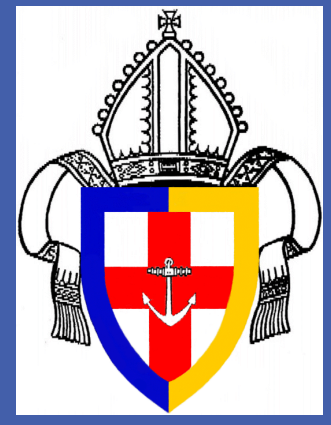


Strengthening community engagement and action

through tailored social and behavior change strategies for malaria elimination in Namibia



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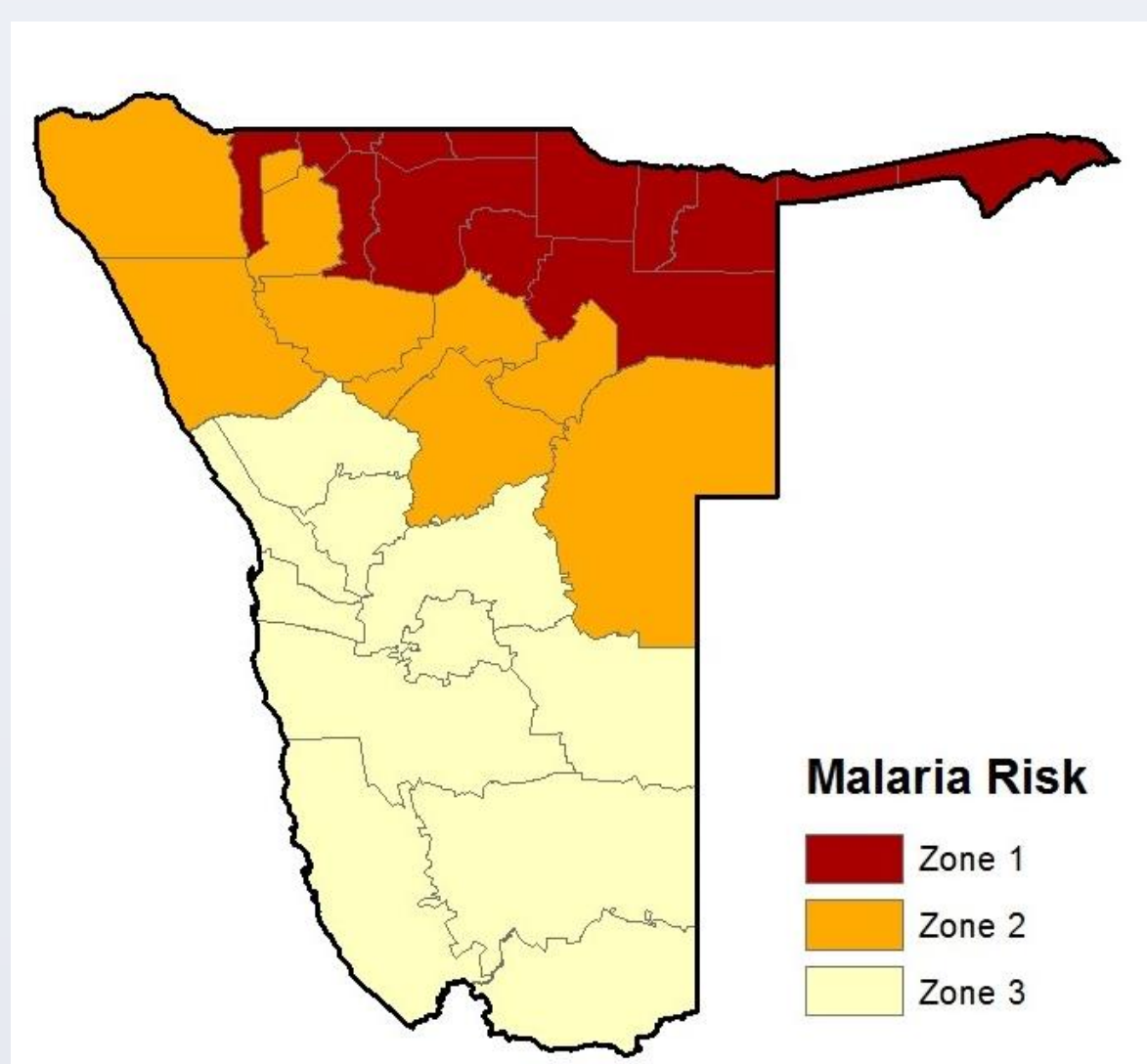
¹Namibia Anglican Community Development Organization (NACDO)



