LEARNING FROM THE FIELD

N'WETI'S APPROACH TO COMMUNITY PREVENTION AND TREATMENT FOR MALARIA

April 2020

MALARIA PROJECT LEARNING BRIEF

BACKGROUND

N'weti, a Mozambican NGO that specialises in health communication, implemented a malaria prevention project called "Netting Malaria" in Nampula and Ribáuè Districts in Nampula Province. Nampula is one of the most populated provinces and has poorer health outcomes than most other provinces. According to the 2018 Mozambique Malaria Indicator Survey, Nampula Province has the highest prevalence of malaria, with a 48% prevalence in children under 5 and a positivity rate of 61% in tested patients. In Mozambique, malaria accounts for 29% of all deaths and 42% of deaths in children less than five years old.

The Netting Malaria Project is a community-based project focusing on education of malaria prevention methods and health service demand creation along with advocacy to improve health services. The project has three objectives:

OBJECTIVE 1

Increased knowledge of malaria prevention, diagnosis, and treatment of febrile illnesses as well as health rights issues

OBJECTIVE 2

Increased access to and adherence to malaria testing and treatment at health services

OBJECTIVE 3

Increased citizen demand for quality health services and transparency of service providers

LEASSONS LEARNED

1

SBCC ADAPTATIONS FOR URBAN AREAS

N'weti facilitators adapted to urban sessions by holding them on weekends and conducted weekly recruitment, while increasing the other education dissemination methods such as the home visits and community theatre.

2

MEN'S PARTICIPATION ON GROUP DIALOGUES

The facilitators used the men's spouses and community leaders to help recruit men. Also, many times the dialogues were held at a community leader's house, which helped to encourage men to participate.

PROJECT ACTIVITIES

INTERPERSONAL COMMUNICATION

» Home visits to disseminate malaria prevention information and to give referrals to the health facility if needed

COMMUNITY DIALOGUES

» 6 weekly sessions with 25 participants

COMMUNITY THEATER

RADIO PROGRAMS

REFERRAL AND COUNTER-REFERRAL TO THE HEALTH CENTER

SUPPORT MOBILE CLINICS

COMMUNITY SCORE CARD (CPC)

» Which involved dialogues about quality of services, prioritizing actions, interface, action plan and monitoring of action plan

ADVOCACY

» With public servants to prioritise community concerns

PRIMARY LEARNING QUESTION

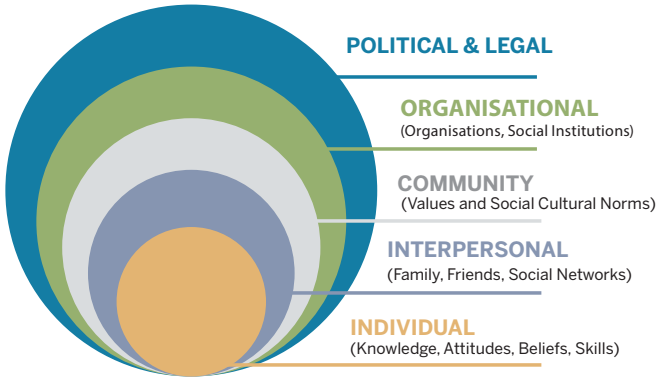
DOES THE ORGANISATION'S SOCIAL AND BEHAVIOR CHANGE COMMUNICATION MODEL WORK FOR MALARIA INTERVENTIONS?

N'weti uses a socio-ecological approach to behaviour change communication. This theory has two important implementation aspects:

1. It helps communities recognise, explore, and address the social and environmental factors—not just individual factors—that influence citizens' health.

2. It uses messages that target each level using approaches adequate for the concerned target group.

SOCIO-ECOLOGICAL THEORY OF BEHAVIOUR CHANGE



N'weti's behaviour change communication model incorporates interventions at the individual level through home visits and referrals from community health workers, the interpersonal level thought group dialogues, community theatre and community radio, and at the organisational and political level through advocacy using the Community Score Card (CPC) model.

