

USAID's Malaria Action Program for Districts



Uganda | November 2020

Empowering Youth to Mobilize their Communities in the Fight Against Malaria: Swale's Story

"Because my village saw the work I was doing with Vijana Leo, they decided to appoint me as their new Village Health Team Member."

Iyosiga Swale - Youth Champion

Swale (second from the right), together with other VHTs undergoing orientation in MAPD's 'Zooming-In Approach' to malaria-focused home visits. Photo taken by Emmanuel Ssegawa on 29th July, 2020

BACKGROUND

Proportionally, Uganda has a young population with more than 75 percent under the age of 30. In Uganda, 'youth' are defined as aged between 18 and 30. As future leaders in their families, clans and communities, it is critical to engage this key group in malaria prevention initiatives, so that they are equipped with knowledge to improve their own health outcomes and set an example for the generations below them. USAID's Malaria Action Program for Districts (MAPD) conducted a Youth Analysis in 2017 to understand factors hindering youth engagement in malaria service provisions and delivery.

Findings from this report showed malaria district health teams and health workers rarely reported youth inclusion in program planning or implementation. One reason for this was due to a reluctance by youths to participate in village discussions because young boys were perceived as unruly and not trusted to take on leadership roles. A recommendation from the report was to engage youth in the design and delivery of capacity development initiatives to encourage collaboration between district health authorities and youth.

This recommendation is being implemented in Yumbe district, one of the 52 districts MAPD supports. In July 2019, MAPD piloted *Vijana Leo* (Youth Today), a youth-focused community-based malaria activity, to identify ways to increase youth participation and engagement in malaria related



activities. It also sought to address the challenges and constraints that hinder youth from accessing malaria prevention, diagnosis, and treatment services and from community participation. In this pilot, villages selected 23 youths who were trained to design their own malaria prevention activities in their villages, promoting household preventive measures and better health seeking behaviours. Some examples of activities undertaken were: door to door village sensitization; community theatre; netball and football tournaments and; village health talks.

COMBATTING MALARIA DURING THE COVID-19 LOCKDOWN

In March 2020, Swale, a youth champion from a village in the Aruguyi parish was appointed as a new Village Health Team Member (VHT). He tells his story about continuing to serve his community amidst the COVID-19 pandemic.

Before taking part in *Vijana Leo*, Swale was a boda boda (motorcycle taxi) driver and farmer in his village. When the village nominations for youth champions were held, Swale was nominated and was selected to take part in *Vijana Leo*.

Swale then attended a two-day orientation which built on the youth champions' skills, knowledge, and experience in positive malaria prevention, case management practices, and behaviors in their families and villages. As a youth champion, Swale designed several malaria awareness activities which included kite relay races for youth, events that targeted boda boda drivers and home visits. Through organizing these activities, he worked with his local chairperson and VHT member to utilize the knowledge and skills he acquired as a youth champion. This led to the community in Swale's village developing confidence in him to mobilize people to take part in the malaria response.

"When our VHT decided to retire, the village had to select another person and that person was me," says Swale.

After his appointment, Swale was trained in this new role to take on additional responsibilities including: conducting malaria testing, especially among children under five: administering drugs; referring/following up on reported cases to the health center and; reporting during VHT meetings. In the first months as VHT, Swale noticed that there was an increase in malaria cases. "In a week there were 20-30 cases of malaria, especially among women and children and this was overwhelming." This motivated him to find out what could have caused the increase in malaria cases. "With the training I received in Vijana Leo, I was able to carry out some activities, which included home visits. Unfortunately, concerns linked to the COVID-19 pandemic were rising and the lockdown threatened to stop my planned activities," says Swale.

When the government announced a country-wide lockdown to control the spread of COVID-19 in Uganda (no mass gatherings, travel restrictions and curfew), this affected most project activities, especially at the border districts. However, MAPD worked with the Ministry of Health to ensure malaria activities could be continued to ensure that gains made towards malaria elimination were protected.

