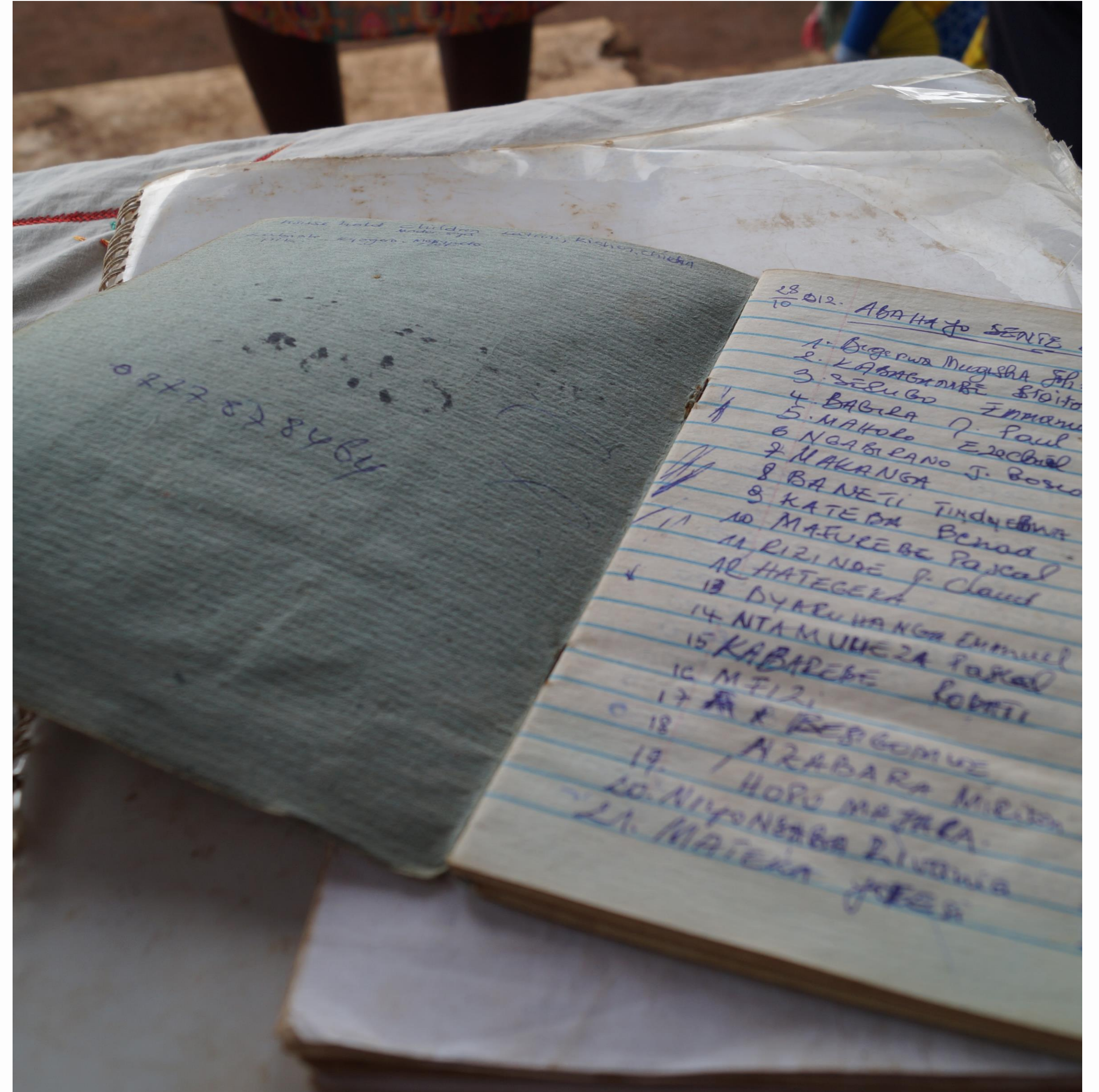


USAID
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President's Malaria Initiative

