

Assessing the effect of the ‘zooming-in’ approach to improve malaria-related indicators: Lessons learnt from Uganda

Key learning

- Innovative communication approaches such as the ‘zooming-in’ approach can yield exceptional results when accorded sufficient time for implementation, follow-up visits, mentorship and coaching.
- As the heads of households, men tend to have greater influence over their families’ healthcare access and decision-making. Using communication strategies that target men’s involvement tend, therefore, to be more effective in encouraging to social behavior change (SBC) among the rest of the household.
- To facilitate the uptake of malaria prevention behaviors, it is essential to contextualize and understand cultural experiences, including gender roles and norms, which can affect decision-making processes and autonomy.



Masereka Timothy is carried by a caretaker, while his mother, Masika Grace, a midwife at at Mpugwe Health Centre III, conducts a health education session to expectant mothers in Masaka district

Background

Malaria continues to pose a serious challenge in Uganda and in sub-Saharan Africa as a whole. The country accounts for five percent of the global burden of malaria cases and three percent of malaria-related deaths,^[1] and has experienced widespread upsurges since 2019. For malaria control interventions to achieve the desired national goal^[2] of reducing the malaria burden and pave the way for pre-elimination, the use of innovative communication approaches that utilize timely, continuous and appropriate malaria messaging is imperative.

There are three widely implemented behavioral interventions for malaria prevention: consistent use of long-lasting insecticide treated nets (LLINs); receiving intermittent preventive treatment in pregnancy (IPTp) during antenatal care visits; and use of indoor residual spraying. Context and cultural experiences, such as gender roles and norms, may facilitate or constrain uptake of these preventive behaviors. Consequently, understanding decision-making processes and autonomy is central to understanding and influencing related patterns in behaviors.

Uganda is characterized by a predominantly patriarchal society, especially in rural settings where malaria is more prevalent. Although men exercise control over their household's decision-making, they are often not targeted for malaria SBC interventions. Recognizing how fundamental holistic gender equality is to the 2030 Agenda for Sustainable Development and to malaria programs in general, USAID's Malaria Action Program for Districts (MAPD) designed SBC innovations that specifically encourage men to promote positive malaria behavior within their households to promote burden reduction.

However, the COVID-19 pandemic posed a challenge to MAPD's SBC initiatives. To tackle the spread of COVID-19, the Ministry of Health placed restrictions on public gatherings and movement in communities, which greatly affected the program's community dialogue strategy. It was against this backdrop that the 'zooming-in' approach was developed.

Program activities

USAID MAPD (2016–2021) sought to reduce maternal and childhood morbidity and mortality due to malaria in Uganda, as well as to develop the national and district health authorities' capacity to plan, manage and sustain efficient malaria control activities in focus districts. Malaria Consortium provided overall technical direction and oversight, programmatic and representation leadership, and coordination of partners.

The program's 'zooming-in' approach used SBC strategies that targeted individuals and households in the regions of Hoima, Masaka and Rwenzori who did not practice malaria prevention behaviors and, therefore, contributed to high test positivity rates (TPRs). A key step was to identify key influencers — individuals who displayed uncommon, but positive, behaviors that could influence others — who visited households in their communities to promote these behaviors. Influencers carried out follow-up visits over a minimum period of three months.

USAID MAPD worked closely with the Ministry of Health, especially the National Malaria Control Division (NMCD) COVID-19 task force, the district COVID-19 taskforces, the resident district commissioners, district health management teams, sub-county and parish chiefs, village leaders and village health teams to design and implement the 'zooming-in' approach.

In February 2021, after six months of implementation, the program carried out an evaluation of the approach. Using a quasi-experimental methodology, MAPD compared TPRs, malaria in pregnancy uptake and malaria cases among an intervention and a control group. A total of 1367 people were interviewed, of whom 31.5 percent were in the control arm and 68.5 percent were in the intervention arm.