NETTING MALARIA PROJECT SUCCESSES

1. IMPROVEMENT IN MALARIA KNOWLEDGE

Knowledge of the cause of malaria increased from 77.5% at baseline to 94.5% at the project end line. There were also increases in knowledge of malaria symptoms and malaria prevention methods, with an increase in knowledge of each symptom and each prevention method.

2. IMPROVED DEMAND CREATION

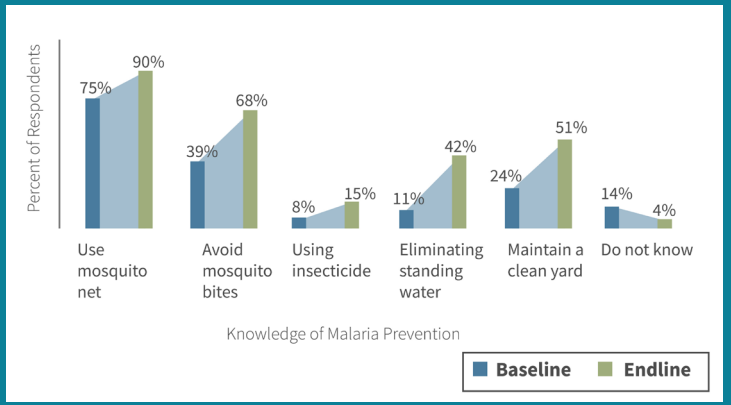
At end line, 90.8% of children with a fever were taken for treatment compared to 83% at baseline. At end line, 97.4% of pregnant women attended antenatal care, and 92.8% of these women received IPTp.

3. PATIENT RIGHTS

Community members have learned about their rights. Receiving counselling on how to take medication, another important health right, increased. At end line, 98.3% of caregivers were given counselling by health professionals on how to give medication to their child who had a fever.

4. CORRECTING BAD PRACTICES

Patients are now finishing all of their malaria medication, and pregnant woman are going earlier to prenatal visits. There was also a significant difference in the percentage of children taken for treatment within 24 hours after the start of symptoms, with 83.8% of children at endline compared to only 61.1% at baseline.



Graph 1: Percentages of participants who correctly answered statements about malaria before and after community dialogues.

HOW SOON AFTER FEVER CHILD WAS TAKEN FOR TREATMENT?

	FREQUENCY	N	PERCENT	BASELINE
SAME DAY	104	408	25.5%	13.8%
NEXT DAY	238	408	58.3%	47.3%
TWO DAYS AFTER START OF FEVER	52	408	12.7%	23.5%
THREE DAYS AFTER START OF FEVER	14	408	3.4%	14.1%

5. CHANGING GENDER DYNAMICS

In general, the husband (or mother-in-law in the husband's absence) is the one who decides when the mother can take the child to the health centre, or when the woman can go for anti-natal care. This practice can cause delays and reduces the freedom women have over their medical care. N'weti is working to change these dynamics.

One of the six topics during the community dialogues is about gender dynamics, and community-based organisation directors said that the biggest change they themselves had with this project was changing gender norms in their own homes.

6. DISPELLING MYTHS ABOUT INTERMITTENT PREVENTATIVE TREATMENT IN PREGNANCY (IPTP) AND MALARIA TESTS

Some women think that IPTp gives them HIV or that the medication will cause an abortion. Other women have been told the medication is strong and will make them sick. N'weti community health volunteers discuss IPTp with pregnant women, dispel these myths, and encourage them to attend their antenatal care visits. At endline, 97.4% of pregnant women went for antenatal care.

LESSONS LEARNED

LESSON LEARNED #1

The behavior change communication approaches work well for malaria interventions, and adaptations are needed for urban areas.

