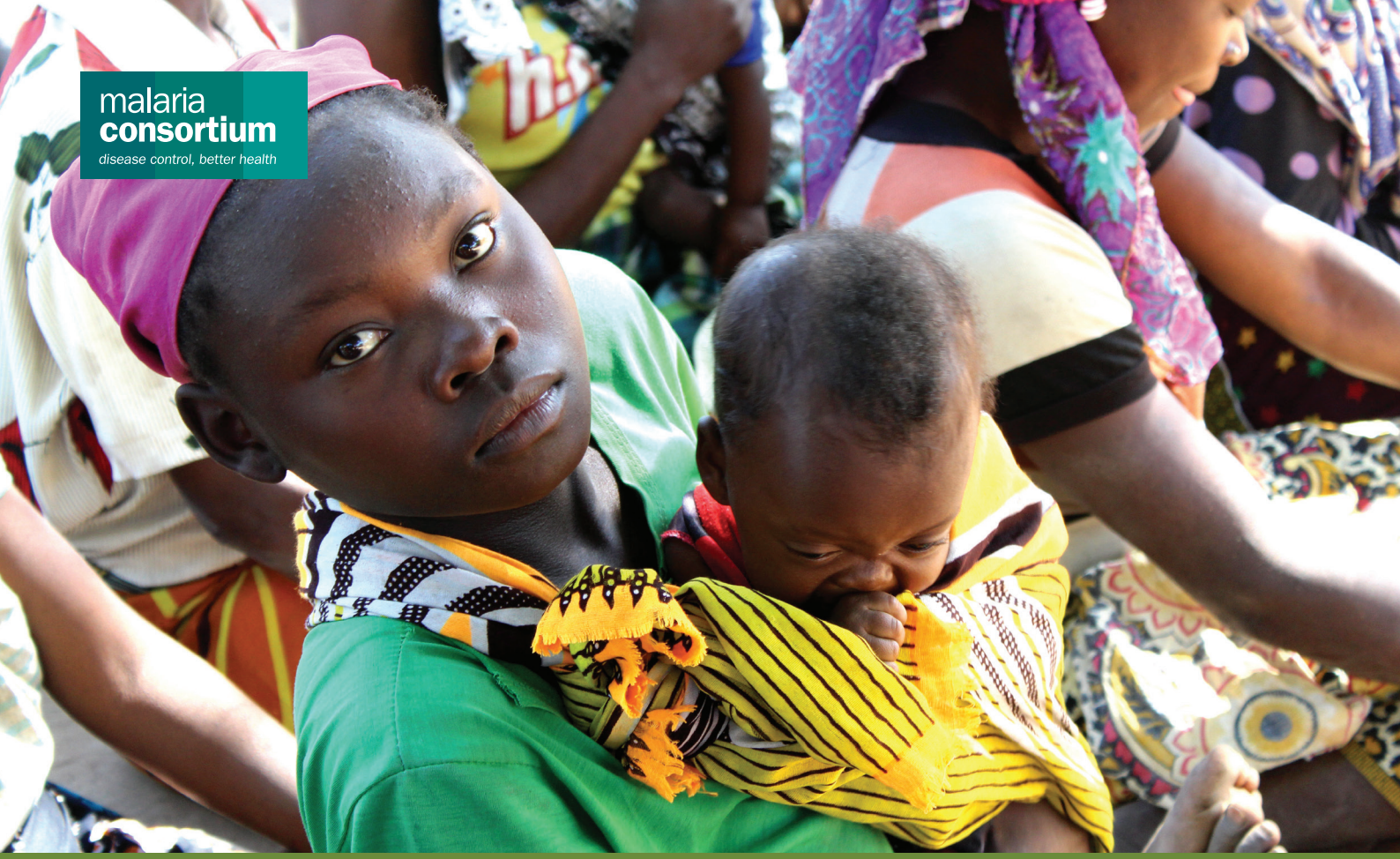


malaria consortium
disease control, better health

Learning Brief

In focus: Malaria Prevention and Control

# Mobilising communities for malaria prevention and control in Mozambique

## Key Findings

- Community volunteers have become the primary and preferred sources of information on malaria and have contributed to improved knowledge and increased demand for malaria diagnosis and treatment services.
- The interpersonal communication participatory techniques, such as drama performances during malaria prevention sessions, which were used by community groups, proved to be appealing to the target audience, offering learning through entertainment.
- Partnering with volunteers from existing community structures is an effective approach to reach a broad audience in rural communities with key messages on malaria prevention and control in Mozambique.