MAPD CROSS-CUTTING STRATEGIES

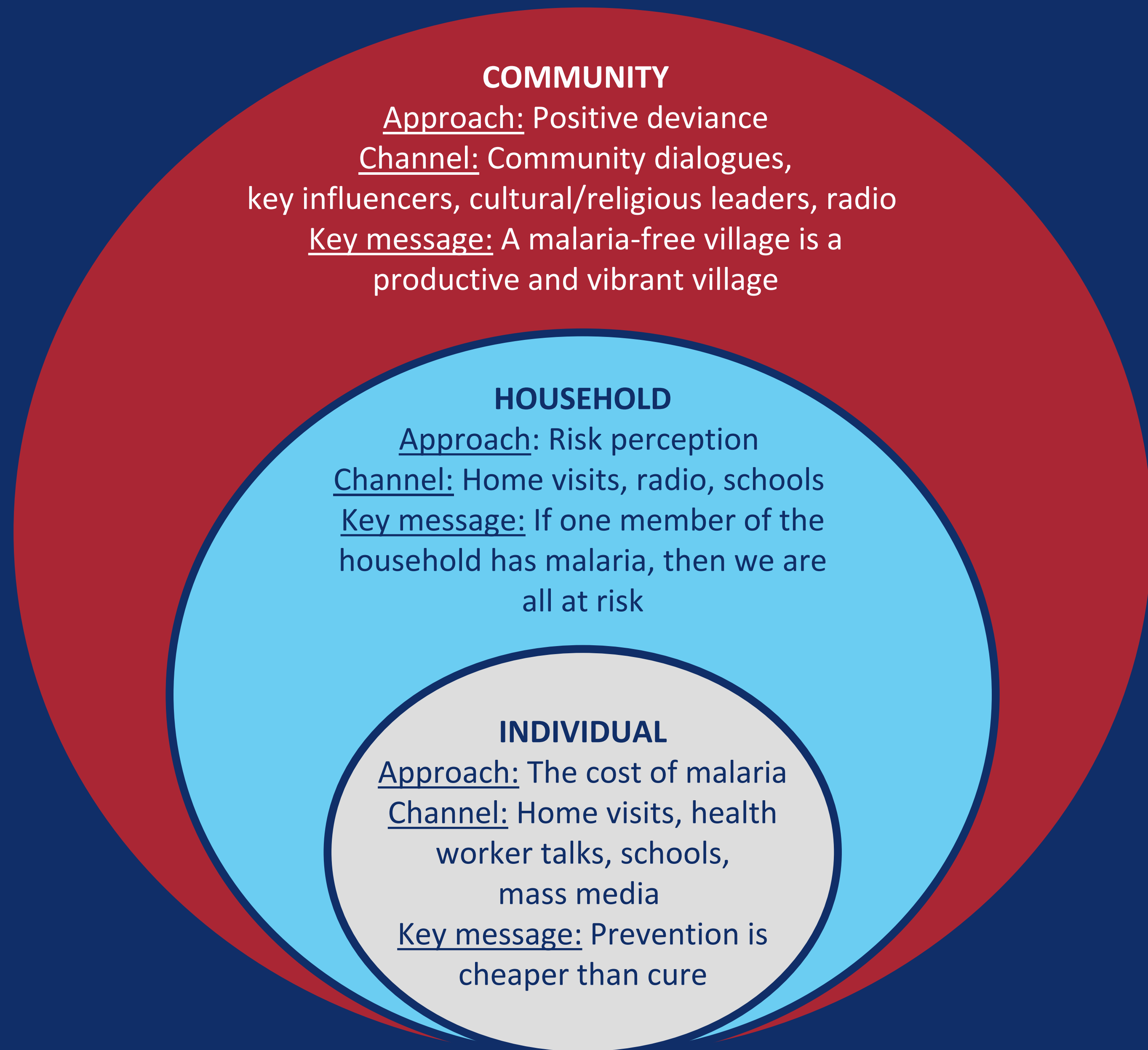


SOCIAL BEHAVIOR CHANGE

Positive behavior enhanced in appropriate LLIN use, early test and treatment seeking, prevention of MiP, adherence to test results and treatment