» The community dialogues were originally designed for rural communities. Each dialogue lasts for two hours and the group meets weekly for six weeks, with a new topic discussed each week. In urban communities, N'weti found that some people did not have time for the two-hour dialogues and they did not always commit to coming each week.

» To eliminate the barriers people in urban areas felt regarding the time and commitment to participate in the dialogues, N'weti facilitators held the dialogues on the weekends to ensure that community members were free and conducted weekly recruitment to aid retention.

» N'weti also increased the other education dissemination methods such as the home visits and community theatre, which was conducted at markets where there is a high density of people. These methods were successful in urban areas.

LESSON LEARNED #2:

Additional strategies are needed to encourage men to participate in group dialogues.

» Men in both urban and rural communities stated they did not have enough time to participate. The facilitators used the men's spouses and community leaders to help recruit men. Also, many times the dialogues were held at a community leader's house, which helped to encourage men to participate since the leader himself was there.

» Facilitators also appealed to the fact that malaria is a problem for most communities, so they used this to convince men to join. These recruitment techniques were helpful, but many groups still did not reach the desired 50% quota for men.

SUCCESSES THROUGH COMMUNITY SCORE CARD (CSC) ADVOCACY

The Community Score Card Advocacy Process consists of diverse community groups that score the services at the health facility. They then present the findings and discuss the challenges patients experience with health facility staff. Together, community members and health staff prioritise actions to improve services. Community-based organisations (CBO) help to monitor the action plans and help ensure changes are made.

Advocacy to improve the constant supply of tests and medication and quality of services is vital to all demand creation projects. Demand creation efforts will only be successful if the supply is consistent and of quality.

CSC has been successful in producing changes in services at health facilities and has empowered community members.

"The community had the opportunity to be heard, to evaluate the work done by the health unit, so with CSC there was in fact an improvement in the care for patients." -CBO director

SEE BELOW SOME SPECIFIC

1. Responding to illicit charges by hanging signs at the pharmacy and the maternity that specific services are free at Centro de Saúde 25 de Setembro and Centro de Saúde de Anchilo;

2. Water now available at Centro de Saúde de Anchilo;

3. Return of the ambulance and cleaning up trash in front of the hospital in Hospital Geral de Marrere;

4. Increased space for a pharmacy and an extra examination room, and now have water at Centro de Saúde Napipine;

5. Reinstating the Banco de Soccoros (emergency and off hours services) at Centro de Saúde de Napipine. This service was not functioning because of lack of security for the staff, lack of housing and food for the staff. This is now operating during the weekends.

CHALLENGES

The project encountered challenges while implementing the activities. There is still work to be done to integrate existing mass malaria prevention campaigns into existing projects, consistent supply of malaria testing and treatment at the community level, and existing functional health committees.

Coverage of mosquito net distribution and indoor spraying

Some implementation communities have no mass mosquito net distribution campaign or indoor spraying, thus making the demand creation activities difficult without the existing supply items.

Lack of consistent community-based testing and treatment

APEs (government community health workers) often do not have tests or medication.

Inactive Health Management Committees

Not all Health Management Committees were functional, so N'weti had to help reactive them first before implementing

SUSTAINABILITY

N'weti works with Community Based Organisations to implement all activities. The CBOs supervise the community health workers and follow up on the CPC process. They have the skills and capacity to continue all activities. The community radios have all been trained and equipped with different scripts for the malaria programs, and these will continue as the radio stations are very excited and motivated about these programs.

CONCLUSIONS AND FOLLOW UP

ALIGNING THE CSC CYCLE WITH THE GOVERNMENT PLANNING CYCLE

To include the changes in the yearly planning and budgeting (PESOD). For instance, long wait times was a common complaint and the reason for this is a lack of staff at the health facility. Allocating more staff requires advocacy for increased budget for staff salaries, which would need to be done during the drafting of the next year's PESOD. If the cycles are aligned, then there is a higher likelihood the advocacy will be effective since it will occur at the proper time and would facilitate easier follow up.