This learning brief is part of a broader project documentation exercise; to read more and other lessons learnt, go to:
http://www.malariaconsortium.org/projects/malaria-prevention-and-control-project

## Introduction

Community engagement has been recognised as one of the key components for successful health interventions (Rifkin, 2014), including malaria control (Whittaker & Smith, 2015). However, in practice, community engagement has often played a marginal role within malaria control and elimination programmes in the last 15 years (Whittaker & Smith, 2015).

In Mozambique, Health Promotion and Community Involvement is one of the priority areas of the National Malaria Control Programme (NMCP) to reduce malaria morbidity and mortality, in addition to prevention, diagnosis and case management, monitoring and evaluation and systems strengthening.

Between 2011 and 2017, the Malaria Prevention and Control in Mozambique: Expansion for Universal Access with Community Participation project has been working with the NMCP in nine of the country's 11 provinces to strengthen local capacity, with the ultimate objective of improving the knowledge and practices of the population in relation to malaria prevention and control at community level.

Community groups and volunteers play a key role in improving the demand for health services, and bringing positive changes in individual health practices and social norms (Farnsworth et al, 2014).

Recognising the vital role of community structures such as health committees in generating community involvement and ownership of malaria prevention and control efforts, the project has devoted a significant portion of its investment to building capacity of these groups to develop locally relevant malaria awareness, education and mobilisation activities within their own communities.

Within the civil society consortium that implemented this nationwide project, Malaria Consortium developed strategies and tools for community involvement and implemented activities in two northern provinces among those most affected by malaria, namely Nampula and Niassa.

## Objectives

A key project objective was to build the capacity of community-based structures to enable them to engage in behaviour change communication activities in relation to malaria prevention at the community level. The aim was to:

