



# DOCTORS WITH AFRICA (CUAMM)

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CUAMM Project Learning Brief  
April 2020

# MALARIA PROJECT LEARNING BRIEFER

## BACKGROUND

Doctors with Africa - CUAMM in partnership with Fundação Wiwanana has implemented a three year malaria project in rural areas of Montepuez and Balama Districts in Cabo Delgado Province, Mozambique. The intervention "Fighting Malaria in partnership with local communities and the health system" targeted 64 rural communities and eight health facilities in remote and poor parts of the country, characterized by a very low literacy levels (over 90% of rural women are illiterate) and long distances to health facilities.

With a reported malaria incidence of 374 cases/1000 habitants in 2017 (DHIS2) and a 57% F.Plasmodium prevalence in children under five years (MIS 2018), Cabo Delgado is one of the most affected provinces in Mozambique. To mitigate this scenario the project had three objectives:



### OBJECTIVE 1

Improve knowledge at community level on malaria preventive strategies and on importance of early diagnosis and early treatment

### OBJECTIVE 2

Increase preventive behaviour and improved health care seeking behaviour among vulnerable groups

### OBJECTIVE 3

Improve the quality of malaria prevention and treatment at primary health care level

## LESSONS LEARNED

1

### MASS CAMPAIGNS AND COMMUNITY SENSITISATION

Home visits and face-to-face communication were effective in increasing malaria knowledge in low literacy rural contexts

2

### IMPROVED DATA QUALITY

Provision of data collection tools, technical support, feedback and periodic data discussion meetings improved data quality and local data use

3

### INCREASING INTERMITTENT PREVENTIVE TREATMENT

Community engagement and strengthened outreach activities were successful in increasing early antenatal care attendance and IPT uptake in rural settings



# MAIN PROJECT ACTIVITIES

## SOCIAL BEHAVIOUR CHANGE COMMUNICATION

- » Door-to-door interpersonal sensitisation through community activists and health committees
- » Community debates
- » Sensitisation campaigns at community level (radio, theatre and road shows)

## STRENGTHENING THE LINKAGE BETWEEN HEALTH COMMITTEE AND HEALTH FACILITY

- » Quarterly meetings

## STRENGTHENING HEALTH SERVICES

- » Supported mobile clinics for antenatal care and malaria prevention in pregnancy
- » Trained clinicians, Maternal and Child Health (MCH) nurses and laboratory technicians
- » Supportive Supervision and on the job training

## DATA QUALITY IMPROVEMENT

- » Strengthened malaria focal points in data collection and analysis skills
- » Quarterly data discussion meetings with health centres directors

“The support for mobile clinics was one of the most impactful interventions of the project. This support helped to increase coverage of ANC visits and ITP for women who may not have come to the health center to receive this care.”

Provincial Malaria Focal Point, Cabo Delgado



# KEY LEARNING QUESTIONS

## LEARNING QUESTION #1

How successful are mass-campaigns and community sensitisation in promoting the correct use of insecticide treated mosquito nets in an area characterized by a low level of literacy?

Home visits and face-to-face education sessions were effective in increasing knowledge on malaria prevention in this rural context. At the end of the project 85% of interviewed women could mention mosquito nets as a form of preventing malaria (compared to 75% in 2017). Following two recent mass net distribution campaigns, over 90% of households own at least one mosquito net. Yet, the use of existing nets is not consistent year-round. The national Malaria Indicator Survey 2018 showed a high use of nets at the end of the rainy season (85%). On the other hand, the use of nets during dry season or in concomitance with ceremonies and agricultural outdoor activities, was significantly lower (around 60%).

### CONCLUSION:

It is crucial for NGOs and government workers conducting behaviour change communication to increase the perceived risk of this potentially fatal disease. Rural communities must be aware that the risk of malaria is year-round, and they should protect themselves every night

## LEARNING QUESTION #2

How successful is community sensitisation and education on improving the adherence to malaria testing and treatment?

Knowledge on the importance of early malaria testing and treating increased in the targeted communities. At the end of the project over 95% of interviewed women could mention the recommended antimalarial ACT treatment.

Health providers, such as MCH nurses, the district malaria focal points and the provincial health director, are also noting that children with fevers are brought to the health centre more often and faster than before the start of the project.

However, the frequent out-of-stock of malaria commodities persist as a major challenge to the test and treat strategy.

### CONCLUSION:

To be effective and accountable, demand creation malaria interventions must be supported by available commodities in health centres and with Community Health Workers (CHW). NGOs should also advocate for adequate supply in projects with demand creation.

## LEARNING QUESTION #3

What is the role of outreach activities in increasing Intermittent Preventive Treatment (IPT) in pregnancy and improving equity in health?