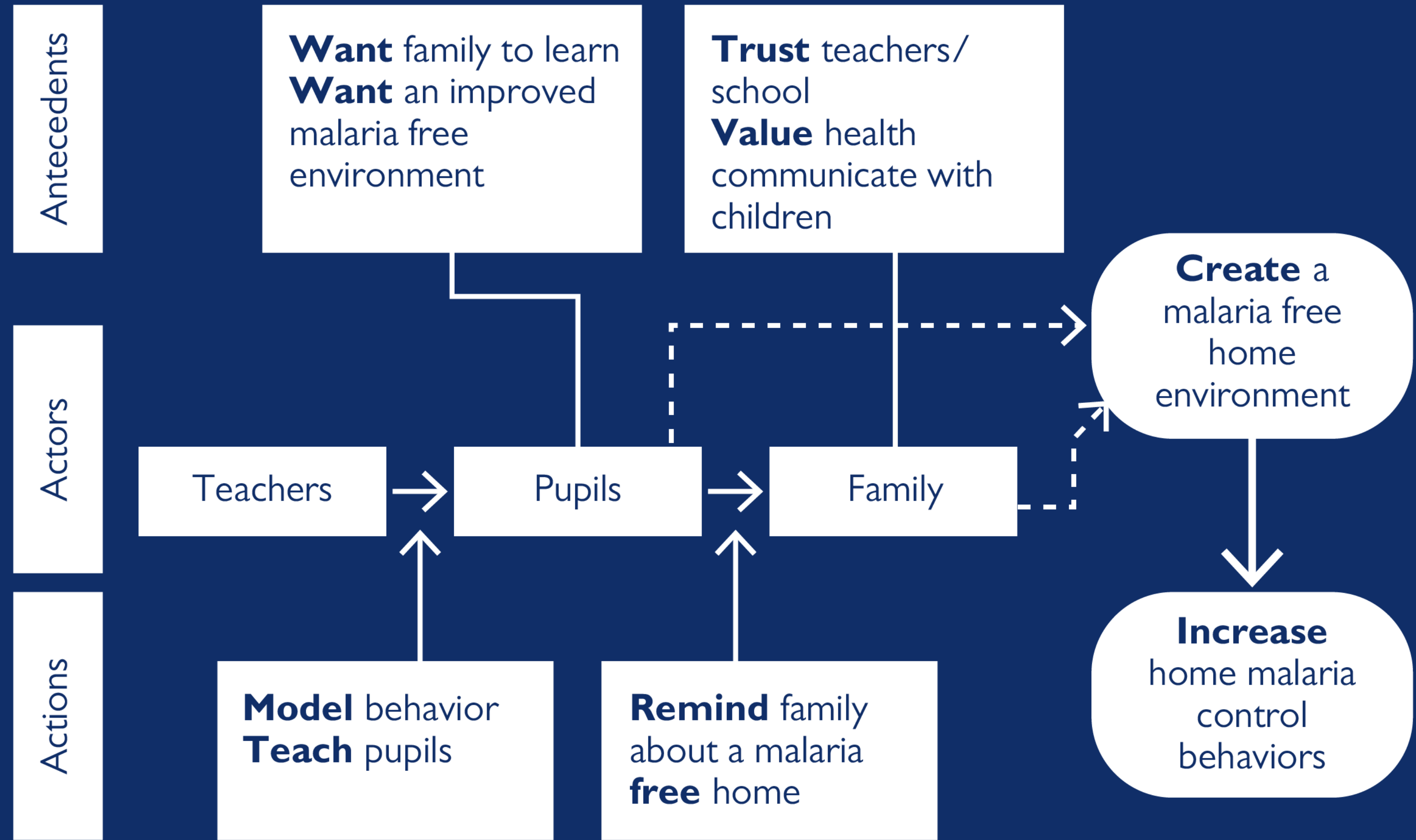
APPROACHES

Transformative, participatory, action oriented