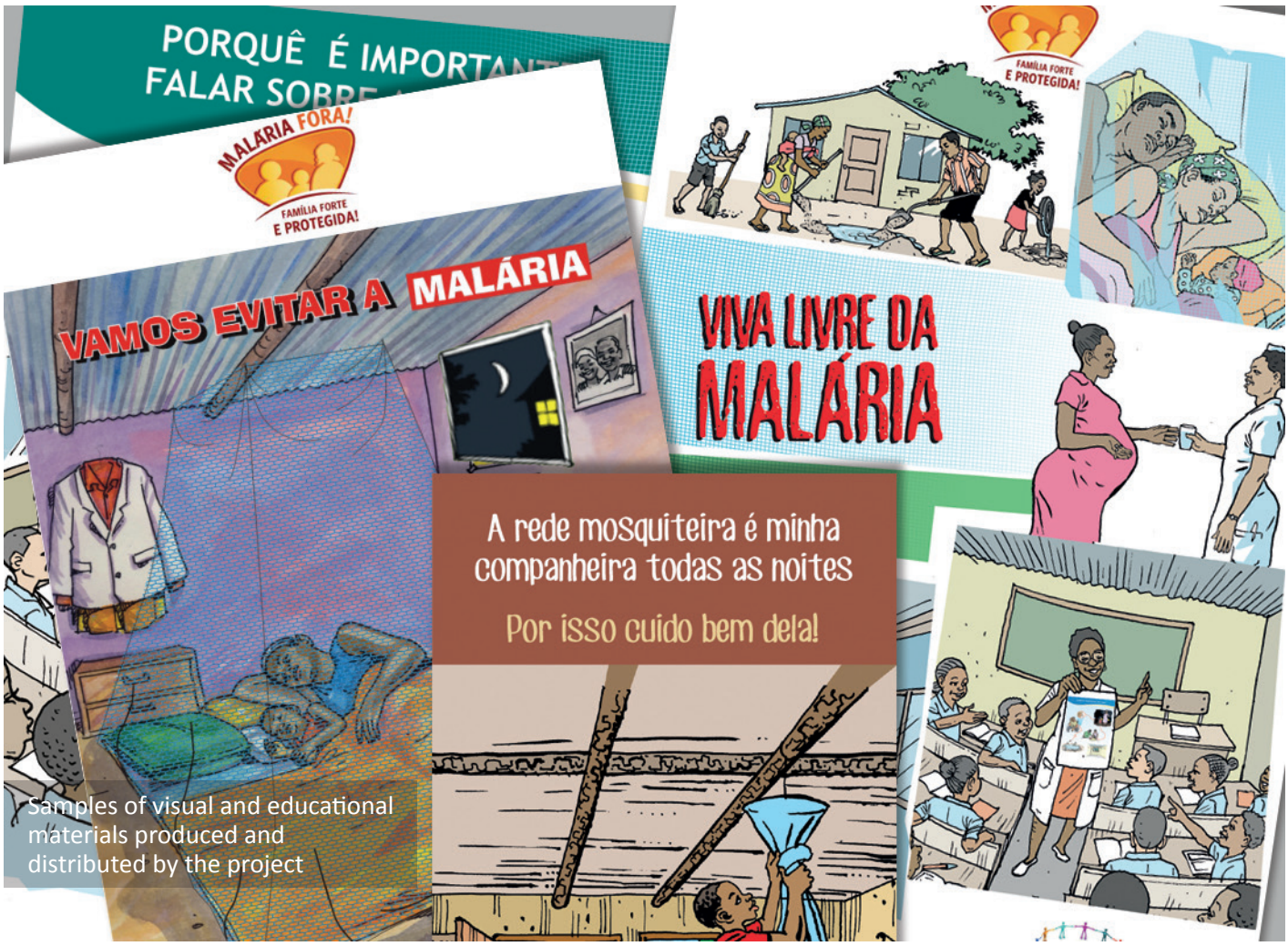
- Increase knowledge among families and communities concerning malaria, its transmission and understanding that the mosquito is the only vector of malaria
- Promote communities' uptake of malaria prevention methods, including the correct and consistent use of long lasting insecticidal mosquito nets, allowing indoor residual spraying in their homes, and uptake of intermittent preventive treatment by pregnant women at antenatal care services
- Increase timely healthcare seeking at health facilities or from trained community health workers for the diagnosis and treatment for those with signs and symptoms of malaria.

## Intervention

For sustainability purposes the project avoided creating new structures. Instead the approach consisted of identifying existing community groups and involving them in malaria prevention and control. Activities started with the mapping of community groups at the administrative and local level in each district, and building a database for the health district services on information concerning existing community organisations and their activities.

The mapping exercise was followed by a community-based needs assessment which provided key information for Malaria Consortium to develop the processes, strategies, curricula, materials and training tools for the project consortium partners. They could then replicate these in the roll-out of training packages in their own community groups.

In the provinces of Nampula and Niassa, Malaria Consortium trained a total of 12,475 volunteers from 548 community groups and equipped them with a set of didactic materials to facilitate community-level learning. These included a visual flipchart and flash cards with key messages around malaria prevention and control.




Samples of visual and educational materials produced and distributed by the project

Training materials were developed taking into account the specific characteristics and needs of the target groups, in particular the low levels of education and literacy.

