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What has changed?

Community level perspectives on malaria prevention and control efforts in northern Mozambique

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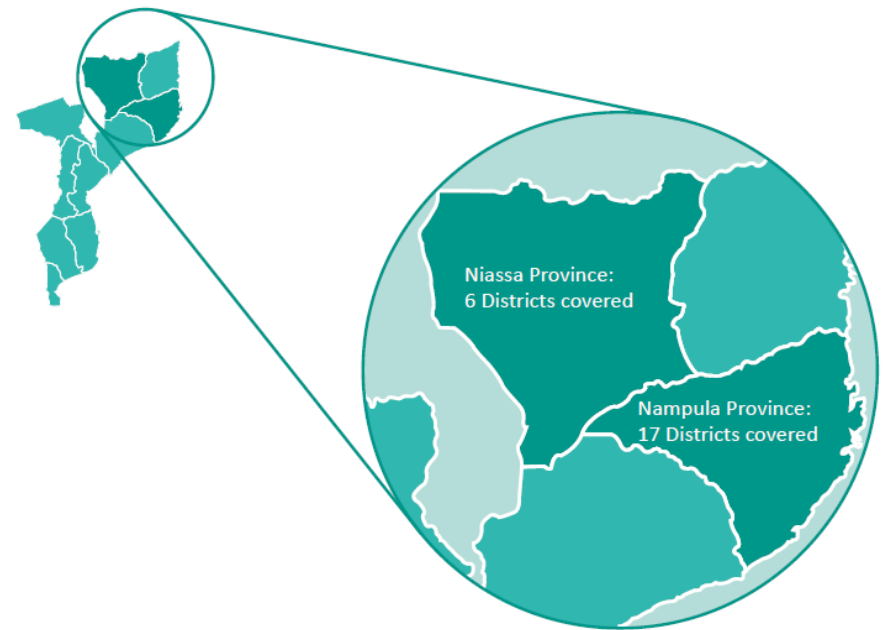
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Context

The Malaria Prevention and Control Project (2011-2017), funded by the GFATM, in Mozambique aimed to contribute to the reduction in the number of malaria cases through:

- 1) Mass distribution of LLINs
- 2) Improving the population's knowledge of malaria and promoting the uptake of effective malaria prevention and treatment practices at the community level through a three-pronged approach

Implemented in 9 of the 11 provinces of Mozambique through a consortium of civil society organisations



Malaria Consortium implemented in two northern provinces, Nampula and Niassa, which are among the worst affected by Malaria

Interventions package and expected results



Teachers make educational activities about malaria in the classroom



Volunteers hold malaria prevention and control educational sessions using drama, demonstrations and dialogues at community level



CHWs provide malaria case management at community level



LLINs distributed to households through mass campaigns



Radios broadcast programmes and spots with harmonized messaging about malaria



School children share new learning about malaria with their families



Communities gain knowledge and improve their malaria prevention and control practices



Timely care seeking of preventive and curative services



Increase in correct use of LLINs



Continuous messaging around recommended practices

Methods



Methods

Objective:

Identify changes (and those most significant) from the perspective of community level actors who participated in project activities

Study design:

Descriptive qualitative study

Data set:

- 12 purposively sampled communities across 6 districts in 2 provinces
- 12 focus group discussions
- 36 in-depth individual interviews
- Respondents: volunteers from CBOs, primary school teachers trained by the project, and health facility staff

Lines of inquiry

Focus on experiences and perceptions of a range of key institutional and community actors across three main domains of change:

- changes in community practices in relation to malaria prevention and treatment
- changes in the quality of life of beneficiaries
- changes in the degree of community participation in health programmes with a focus on malaria

Data analysis

High data saturation: homogeneity of perceptions and experiences across categories of respondents, communities, and between districts and provinces.

Thematic analysis of data across 4 main themes:

Changes reported across three domains of change	Change(s) considered as more significant	Main cause of this change	Suggestions to improve the programme
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Limitations:

Self reported by community level actors involved in project delivery

Desirability bias in respondents' accounts

Respondents' accounts not verified by objective / quantitative methods

Results



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A strong feeling of change

General and strong feelings that a lot of changes took place in the communities in terms of:

- Reduction in malaria burden
- Increased dissemination and assimilation of correct information on malaria, its transmission, prevention and treatment
- Adoption of good malaria prevention practices: LLINs use and environmental sanitation
- Shift in care-seeking from traditional medicine to health facilities

"What we saw is the positive result of the improvement within the community, the way of thinking and acting" (FGD with community structure Nanhumba, district of Mecanhelas, Niassa Province)

"What I liked about the project is the concern to interact with the population in the area of malaria prevention and control in the communities, and the results are happening in the health units, especially in the reduction of malaria cases" (Health worker, Machilone, Ribaué district, Nampula province)

Most significant changes

- Difficult for respondents to single out the most significant
- Reported a general shift in mentality (how people understand and deal with the disease)
- Considered that all malaria prevention and treatment practices are interconnected and can not be isolated as one being more important than the other

Improved practices

Both at individual level of volunteers, teachers and health staff and at collective level

Care-seeking, LLINs use and care, environmental sanitation, adherence to malaria medication

Improved collaboration between community structures and health services

Increased interaction between community actors and health workers resulting in better collaboration and understanding

Personal satisfaction

The perception that malaria has decreased is felt by respondents as a reward for the work done

Expressed satisfaction with job well done, which brings tangible results

Perceived sources of change

- All interviewees referred to activists as the most important agent of change
- Teachers felt that together, teachers and activists have contributed to the reported changes
- Health staff also mentioned LLINs distributions as a key factor that has improved access to effective prevention method

"It changed a lot with community involvement if we were only informing in hospitals, I believe that no one could carry that information as a baggage" (Cunle health centre, Ciba, Ribaue district , Nampula)

Suggestions for improvement

Suggestions from respondents demonstrate there is a desire for more participation and active involvement in programme design, implementation and progress monitoring

Incentives

Volunteers appreciate non-monetary incentives received (t-shirts, caps), but also call for more resources, both financially and in-kind, to reach out to more people and neighbouring communities

More Trainings and refreshers

Participants expressed desired to continue gaining new and more detailed knowledge about malaria to avoid fatigue with the same basic messages along the years

More on site visits by supervisors

Volunteers felt that visits support community level uptake of practices promoted by them, and feel public recognition of the valuable work done by local actors is important

Discussion



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Key messages

- Overall, what participants praised most about the project was their improved access to reliable information on malaria in remote communities, which was previously only accessible through health staff who had a limited outreach
- Evidence-based strategic communication should remain a core component of malaria control and elimination strategies and build on experiences and suggestions from participants
- Call to rethink the process and purpose of community engagement towards meaningful community participation into programme design to optimize results

Acknowledgments

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Study team members

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More resources

<https://www.malariaconsortium.org/projects/malaria-prevention-and-control-project>

Read our learning briefs

Project overview: Malaria Prevention and Control in Mozambique: scaling up for universal access with community involvement (2011-2017)

Nets bring good health: a qualitative inquiry

Mobilising communities for malaria prevention and control in Mozambique

Integrating malaria education into primary school activities

Implementing mass long-lasting insecticidal net distribution campaigns in Mozambique

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Learning brief

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From our blog

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Mozambique: A field officer developing community capacity in malaria prevention
13 March 2018

Mozambique: The behaviour changing power of radio
2 February 2018

Leadership makes the difference in defeating malaria
24 January 2018

Children who learn about malaria contribute to disease control in their communities
18 January 2018

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