EXAMPLES OF SUCCESS

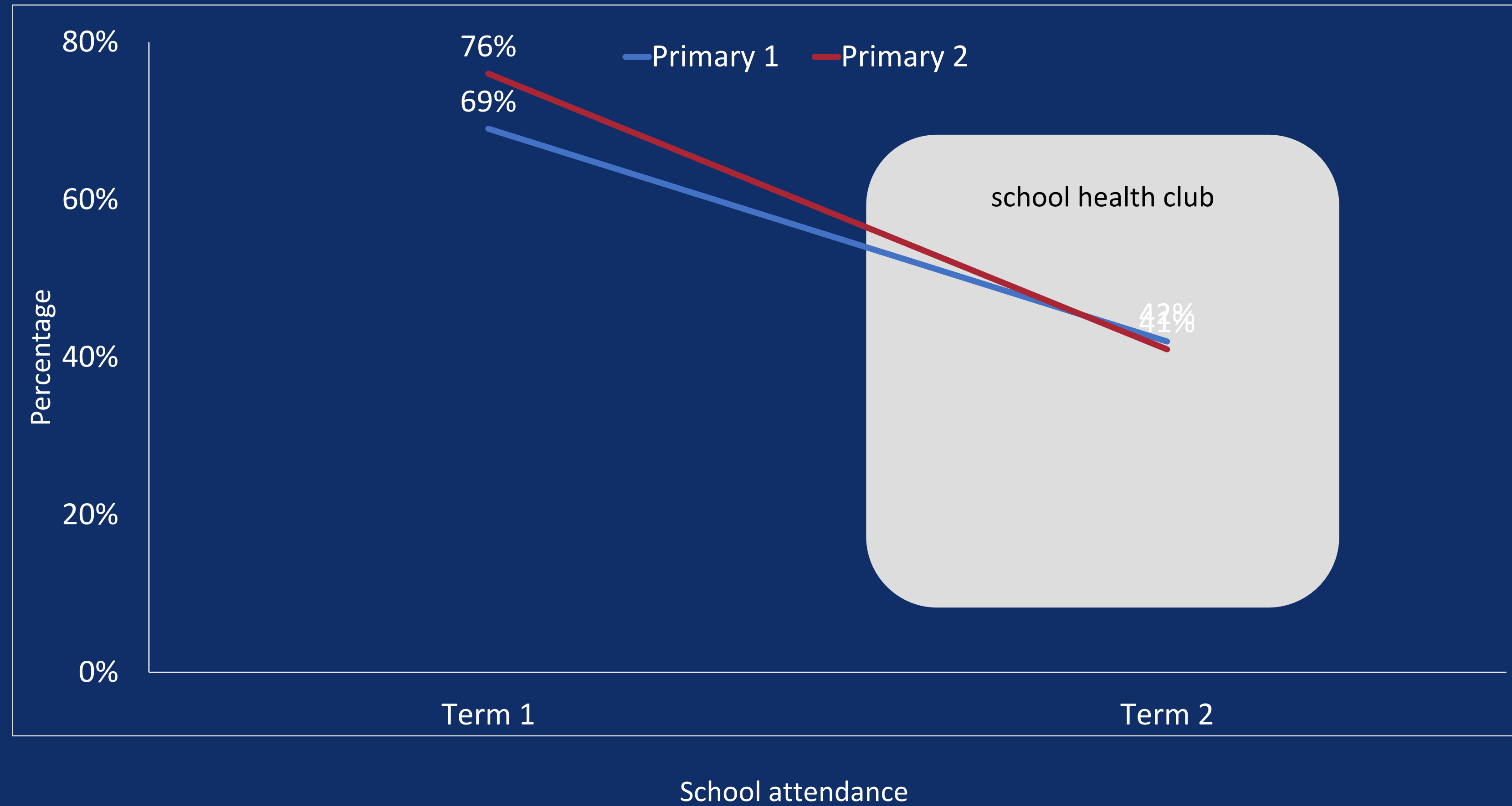
Key influencer program
School health clubs (VHC)