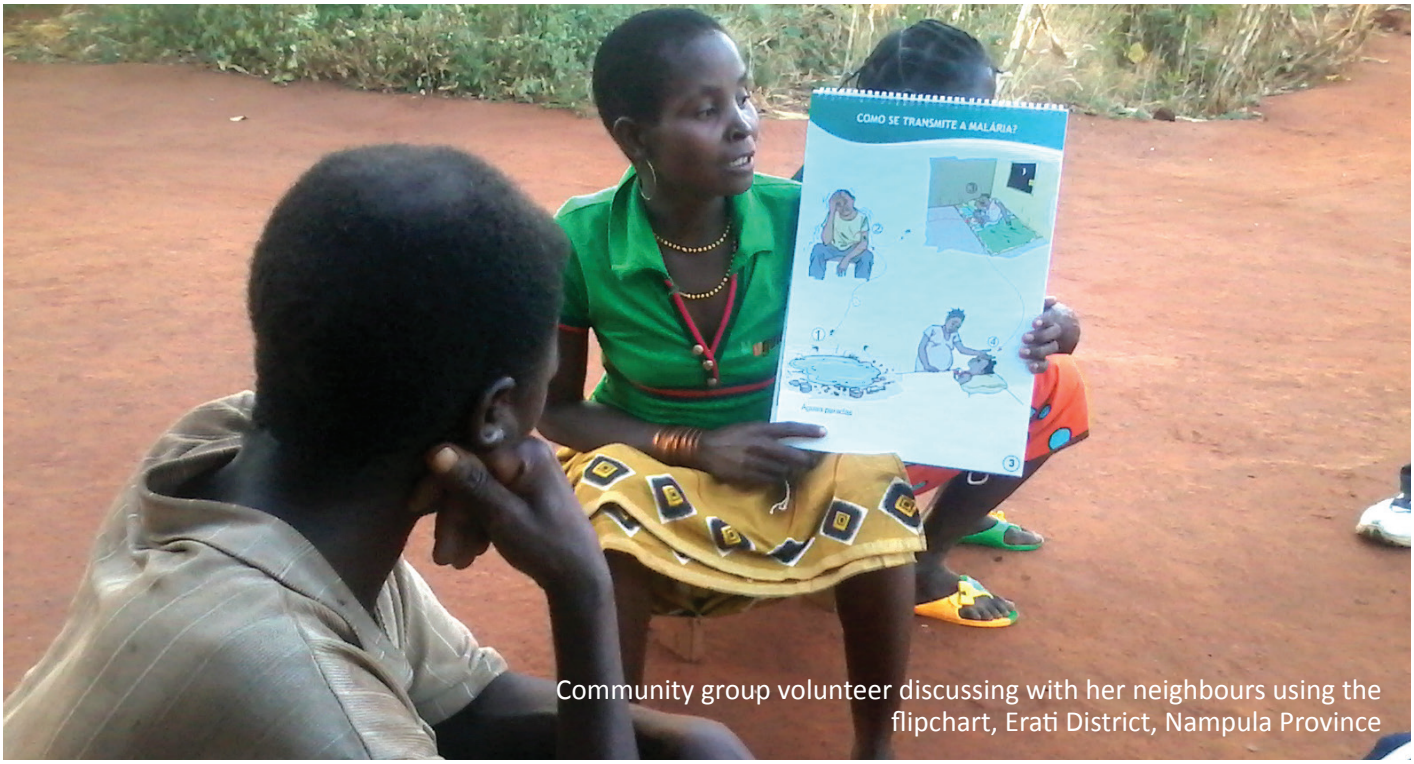
In addition, the training applied principles of adult learning to make certain that trainees were actively involved in the learning process. To ensure good interaction and the sharing of experiences, training methods and techniques included the use of drama, role-playing, games, small group work and visual tools.

Community group members worked on a voluntary basis to strengthen local ownership. Trained volunteers were expected to integrate malaria awareness, education and mobilisation within their regular community-level activities, without receiving any monetary or in-kind incentives, apart from work and visibility materials including t-shirts, caps, pens, and a piece of 'capulana' (local cloth).

After the training, community volunteers worked with health centre staff and community leaders, developing monthly plans and conducting community outreach and mobilisation activities including lectures, theatre performances, home visits, and community meetings in strategic locations including markets, churches and mosques.

Community groups shared progress reports and discussed activities and challenges in monthly meetings with health staff, and also received quarterly support supervision visits from Malaria Consortium field officers.

Community group members in group work during a training session, Malema District, Nampula Province




Community group volunteer discussing with her neighbours using the flipchart, Erati District, Nampula Province

## Results and lessons learnt

### *Changes reported*

A baseline study conducted in 2012 showed that in two districts of Nampula province only 30 percent of people knew that the mosquito was the only vector of malaria, less than 30 percent knew at least two correct preventive measures and only 27 percent had been reached by malaria messages in the last 12 months (COWI, 2012). Assessment reports and testimonies up until the writing of this brief indicate an increase in knowledge about malaria and some changes in the project areas. Through regular monitoring activities, health workers and community leaders reported increased awareness among community members around malaria, prevention and treatment practices.