INTRODUCTION

Areas with low to moderate malaria transmission pose unique challenges for social and behavior change communication (SBCC) efforts aimed at malaria elimination. Many who live in areas with low to moderate malaria transmission have little first-hand experience with malaria, and therefore can be less motivated to take action. This sense of security threatens elimination prospects.

The Namibian Anglican Community Development Organization (NACDO) has been conducting community engagement and SBCC activities for malaria elimination in Ohangwena and Omusati Regions since 2011. By tailoring SBCC messages to local contexts, NACDO is aiming to accelerate malaria elimination.



Namibia is stratified into 3 malaria transmission zones:

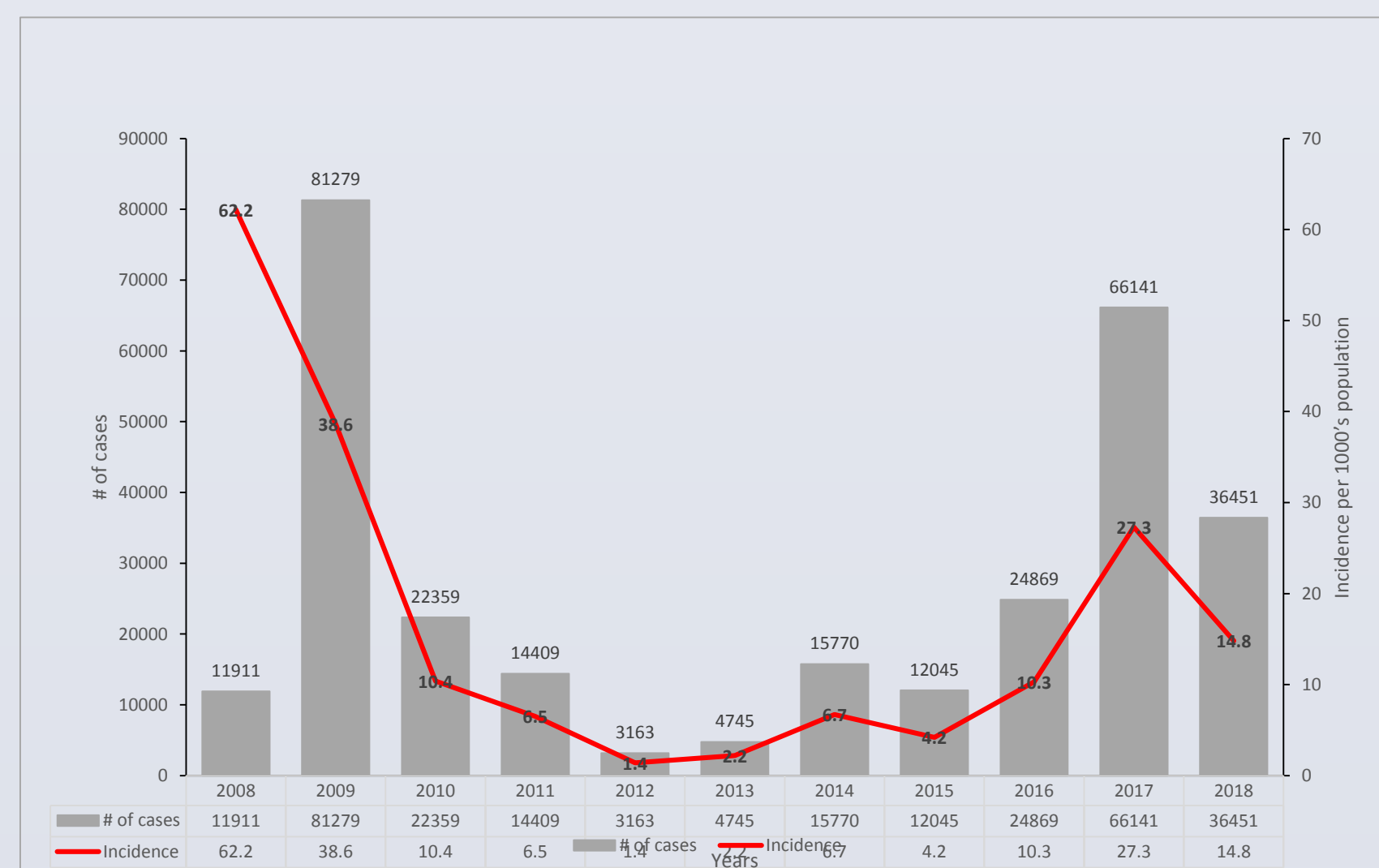
Zone 1: moderate

Zone 2: low

Zone 3: no transmission

Most communities have experienced a reduction in malaria cases within the past six years. At the same time, vector control and management of malaria cases has been strengthened. However, a rapid increase in cases beginning in 2016 has threatened Namibia's progress towards malaria elimination.

Malaria cases and incidence in Namibia: 2008 to 2018



One reason for this increase in malaria cases and incidence may be that the lack of firsthand experience with malaria can contribute to community complacency. As Namibia approaches malaria elimination and fewer cases are seen in communities, there is a belief that the "job is already done." Therefore, **continuous community engagement is needed to achieve malaria elimination in Namibia.**

HYPOTHESIS

Tailored SBCC strategies will lead to increased community ownership of the malaria elimination response.

Malaria volunteers distribute LLINs in Ohangwena and Omusati regions, and educate community members on the importance of correct and consistent use throughout the year.



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METHODOLOGY

In 2018, NACDO tailored its SBCC strategy to local contexts by helping populations at risk for malaria become stronger agents for elimination. Each SBCC strategy targeted a different subset of individuals, and served a unique purpose.

Activity	Door to Door Visits conducted by Malaria Volunteers	Engaging Schools	Engaging Clergy	Malaria Testing in Communities
Target population	Caretakers and heads of households	School learners	Religious leaders	All people at risk of malaria
Purpose of activity	Generate trust and opportunities to address household-level questions and misinformation	Foster school malaria ambassadors who spread messages to other students and families	Provide clergy with the training necessary to become malaria advocates and spread messages within the church so that congregants practice malaria prevention and treatment seeking	Encourage proper treatment seeking behavior by normalizing testing in communities through mobile and active case detection teams
Scope	18,125 visits conducted	5,282 learners reached within 10 schools	43 clergy members from 4 denominations trained	67,746 malaria tests provided