EXAMPLES OF SUCCESS

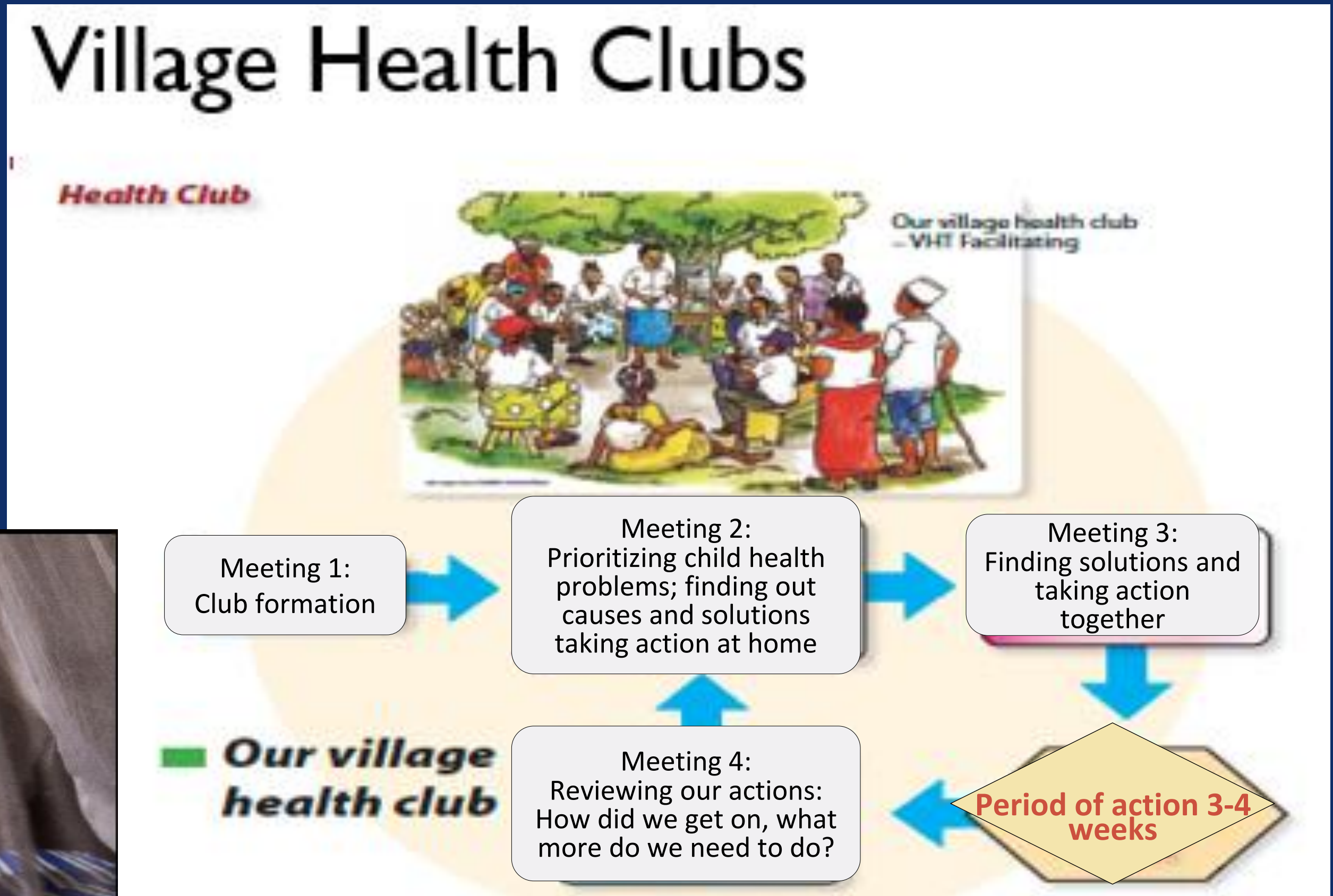
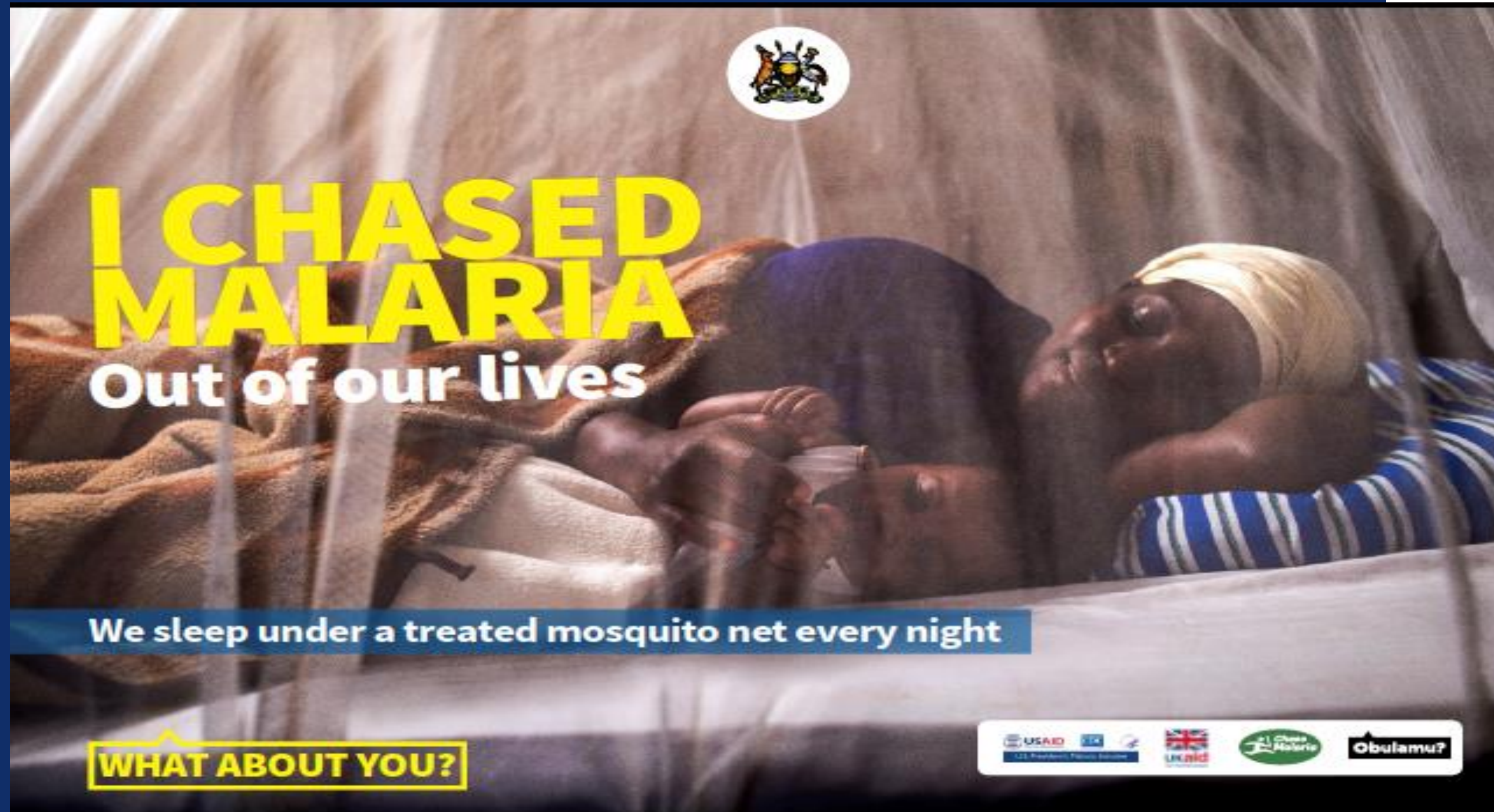
Key influencer program