They also noted some behavioural changes, in particular better use of mosquito nets for malaria prevention and a shift in care seeking from traditional healers to health centres.

> ***"The work that the community does, or rather what we volunteers do, has very good results. Nowadays people sleep inside the mosquito net even when they sleep outside the house, people go to the hospital as soon as they suspect it may be malaria. Also in this community, mosquito nets are no longer used for fishing."***
>
> *(Community structure volunteer, Nacala Porto District, Nampula Province 2017)*

> ***"Before, when we were sick we used to say that it was a spell, not knowing anything, and ended up at the adivinha (soothsayer). And because he is the adivinha (soothsayer), without failing, he would accuse someone from the family for the problem, causing a problem within the family, just because they did not know that malaria is due to the mosquito; but now they are discovering that the disease was not caused by a spell, but by mosquito."***
>
> *(Focal Group Discussion with men, Mandimba District, Niassa Province 2014)*

> ***"Before, people got sick and did not want to go to the hospital. But now thanks to the awareness of the project activists, people just get sick and soon run to the health center to receive treatment."***
>
> *(Health worker, Nacala Porto District, Nampula Province 2017)*

***Effective participatory techniques***

The participatory techniques of interpersonal communication used by community volunteers, including theatre performances, songs and demonstrations during malaria prevention sessions, proved to be appealing to the target audience as they were entertained and engaged while learning. The flipchart and flash cards, illustrated with pictorials and key messages translated into local languages, proved to be effective tools for exploring topics around malaria prevention, control and treatment, allowing community members to share ideas and experiences while acquiring relevant knowledge about malaria from community-level volunteers.

Moreover, the use of participatory techniques allowed trained volunteers to correct misconceptions and facilitate a process of consensus among participants on good malaria prevention and treatment practices.

> ***"The flipchart was our teacher, our guide, even (if one) forgets about the training, when you look at the flipchart it gives an explanation as it comes with drawings and messages in writing ... Even the population liked it because when the volunteer explained, he also had to show the pictures, and they liked that and understood it well."***
>
> *(Community structure volunteer, Ribáuè District, Nampula Province, 2017)*

As part of a qualitative study conducted in 2014 in some districts about net use and care practices, community members interviewed considered volunteers to be the most effective channel for receiving information about health, expressing a great appreciation of their continuous awareness and education work (Malaria Consortium, 2015).

> ***"We trust these volunteers who have accompanied us in the community."***
>
> *(Focal Group Discussion with Women, Mogincual District, Nampula Province, 2014)*

In this study, community respondents also clearly identified volunteers and health committees as the primary and preferred source of information on malaria and in particular on the correct use of mosquito nets. Through home visits, community volunteers were able to dispel misconceptions around malaria and ensured that nets were properly used.

> ***"These days what gave me the strength to use this mosquito net is when this committee came to talk to us (about it)."***
>
> *(Interview with male community member, Mandimba District, Niassa Province, 2014)*

### *The double-edged effect of hearsay*

By working within existing community structures, Malaria Consortium reached an average of 207,022 people directly on a quarterly basis in the districts covered by the project in the provinces of Nampula and Niassa. Although this represents only three percent of the total population of these areas, through word-of-mouth it is likely that messages of malaria prevention have been reaching many more people.

On the other hand, rumours and disinformation follow the same pattern. Correct information and myths continue to coexist in people's beliefs through 'hearsay.' For example, some people know that malaria is transmitted through mosquito bites but they still believe that they can also catch it through dirty water. Hearsay also contributes to the spread of rumours; health workers and community leaders are sometimes victims of disinformation and are accused by the local population of contributing to the spreading of misfortune (relating to vampires and blood sucking) and diseases, such as cholera. Although volunteers play an important role in the education of their communities, they are sometimes looked at as colluders with health workers or community leaders. In such instances, it is important that health authorities and community actors work together to correct these deeply rooted myths and beliefs.

