



**malaria
consortium**

disease control, better health

Unlocking community-based solutions in malaria in pregnancy: Harnessing the power of women and adolescents

Women and girls are often unable to access essential healthcare, including maternal services, due to poor infrastructure, inadequate information, lack of affordability and the stigma associated with adolescent pregnancy. Services may not be tailored to the needs of young women, and insufficient quality of care may prevent pregnant women from attending appointments that would support a healthy pregnancy.

Evidence suggests that pregnant adolescents are particularly exposed to malaria. They may be less aware of their risk of contracting the disease or may be unaware of available chemoprevention. Additionally, they often have limited or delayed access to antenatal services, largely due to sociocultural barriers.

With the appropriate care, maternal and infant morbidity and mortality attributable to malaria can be prevented and treated. The solutions to better engage and connect women and adolescents with health services are frequently rooted in the community. For instance, male spouses (as heads of households), parents and guardians, teachers and even employers are often key decision makers in communities and control access to information. It is imperative to engage these groups in gender- and youth-focused healthcare approaches, ensuring that they receive accurate malaria-related information and collaboratively make decisions with women and young people.

Malaria Consortium integrates community-centred gender- and youth-responsive approaches into our programme delivery. We consult women and young people on how best to include them in our activities, co-designing solutions to ensure that health services adequately represent and meet their needs. We have a wealth of experience in including women, who are trusted members in the communities in which they live and work, and young people in the delivery of essential health services. Working together, we are able to effectively diagnose and treat malaria and other communicable diseases within their communities, adapting as needed to address those barriers that increase their risk of malaria in pregnancy.

UGANDA

Promoting adolescent care through engaging young people

In Uganda, we have explored how best to harness the potential of young people and to integrate effective responses to issues affecting them into our programming. As part of USAID's Malaria Action Program for Districts (MAPD), we undertook an analysis to better understand youth engagement in malaria service provision and delivery. The findings showed that young people were rarely included in programme planning or implementation and were often left out of village discussions. We made recommendations to engage young people in the design and delivery of capacity development initiatives and encourage collaboration between them and district health authorities.

As part of MAPD, we supported the creation of malaria school clubs in 157 schools, reaching over 134,000 pupils in nine districts across the regions of Masaka, Rwenzori and Hoima. The programme provided resources and mosquito nets, supporting club members to undertake activities in schools and their local communities to promote malaria prevention and awareness. Alongside promoting positive behaviour change within families and communities, there were direct benefits to the students themselves, with school absenteeism declining sharply following implementation of the school clubs.

Read more: bit.ly/41wLtiC

Engaging communities to protect maternal and child health

We worked with the Ministry of Health to expand the scope of services provided by community health workers, known as village health team (VHT) members. We integrated selected reproductive maternal, newborn and child health services into the existing integrated community case management programme, and trained VHTs to support ante- and postnatal care. Malaria Consortium introduced new village health clubs and had SMS text reminders sent to pregnant women and their spouses, encouraging them to seek and demand quality care from public and private health facilities.

In the Tooro region, we trained VHTs and frontline health workers to treat childhood illnesses and educate expectant mothers on early birth preparedness. We worked with health and educational departments to deliver vitamin A and deworming services to children under five. Frontline health workers encouraged pregnant women to attend antenatal check-ups and deliver their babies at health facilities. They also supported new mothers to follow breastfeeding best practices and to take newborns for immunisation.

Read more: bit.ly/41cqUlz and bit.ly/2Q86YF0



Village health team members return from a quarterly review meeting in Kwania district, northern Uganda

Case study

In 2019, MAPD trialled *Vijana Leo* (Youth Today), a community-based activity, to identify ways to involve young people in malaria-related activities. *Vijana Leo* was implemented in Yumbe district, one of the 52 districts that MAPD supported through strategies including social behaviour change communication. In this project, the villages selected 23 young people, who were trained to design their own activities to promote both better health-seeking behaviours and preventative measures within the household. They led activities such as community theatre, netball and football tournaments, and health talks on malaria within the village.

After witnessing an increase in their confidence and leadership skills, adults began to trust them to mobilise community members to participate in the malaria response. Iyosiga Swale, a youth champion, from Aruguyi parish, was later appointed as a new VHT member, taking on more responsibility for health activities within his community. "I believe young people, if trained and supported, can be good health educators for both their peers and adults," Iyosiga shared.

Read more: bit.ly/3UEzmha

SOUTH SUDAN

Improving access to quality healthcare for women and children

In South Sudan, via the Health Pooled Fund III project, Malaria Consortium is working with communities in Aweil Centre and Aweil South in Northern Bahr el Ghazal state to address issues relating to healthcare access and quality of care, in order to improve health outcomes for women and children. We are promoting activities at the community level to increase skilled birth attendance, newborn immunisation and treatment of common childhood illnesses, such as diarrhoea, malaria and pneumonia. Alongside these activities, we are working with communities to break down barriers to accessing sexual health and family planning services, as well as to increase awareness of sexual and gender-based violence.

Read more: bit.ly/2RSLK6



A mother attends an antenatal appointment, receiving the care needed to support a healthy pregnancy, Aweil county, South Sudan

Fostering positive practices to promote sexual and reproductive health

It can be particularly challenging to disseminate essential healthcare information relating to genitourinary medicine (the diagnosis and treatment of sexually transmitted infections) to women and young people. This is largely due to low levels of literacy and stigma surrounding sexual and reproductive health, and can prevent women and adolescent girls from seeking and receiving the specialised healthcare that they need. Through our Building Resilient Communities programme, we have worked with the Government of South Sudan to create picture-based resources that are accessible to everyone. Alongside sharing these resources at health centres, health workers have been trained to present information in an accessible way at community engagement meetings. Information is then cascaded within households.

Read more: bit.ly/3A8iLbX

“The Building Resilient Communities project has created an enabling environment, giving women the platform and tools to transcend beyond traditional household roles and like men, realise their full potential in serving their communities and influencing young girls as their role models.”

John Marol Arieche, Gender Equality & Social Inclusion Officer, Malaria Consortium South Sudan

NIGERIA

Encouraging adherence to antimalarial medicines in Nigeria via lead mothers

In some parts of Africa, such as the Sahelian subregion in West and Central Africa, malaria transmission is seasonal, with most malaria illness and deaths occurring during the rainy season. Seasonal malaria chemoprevention (SMC) is a highly effective intervention to prevent malaria infection during this peak transmission period among those most at risk: children under five. In Kano state, Nigeria, lead mothers play a key role in implementing SMC by ensuring that caregivers administer follow-up doses of antimalarial medicines. Lead mothers are often retired nurses and midwives and are well respected within their communities and by other mothers. They share information with caregivers on how to look for and respond to signs of adverse reactions to antimalarial medicines. They also disseminate essential health messaging, such as the importance of using mosquito nets to control the spread of malaria.

Read more: bit.ly/MC-ASTMH-LMS

“Because of cultural norms in the settings where we implement our SMC programme, it is very difficult for men to have access to households. It is essential that we involve women in this programme because they are the ones that can cross that barrier and access the children in the households that we want to reach.”

Olusola Oresanya, Senior Country Technical Coordinator, Malaria Consortium Nigeria



Lead mothers conduct health promotion activities, including reminding caregivers to give antimalarial medicines to children



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Cover image: An expectant mother waits for a routine antenatal care appointment at Kinoni Health Centre III, in Lwengo district, Uganda

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