Proportion of pupils absent for one or more days



EXAMPLES OF SUCCESS

Supported national malaria campaign



VHCs support community and individual malaria care

EXAMPLES OF SUCCESS

- Community transformative SBC e.g. community dialogues, school health clubs for community-led problem analysis, action plans and follow up
- Zooming-in approach, linking HF data with household (HH)/individual SBC
 - VHTs identify high risk homes using HF data
 - All HH individuals supported to identify risks and develop action plans
 - Monthly follow-up visits
- Successfully used edutainment to engage men to take up preventive malaria interventions
 - Implemented “Giving Malaria the Boot” SBC messaging during the premier league football season
 - **21,453** men were reached with malaria (including MiP) prevention messages

MONITORING AND EVALUATION

Worked within the national HMIS

Built capacity at all levels for quality reporting, dissemination and use

- District TRPs, district biostatisticians and facility health information assistants
- Supported the MoH and districts to improve the quality of HMIS data through regular mentorship, HMIS quality assessments and cleaning, analysis and use

EXAMPLES OF SUCCESS

- Working with the Division of Health Information/MoH to ensure reporting of key malaria data following policy changes — IPTp
- Building capacity of the DHMT to
 - support health workers to report accurately
 - analyze and use routine malaria data in planning and decision-making
- Quarterly district performance meetings to improve lesson sharing and performance
- Mentorship and supportive supervision in collection of high-quality data and use at the point of generation
- Use of data to target interventions including iCCM, tailored SBC, and community test and treat
- Improved malaria surveillance and promoting its use at all levels, e.g., malaria surveillance channels and timely response

