster is to present the process and results of co-creation of our intervention, by focusing on social mobilization and capacity building of Community Health Officers (CHOs), to increase use of LLINs within households and ultimately improve Campaign effectiveness in Ghana.

## Methods and Materials

### Study Site and Sample

A total of six districts (one community per district) across two regions in southern Ghana participated in the study. Community Health Officers (CHOs), Community Leaders, Household Heads, NGOs Healthcare Administrators, and Policy makers participated in the study.

### Study Design and Procedure

We used a concurrent triangulation mixed methods research design, involving a survey, in-depth interviews, key informant interviews, focus group discussions, desk reviews and participatory workshops. Ethical clearance was obtained from the Ghana Health Service Ethics Review Committee.

#### 1. Desk Review

A desk review guide was used to identify and collect appropriate literature, outlining potential barriers, enablers, lessons learnt and recommendations from implemented Mass LLIN campaigns which adopted community-based approaches in Ghana and elsewhere. Gaps identified and lessons learnt from this review were further synthesized and used to inform subsequent stages of this study.

#### 2. Focus Group Discussion (FGDs) and Key Informant Interviews (KIIs)

To contextualize and explore the barriers to, and enablers of, Mass LLIN Distribution Campaigns in communities, 14 FGDs were conducted (4 household heads, 4 Caregivers of children under 5 and 6 CHOs). Also, 10 KIIs were conducted among National Malaria Control Programme and Ghana Health Service focal persons at the regional and district levels to assess LLIN campaign delivery processes.

#### 3. Baseline Survey

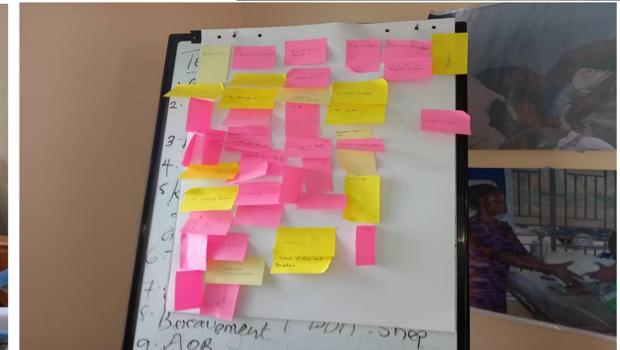
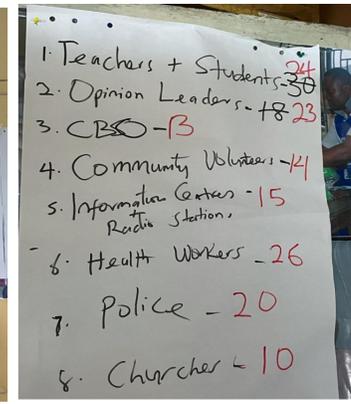
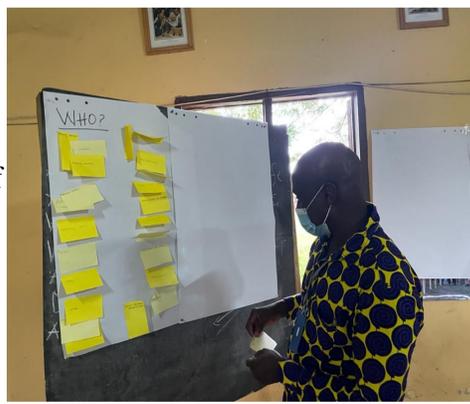
To identify baseline parameter to be used for the assessment of the effectiveness of the co-created intervention, a baseline survey was conducted. The survey also provided information that was used to determine the content of our participatory workshops to co-create our intervention.

## Intervention Co-creation

Findings from the desk review, FGDs, KIIs, and Baseline surveys were synthesized, and grouped according to relevance. This was then distilled and formed the basis for our participatory workshop guide. Co-creating the intervention (involving stakeholders (investigators, NGOs, School Health Education Teachers, ANC nurses, Disease Control Officers, DHMTs, CHOs, Community leaders/Assemblymen, Opinion leaders) was done using combination of strategies in six Participatory Workshops in the study communities.