### *Motivation and retention of volunteers*

To retain volunteers within community health structures, it is important that they feel supported and connected with the health sector. Despite receiving no monetary incentives, most volunteers have remained engaged in activities throughout the project. For example, in Nampula Province, of the 10 districts that initiated project activities in 2011, seven districts continue to have 100 percent functioning community groups. In Niassa Province, of the six districts that started activities in 2014, three districts continued with 100 percent functioning community groups until the project ended. High attrition was recorded in the districts which experienced long periods without a working project field officer, such as the district of Memba in Nampula Province and Mandimba district in Niassa Province, which retained 78 percent and 43 percent, respectively. This data demonstrates the importance of regular supervision of community volunteers to keep them engaged in activities.

A further challenge arises in managing volunteers' expectations of monetary remuneration as compensation for the activities they have undertaken. Indeed, the fact that other programmes have been providing monthly monetary subsidies, equivalent to the national minimum wage, has fuelled such expectations and generated some dissatisfaction among unpaid community volunteers. However, this dissatisfaction can be addressed through other sources of motivation, including social recognition, and opportunities for training and personal development.

Studies, including in Mozambique, have shown that community workers are motivated in many ways, including by hopes for better job opportunities, social relationships with beneficiaries, socio-moral values and the desire to reduce others' suffering and promote values of community service (Maes et al, 2010).

> ***"On the training day there was a snack, but there was no subsidy which deceived my wife at home and the children, but we were not discouraged, even after the death of the field officer we did not abandon. We had the faith to continue working to save our community, and since the malaria project, now we are aware."***
>
> *(Member of community structure, Ribáuè District, Nampula Province, 2017)*

The strategy of training all members of the community groups, rather than training only some individual volunteers, has significantly contributed to greater group cohesion and reduced the risk of volunteer drop-outs.

> ***"We like the trainings we had, we started to teach others in our community. The job of informing people to sleep inside the mosquito net, and going to the health center when they are sick. That's what we like in the project we're part of."***
>
> *(Community structure, Nacala Porto district, Nampula Province, 2017)*

The project kept the volunteers motivated and committed to the activities through the distribution of non-monetary incentives (such as T-shirts, caps, hand-crank radios) and regular interactions and meetings with the project and district health teams.

However, as activities expanded to more remote administrative posts and locations, continuous supportive supervision of all trained community volunteers became challenging as it required more resources and posed logistical constraints.

## Next steps

Through the project, a network of trained community groups and volunteers has been established which constitutes an essential platform to maintain and strengthen community involvement in malaria prevention and control. In areas covered by the project, malaria awareness appears to have increased and conditions have been created for the development of new community involvement strategies to increase participation.

As Mozambique makes progress in achieving its malaria control targets and moving toward malaria elimination, a rethink of the process and purpose of community engagement activities, which will be key to the success of the programme, is recommended (Whittaker & Smith, 2015).

To maximise the investment made through the project, it is essential that the district health services and partners continue to work closely with community structures to provide support in planning, incentives, regular supervision, data collection and analysis, and feedback.

An additional step should also be taken to actively involve communities within an integrated approach to community participation in health, in line with the National Strategy for Health Promotion.

This integrated approach to community engagement also requires a harmonised approach to subsidies, incentives and motivation for community level activists and volunteers. Achieving consensus among sectors and partners on this issue will be a key to successful community participation programmes and the sustainability of community interventions in Mozambique.

To view and download the toolkits produced by this project go to:
http://www.malariaconsortium.org/projects/malaria-prevention-and-control-project

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## Acknowledgements

This study was implemented under the Malaria Prevention and Control Project, 2011-2017, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, in partnership with World Vision as the principal recipient, with Malaria Consortium, Food for the Hungry (FH), Fundação para o Desenvolvimento da Comunidade (FDC), International Relief for Development (IRD), and Médicos de Mundo de Portugal, as sub-recipients.

The Malaria Prevention and Control project aims to support the efforts of the Mozambican government to reduce malaria throughout the country through scale up of prevention and control efforts with community involvement.

## Published by Malaria Consortium / February 2018





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