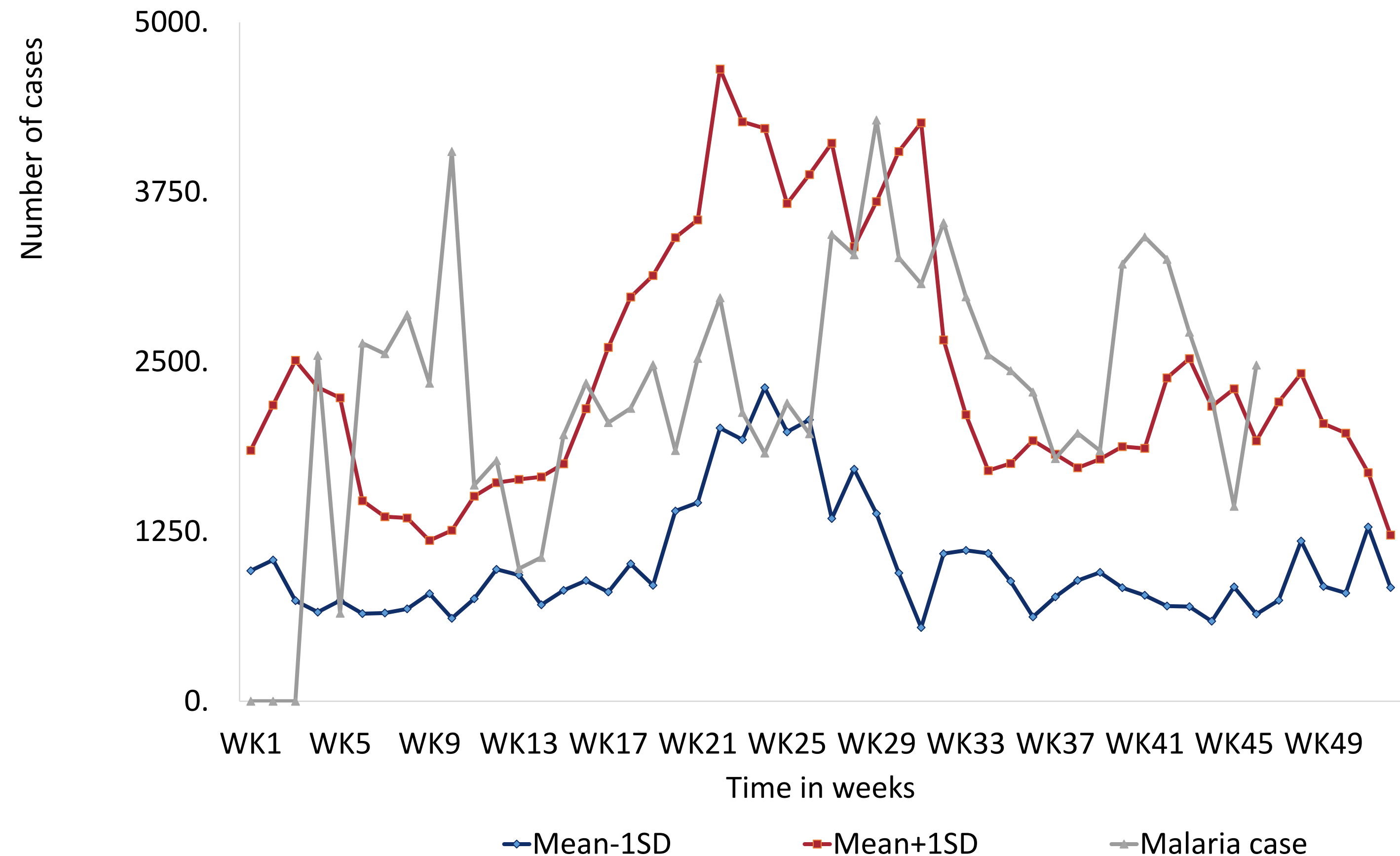
EXAMPLES OF SUCCESS

Improved reporting rates over project term

- IPTp3+ reporting increased from 0% to 95%
- Weekly reporting increased from 55% to 86%

Improved accuracy of malaria case tracking and identification of upsurges

Malaria surveillance channel for Luweero district in 2020



GENDER AND YOUTH

Qualitative research to understand dynamics of malaria programming among the youth