BUILD CAPACITY OF CBOS SO THEY CAN MANAGE THE BEHAVIOR CHANGE COMMUNICATION ACTIVITIES ON THEIR OWN

Many of the CBOs in this project had little experience with malaria interventions or behavior change messaging. N'weti provided continuous training for the CBO facilitators and met with them weekly to provide on-the-job training. This investment was very effective in improving the quality of facilitation. However, it meant that facilitators often felt they were reporting to N'weti and not to the director of their own organisations. In the future, N'weti should include CBO executive staff in the weekly meetings with facilitators and equip them to take over these weekly quality assurance meetings by the end of the project.

STRONG INVESTMENT FROM THE GOVERNMENT IN COMMUNITY-BASED MALARIA TESTING AND TREATMENT IS NEEDED

Long distances to the health facility and long wait times are serious barriers to treatment. There is a need to invest in mobile clinics and APEs (government community health workers) and ensure continuous stocks of tests and treatment.

BETTER INTEGRATION OF NATIONAL CAMPAIGNS WITH PARTNER PROJECT ACTIVITIES

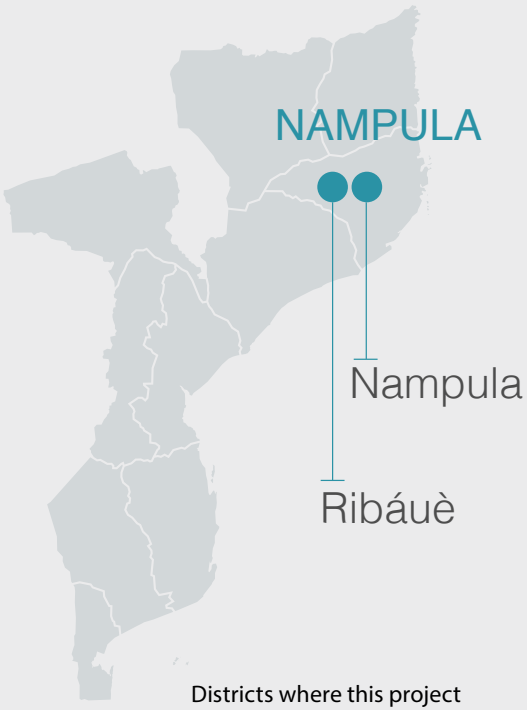
There was a mass mosquito net distribution campaign during the Netting Malaria project. The Netting Malaria activities could have been better integrated in the mass campaign, but there was a lack of coordination with partners that were not part of the distribution campaign. In the future, the MOH could include all of the partners working in the areas where the mass campaigns take place through district coordination meetings.

IMPROVE DATA SHARING AND MALARIA INCIDENCE MONITORING ACCURACY

Data availability could improve through a platform through the National Institute of Health to disseminate baseline and end line assessments and other research reports. Malaria incidence reporting is often not accurate, and efforts such as decentralisation of data reporting and capacity building of malaria focal points and technicians on data collection, analysis and use would help to improve the quality of data, improving surveillance.

STRENGTHENING HEALTH MANAGEMENT COMMITTEES

The role of the health management committee is to be a link between the community and the health facility and to advocate for improved services. Many committees have not received sufficient training to advocate successfully. This is why N'weti has adopted the Community Score Card intervention to enhance community-led advocacy. In addition, since malaria is one of the most common illnesses and accounts for up to half of all hospital admissions, there should be a malaria focal point on each health management committee.



Districts where this project was active.

This learning brief was compiled by an independent consultant from September- December 2019 during the last quarter of the project, but before the End of Project Evaluation was conducted. Data was gathered through interviews with project staff and facilitators, secondary data, and from a field visit to Anchilo Administrative Post in Nampula.

Source information for the photos used can be found here (https://drive.google.com/a/visualst.org/file/d/1KLasbgnmG_ntg_aTn_J63lfzmB1lgOns/view?usp=sharing)