RESULTS

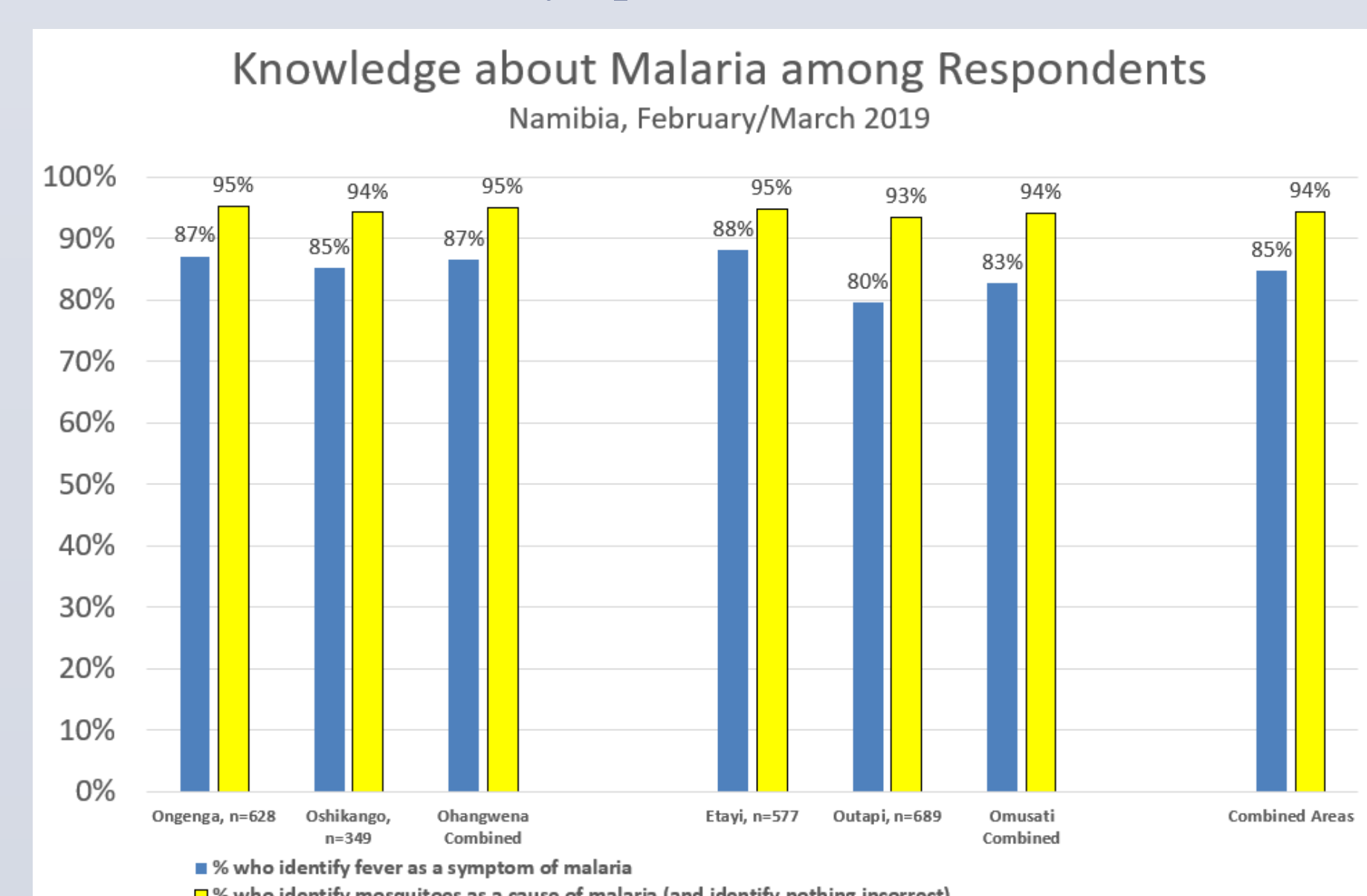
Qualitative data show community leadership for malaria elimination. As a result of these tailored strategies:

- Community members developed novel methods of water disposal to reduce breeding sites.
- Community members identified breeding sites and proactively conducted advocacy with the Ministry of Health and Social Services for larviciding.
- Community members were proactive in alerting household about IRS, as evidenced by village criers who announced spray campaigns before the IRS teams arrived.



"Everyone was at risk but especially the children because the breeding site (pond) was just next to the house and they played so close by" - Kornelia Hilundwa from Ohangwena region

Program monitoring conducted by NACDO in February and March 2019 showed high levels of knowledge among women, strong acceptance of IRS, and appropriate treatment seeking behavior. 94% of respondents identified mosquitoes as a cause of malaria (and identify nothing incorrect) and 85% identified fever as a symptom of malaria.



Of all households surveyed, less than 1% did not receive IRS because of refusal – demonstrating strong acceptance.