Incorporated into planning and implementation of MAPD

Results shared with stakeholders at all levels

Capacity building at all levels for gender and youth integration

GENDER AND YOUTH

Creation of youth- and gender-friendly environment at health facilities

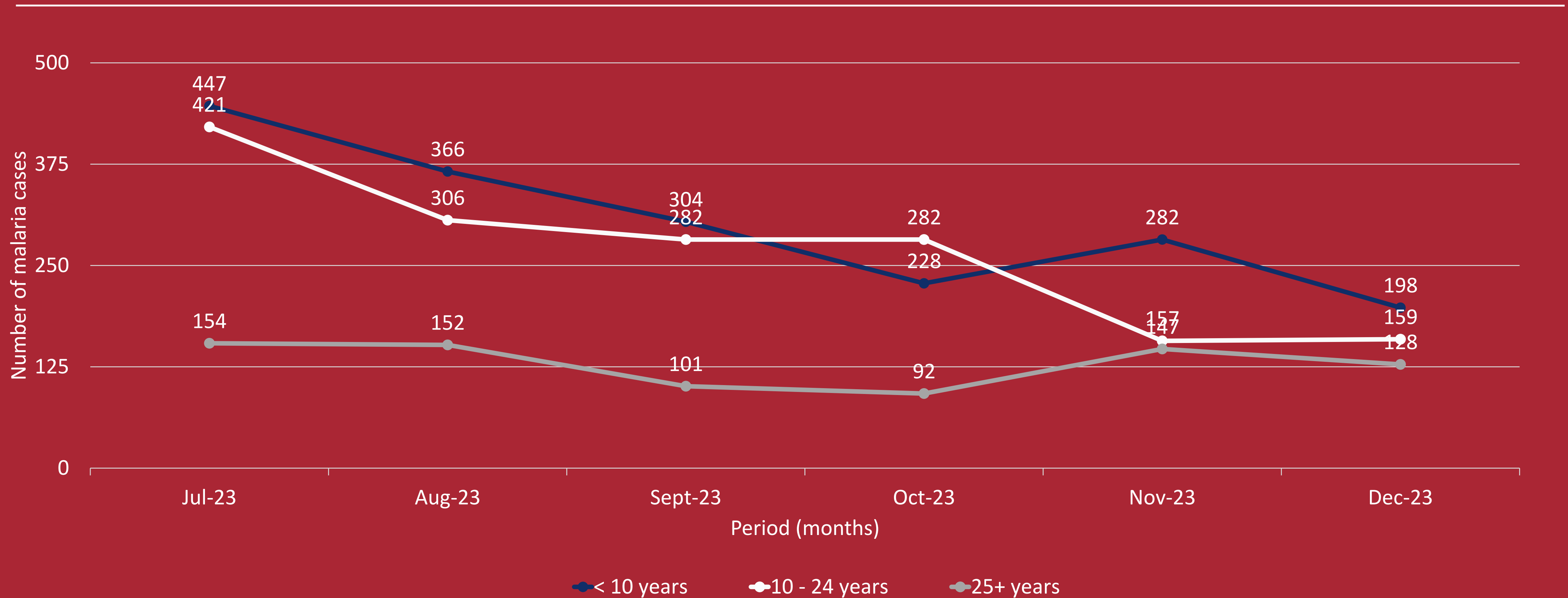
- increased ANC/MiP service uptake among pregnant women and adolescents
- Built capacity of HWs, VHTs and community development officers on gender- and youth-related barriers to MiP service provision and access
- Male-only dialogues to promote men's involvement
- Monitoring data showed improvement in ANC attendance e.g., Busana HC III ANC dropout rate reduced by 19%, five months post-activity start

Engagement of youth in malaria prevention and control strategies

- Empowering and building capacity of youth in implementation of malaria prevention and control
- Linking youth with DHMT and building participation
- Formation of youth groups to spearhead malaria prevention in communities
- Football tournaments with malaria prevention and control as the theme
- Supporting youth malaria champions
- Integration of gender and youth in national malaria grants

YOUTH ENGAGEMENT IN MALARIA PREVENTION AND CONTROL IN YUMBE TOWN COUNCIL

TRENDS IN NUMBER OF MALARIA CASES



CONCLUSIONS AND RECOMMENDATIONS

MAPD-supported districts achieved malaria prevention and control targets by employing SBC strategies, gender and youth integration, and improved data collection and use

KEY RECOMMENDATIONS

- Targeted data-based action should be rolled out nationally to drive effectiveness and support stratified action
- The zooming-in approach should be carried forward to identify high-burden villages and to establish actions
- Gender and youth considerations should be integrated throughout district and community interventions