RESULTS

Thanks to the agreement allowing malaria prevention activities to continue, Swale was able to push ahead with his home visit plans, beginning with the follow up on the cases in his village. In one instance, Shakira¹ could not attend antenatal care (ANC) because her husband still couldn't travel from South Sudan due to the border closure. "I spoke to our Local Council Chairperson about Shakira's case and he was able to write a note for her so she could go for ANC", says Swale.

In May 2020, the government began to lift restrictions and provide procedures for public gatherings, workplaces, and travel. This was good news for Swale who wanted to see what more he could do to reduce malaria cases. "Most male youths here have a tendency to visit the health center late, once they are feeling really unwell, so I decided to hold dialogues with the youth groups by meeting them where they gathered and at their homes," he said. He spoke to them about the dangers of delaying going to the health center and the health and financial costs of treating severe malaria, a possible risk of delaying treatment.

Swale's example demonstrates that if young people are recognized for their potential to raise awareness and change social attitudes and behaviors to malaria, they can play a powerful role towards malaria elimination. "I believe young people, if trained and supported, can be good health educators for both their peers and adults", says Swale.

LESSONS LEARNED:

Recognizing the potential youth have in influencing behavior change amongst peers and community members is an important first step towards building youth-adult partnerships. These partnerships can be

¹ Shakira is a pseudonym.

This success story is published as part of a series from the USAID's Malaria Action Program for Districts project. For more information, see www.malariaconsortium.org/resources/publications/977/ or contact: Dr Sam Gudoi, s.gudoi@malariaconsortium.org

USAID's Malaria Action Program for Districts aims to improve the health status of the Ugandan population by reducing childhood and maternal morbidity and mortality due to malaria. The project will support the Government of Uganda for a period of five years, focusing in particular on children under five years of age and pregnant women.

This project, made possible by the generous support from the American and British people, is implemented by Malaria Consortium in partnership with Jhpiego, Banyan Global, and Communication for Development Foundation Uganda (CDFU), Deloitte Uganda and Infectious Diseases Institute (IDI).

Malaria Consortium Uganda, Plot 25 Upper Naguru East Road, PO Box 8045, Kampala, Uganda / Malaria Consortium, Development House 56-64 Leonard Street, London EC2A 4LT, United Kingdom / info@malariaconsortium.org / www.malariaconsortium.org powerful in malaria prevention and control.

Identifying young people in communities taking the lead or championing malaria prevention in their villages can be a vital step to showcase youth contribution. Empowering these young people as ambassadors for youth inclusion and active participation in leadership at village, parish, and subcounty levels can greatly impact youth confidence and how they are perceived by their community.

NEXT STEPS:

As a commitment towards youth integration, MAPD will continue to identify and document key lessons learnt around the engagement of youth leaders, champions, and ambassadors, and utilize opportunities at both district and national level to showcase their success stories.

This success story is published as part of a series from the USAID's Malaria Action Program for Districts project. For more information, see www.malariaconsortium.org/resources/publications/977/ or contact: Dr Sam Gudoi, s.gudoi@malariaconsortium.org

USAID's Malaria Action Program for Districts aims to improve the health status of the Ugandan population by reducing childhood and maternal morbidity and mortality due to malaria. The project will support the Government of Uganda for a period of five years, focusing in particular on children under five years of age and pregnant women.

This project, made possible by the generous support from the American and British people, is implemented by Malaria Consortium in partnership with Jhpiego, Banyan Global, and Communication for Development Foundation Uganda (CDFU), Deloitte Uganda and Infectious Diseases Institute (IDI).

Malaria Consortium Uganda, Plot 25 Upper Naguru East Road, PO Box 8045, Kampala, Uganda / Malaria Consortium, Development House 56-64 Leonard Street, London EC2A 4LT, United Kingdom / info@malariaconsortium.org / www.malariaconsortium.org