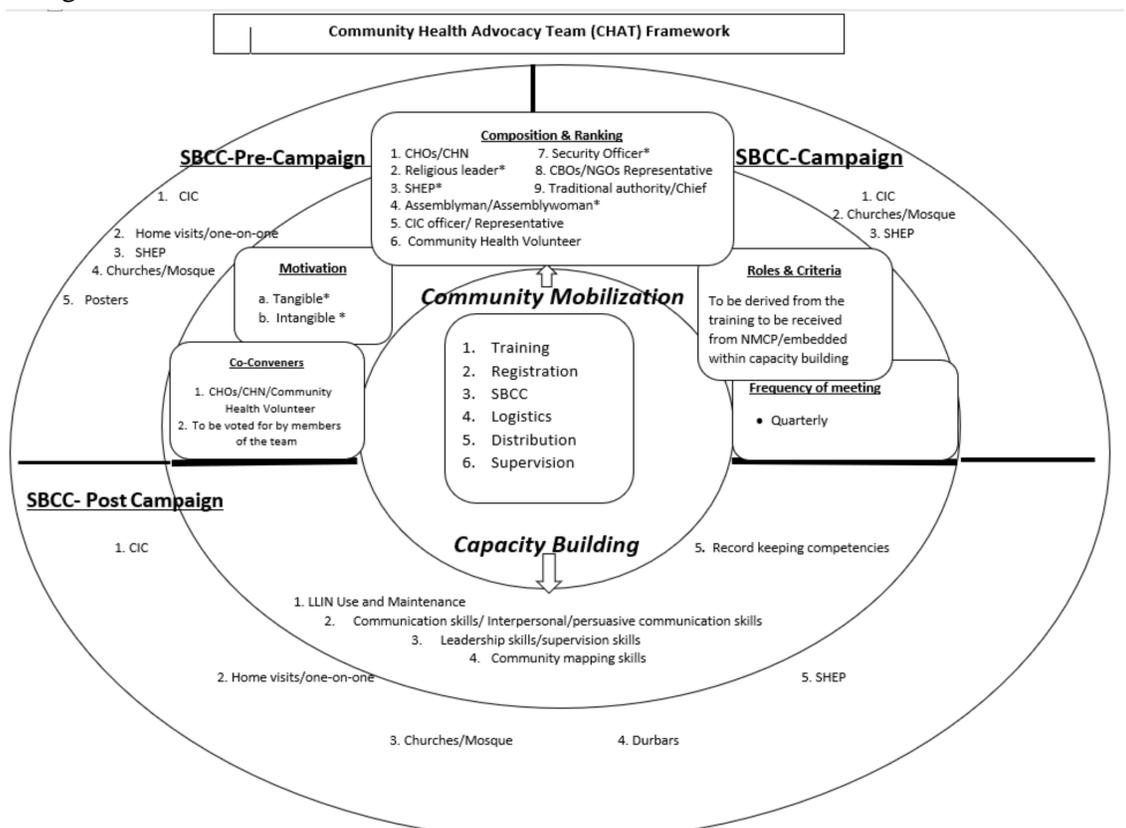
The Co-creation process involved participatory learning in action technique which is a practical, adaptive research strategy that enables diverse groups and individuals to learn, work and act together in a co-operative manner, to focus on issues of joint concern, identify challenges and generate positive responses in a collaborative and democratic manner [1].

Findings from the participatory workshop were further synthesized to co-created our intervention.



## Results

We found that the establishment of a Community Health Advocacy Team (CHAT) would be necessary in efforts aimed at transitioning LLIN distribution campaign in communities. The role of the CHAT would be centred on key elements of community/social mobilisation and capacity building, all nested in a Social and Behaviour Change Communication (SBCC) strategies.



## Conclusion

- The use of the CHAT would be instrumental in community/social mobilisation capacity building and SBCC.
- We are in the process of assessing the acceptability and feasibility of the CHAT intervention with all stakeholders in the various communities
- Assessment of the effectiveness of the CHAT intervention would be done at a later time

## References

1. Plattner H, Meinel C, Leifer L. (2011). Design thinking research. Studying co-creation in practice. London: Springer