Results

- Overall, 88 percent of respondents owned LLINs. The percentage who had slept under a mosquito net was considerably higher in the intervention area than in the control area (76 versus 70 percent).
- Incidence of malaria in pregnancy was significantly lower in the intervention arm (13 versus 21 percent in the control arm).
- Uncomplicated malaria was at 29 percent in the intervention arm compared to 42 percent in the control arm, while severe malaria was 22 percent and 27 percent in the intervention and control arm, respectively.
- The proportion of individuals who were aware that LLINs offer the best protection against malaria and knew how to use them increased from 75 percent in 2016 to 96 percent in 2020.
- Similarly, the proportion of policy makers and leaders who advocated for and mobilised their communities to use LLINs improved dramatically from 10 percent in 2019 to 90 percent at the time of the evaluation, exceeding the NMCD's 2020 national target of 85 percent.
- As of February 2021, TPRs in the intervention arm were nine percent lower than in the control group (52 versus 61 percent); while IPTp3 uptake was 20 percent higher in the intervention arm (78 versus 58 percent in the control arm).

follow-up visits to ensure that plans were being implemented. This has been essential for fostering ownership and sustainability.

- When comparing evaluation data, we found that communication strategies tended to be more effective at improving a household's access to SBC when they integrated activities that specifically targeted men. As heads of households, men have a greater influence on their family's behaviors^[3] and their involvement is, therefore, critical to efforts to increase access to healthcare services. With the 'zooming-in' approach, 90 percent of respondents with men in their households confirmed receiving malaria prevention and control support from heads of households in the form of buying medication, providing transport to health facilities and taking children to health facilities to receive healthcare.
- We noted that, in general, men's involvement in health aspects positively contributes to health outcomes. However, through informal discussions with male interviewees, we learned that male participation in healthcare (particularly escorting wives to health facilities) is limited by inadequate resources, infrastructure and space at health facilities. This greatly hinders men's ability to contribute to malaria service delivery.
- Target populations in intervention areas were more likely to adopt positive behavior changes when healthcare workers supported key influencers in engaging communities. This is because local populations tend to hold healthcare workers in high regard and trust their counsel. Moreover, healthcare workers play a critical role in identifying households that contribute to high TPRs.
- The effectiveness of communication approaches such as the 'zooming-in' approach relies on considerable investment in capacity development, both of community engagement personnel and the district leadership, to critically understand the different inequalities and dynamics within communities and households.
- For communication approaches to work effectively, ample time should be allowed for follow-up and learning. During implementation, we needed to contextualize and understand cultural experiences, including gender roles and norms, to facilitate the uptake of malaria prevention behaviors. Consequently, understanding decision-making processes and autonomy was central to understanding related patterns of these behaviors and ways of influencing them.
- Inadequate community linkages with the health facility and poor quality of services undermine community confidence, effective social mobilization and, ultimately, the effective malaria response itself. Strong community buy-in of communication approaches is, therefore, crucial to their success. The 'zooming-in' approach sought to involve the health centers and health workers as much as possible in the identification and course correction of households that experienced high TPRs.

Lessons learnt

- The 'zooming-in' approach had a positive impact on the target population's behavior, encouraging increased mosquito net use, health-seeking behaviors and men's involvement in household health. We found that, to sustain positive behaviors and ensure these become the norm, continued follow-up visits were important.
- Interventions can improve the performance of malaria-related indicators, particularly when designed and implemented in close consultation with the communities they target. They are more likely to succeed when they include problem-solving approaches and behavior change components to address community norms, rather than being purely message based. With the 'zooming-in' approach, key influencers used home visits to identify challenges that households and individuals experience in accessing malaria services. Using this information, they worked with families to draw up household-specific action plans and subsequently carried out

Recommendations

- **Equitable gender inclusion** should be integral to communication approaches if sustainable health outcomes are to be achieved. Districts and implementing partners should design communication approaches in consultation with women, men, young people, community leaders and influential individuals in the economic, political and social spheres.
- SBC interventions should be a **continuous community consultation process** that promotes the formation of relationships with community stakeholders and makes full use of existing community resources, while simultaneously identifying potential threats. This will not only encourage community buy-in and ownership in the long run, but also ensure that interventions are context appropriate and responsive to local needs.
- SBC knowledge alone is insufficient to reduce morbidity and mortality due to malaria in Uganda. Interpersonal communication and follow-up visits should be promoted to ensure uptake and continuity of positive preventive behaviors.
- Further evaluations of the 'zooming-in' approach should be conducted in other programs and contexts to validate its effects, with a view to future improvements.



Expectant mother receiving a bed net at Mpugwe Health Centre III, in Masaka district

References

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Cover image: Cultural leaders discuss prioritization of malaria elimination at a MAPD-led workshop in Bunyoro Kingdom, 2018

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