

Scaling up community involvement for malaria prevention and control in Mozambique: lessons learnt from a 6 years project in two highly affected provinces

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Introduction

The Malaria Prevention and Control Project (2011-2017) aimed to reduce the number of malaria-related cases by improving the population's knowledge of malaria, and promoting the uptake of effective malaria prevention and treatment practices at the community level. A three-pronged approach was used that included 1) training community structures' volunteers in participatory educational techniques, 2) disseminating radio messages to communities, and 3) integrating edutainment activities around malaria prevention in primary school classrooms.

Methodology

The project monitoring & evaluation framework included baseline (2012) and endline (2017) KAPB surveys with a sample of 300 households in 2 districts, one in project intervention areas, and one control district in each province. A qualitative evaluation (2017) included 12 focus groups and 30 in-depth individual interviews with a wide range of respondents and a series of structured review meetings with stakeholders in both Nampula and Niassa provinces. Small scale assessments in selected project areas were held at regular points in time to explore messages' outreach in schools and local perceptions.

Results

- Using a mix of trusted, local sources was key to expanding access to reliable information in remote communities. This was previously only available through health facilities, but the project used 500 community groups, 670 schools and 15 radio stations across the two provinces.
- Endline (2017) interviews with health workers and community leaders reported an increase in awareness among community members about malaria and better practices, such as improved use of LLINs and a shift in care seeking from traditional healers to health centres.
- A rapid survey was conducted in Niassa. More than 80 percent of students in grades 6-7 knew about malaria transmission, malaria symptoms and effective prevention methods. Teachers reported a reduction in pupil absenteeism in their schools due to malaria. They attributed this to improved prevention practices at students' homes.

Lessons learnt and the way forward

- A two-day training programme provided sufficient knowledge and preparation for community volunteers to efficiently run educational, participatory sessions on malaria in their villages. Training all volunteers from each community improved group cohesion and volunteer retention. Regular refresher training should be integrated in future programmes to ensure the quality of messages is maintained and provide community volunteers with new content to avoid message fatigue.
- Small non-monetary incentives and monthly interactions with health teams kept volunteers engaged. Continuous supportive supervision was also a key motivating factor. It is essential that local health teams continue to provide support and feedback to maintain retention and keep momentum.
- Integrating malaria edutainment sessions in the classroom was feasible and low-cost. To improve ownership and institutionalise this approach within routine educational activities the education sector needs more resources to support teachers with supervising and mentoring.
- Re-broadcasting harmonised messages in local languages on radio spots and local programmes was an influential communication channel that meaningfully increased the number of people who received important health messages about malaria. Its potential should be harnessed through developing a partnership approach, acknowledging the role it has in the community beyond transmitting messages.
- Linkages between health facilities and communities were strengthened. To improve coordination and ownership of the programme at local level though more emphasis must be placed on regular cross-sectoral district-level meetings between education and health sectors, and with community radio stations.



A teacher trained in malaria prevention with her students, Nampula province (2013)

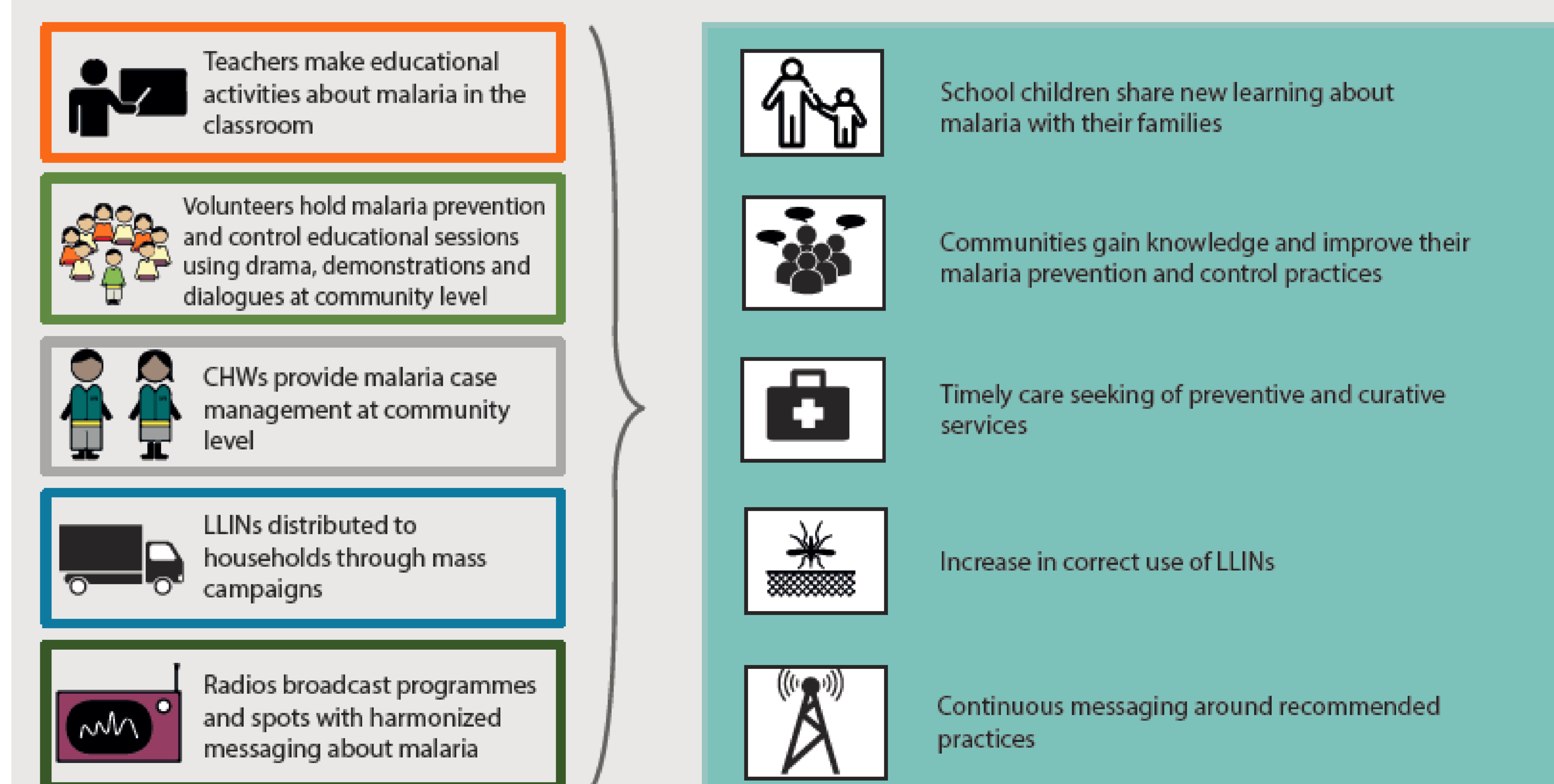


Figure 1: Key project interventions and their expected outcomes

For more information

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