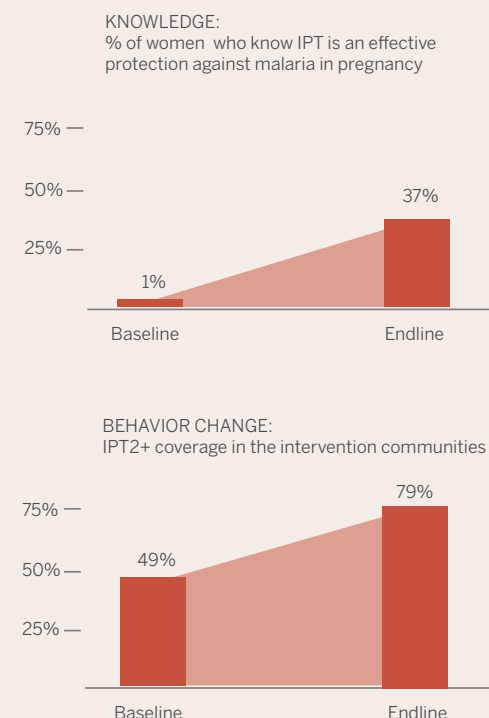
As a strategy to increase IPT coverage and improve equity, the project promoted and supported the administration of IPT during outreach activities. This helped not only to reach more pregnant women but reached women who were more vulnerable and less likely to be able to access facility-based services.

Through community sensitisation and involvement of influential people, pregnant women were informed and mobilised to attend ANC services, mobile clinics and to adhere to the 2+ doses of IPT. At end of the project both knowledge and IPT coverage were significantly improved.

### CONCLUSION:

Decentralisation of IPT administration, through outreach clinics or CHWs is essential to reduce the burden of malaria in pregnancy in poor and remote communities. NGOs should support the government in decentralising these services.

**Graph 1.** Sensitisation increased Intermittent Preventive Treatment (IPT) in pregnancy





# PROJECT SUCCESSES

## 1. INTERMITTENT PREVENTATIVE TREATMENT IN PREGNANCY (IPT):

**Knowledge about IPT increased.** At the end of the project 34.7% of women were aware of the importance of IPT to prevent malaria in pregnancy, compared to 0.6% at baseline

**Higher coverage of IPT among pregnant women.** IPT 2 and IPT 4 coverage increased over the course of the project: 32% of women received four IPT doses at the end of the project compared to just 8.5% at baseline.

## 2. INCREASED OWNERSHIP OF THE MALARIA CONTROL PROGRAM AT DISTRICT LEVEL:

**Capacity Building of Malaria Focal Points.** Through the project the malaria focal points have gained knowledge, skills and confidence in conducting supervisions, monitoring the malaria indicators and managing the malaria program at district level.

## 3. DATA QUALITY IMPROVEMENT:

**Supply of data collection tools.** The picture on the top of the next column shows how malaria case management data was recorded and managed at some health facilities at the start of the project. Many health facilities did not have OPD registers to record malaria cases. The project was able to support the printing of the registers for all health facilities in the two districts and to improve data collection.

**Quarterly data discussion meetings.** The project promoted quarterly data discussion meetings with the health centre directors to review and discuss malaria data. This resulted in better understanding and interpretation of malaria indicators and greater ownership of the program. Directors started to use their own data at local level for monitoring and for decision making.



Picture 1: Malaria Case recording in 2017

**Improvement in the quality of the quarterly presentations on malaria indicators.** Along the three- year project there has been a progressive improvement in the quality of reporting and presenting malaria data. In Montepuez District they added new analysis and new graphs to the standardized report format. Cross-checking of data was performed across sectors, for example data from the laboratory (microscopy) and number of admitted malaria cases were crossed to indirectly monitor severe malaria case management using parasitaemia.

# CONSTRAINTS

Montepuez and Balama Districts have multiple systemic challenges that are worth mentioning for future interventions.

**Out of stock of malaria drugs at health facility and community level**

Creating demand for early test and treatment in remote villages was challenging as drugs were not available with the CHWs

**High turnover of health staff**

In Montepuez District, the Health District Director and Health Center directors repeatedly changed over the lifespan of the project

**Lack of a coordination of NGOs at district level**

The two districts had no focal point for coordinating NGO activities. Planning efforts and rescheduling were needed to avoid duplication of activities.

# CAPACITY BUILDING

CUAMM worked to ensure sustainability in three main ways:

1) Partnership with the local organization Wiwanana Foundation.

This was the first malaria intervention for Fundação Wiwanana and CUAMM in Cabo Delgado and both organisations acquired capacities throughout the project and the partnership. Wiwanana Foundation has an extensive geographical coverage in Cabo Delgado and will continue to be present and active in the region in the future.

2) Capacity building of community leaders and activists on malaria control.

Knowledge and skills on malaria prevention and health care seeking behavior were transmitted to the communities and this will last beyond the project time frame.

3) Capacity building of district and provincial health staff on malaria.

The project conducted several trainings for health care professionals during the three years of the project. These trainings ranged from malaria case management, laboratory diagnosis, to data quality and involved also staff working in other districts.



This learning brief was compiled by an independent consultant in September-December 2019 at the end of the 3 years of project implementation. Information for this brief was gathered through interviews with project staff and preliminary data from the End of Project Evaluation.

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](https://drive.google.com/a/visualst.org/file/d/1KLasbgnmG_ntg_aTn_J63lfzmB1lgOns/view?usp=sharing))