

# **Report from Community and Country Level Consultations on GMAP2 “Action and Investment to defeat Malaria (AIM)” in Mozambique 30th September 2014**

Prepared for

**Roll Back Malaria Partnership**

Swiss TPH 

*Submitted by:*  
**Swiss Tropical and Public Health Institute**

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## Abbreviations

AIM	Action and Investment to defeat Malaria
GMAP	Global Malaria Action Plan
IRS	Indoor Residual Spraying
PMI	President's Malaria Initiative
Swiss TPH	Swiss Tropical and Public Health Institute

## 1. Introduction

### 1.1 Community Consultation Overview

The community engagement visits to the provinces of Maputo and Nampula were completed during August 28-29, 2014. Malaria is highly seasonal in both provinces, increasing in December and peaking in February or March. The intensity is much greater in Nampula, which is considered a high transmission area, with the last provincial prevalence estimate (2011) being 43.3% in children under 5. In contrast, Maputo province is considered to have low transmission of malaria, with the last provincial-level estimate of prevalence in 2011 being 3.2% in children under 5.

Key provincial implementers and community members were interviewed during the provincial visits. Discussions were held with individuals representing:

- Community Members
- Health Workers and Physicians
- Community Leadership
- National Organization Leaders (e.g., Malaria Consortium Net Distribution Campaign Staff)
- Local Organization Leaders

The discussion explored major themes including:

- (1) the impact of the disease to the organization and/ or on the community affected,
- (2) the efforts, services, and investments that the organization or community has done or is currently doing in order to mitigate the effects or impact of the disease,
- (3) what efforts or services need to be done still, how should these be done, and who should be involved, and
- (4) how the AIM document be of assistance.

### 1.2 Community Consultation Objectives

The main objectives of the community level consultation were to:

- Gain a first-hand understanding of community level priorities
- Gather a better understanding of the impact of poverty and disease in the context of household vulnerabilities and learn more about family coping strategies
- Create a shared understanding of the contribution of community development workers to basic service provision, including in the fight against malaria
- Define ways to support community development workers to play their role more effectively
- Use malaria as an entry point to gain insights on ways to strengthen governance and accountability for the consequences of non-availability of services
- Enable community level stakeholders to set the agenda for the next iteration of the Global Malaria Action Plan

### 1.3 Summary of key themes emerging from the discussions and implications for AIM

**Impact of policies at the community level need to be considered.** Creating policies and programs that have the ability to reach and improve the efforts on the ground are important to the fight against malaria. Through discussions with those at the community level it was noted that policies may affect the overall effort from a regional or a national level, but to improve the response in the community levels, policy can be used to assist in the designation of roles and responsibilities as well as secure additional resources for prevention and treatment of malaria.

- **Implications:** AIM should provide guidance and resources to improve the effectiveness of policies and governance at the regional, national, and local level. In addition, it should provide guidance on how to empower local community members to create and implement additional policies to ensure the community is getting what they need.

**Resource mobilization:** There was continued acknowledgement by individuals at each level for an enhanced ability to mobilize the right resources, leveraging strengths across each constituency group and working together to promote the reduction and elimination of malaria. Securing resources from the private sector and other groups at the community level will be important to sustain the progress that has been made in the elimination of malaria.

- **Implications:** AIM should provide information on key factors to efficiently mobilizing resources including how to consistently monitor the contributions that are being made, how they are being used, and the gaps that still exist. The document should also include insights from other regions/nations where resources from multiple constituency groups including monetary contributions, human resources, and materials have been utilized efficiently.

**Limited community member access to antimalarials and trained health workers increases the use of traditional medicine for malaria treatment:** Community members noted antimalarials are not routinely available. When the medicine is not available, patients are then referred to the hospitals, however hospital transportation is costly. This leaves traditional medicine as the primary alternative for care. Community health workers are utilized, but even the closest workers are still very far away from some of the communities where malaria occurs regularly.

- **Implications:** AIM should provide guidance on strengthening and integrating health systems. Models that have been successful in reaching remote populations with trained health care workers for diagnosis and appropriate treatment, depending on the type of malaria, should be highlighted. AIM should also provide guidance on the practices that have been successful in communicating the risks of incorrect diagnosis and improper treatment to the community.

**There is significant community mistrust of core preventative measures – most notably IRS.** Community members cited that many do not trust indoor residual spraying (IRS). The insecticide doesn't always work, and some have noticed that even more bugs appear after spraying. The process to select those who are conducting the IRS is not clear, and instances of home theft have been cited. In addition, cultural custom prevents women from allowing a male sprayer to enter the home, when the man of the house is not present. Through the government program, employees who spray more houses get paid more, so quality (e.g. watering down of chemicals) and consistency (e.g. single or double) of application varies immensely. Community-based application may be more effective.

- **Implications:** AIM should provide guidance on partnering at the national and local level to prevent malaria vectors. AIM should highlight where stakeholders promote community ownership of preventative measures, as well as diagnosis and treatment. In addition, GMAP2 should provide guidance on how to ensure communication and programs within the communities are context-appropriate, gender-sensitive, and evidence-based.

## **2. Overview of the Consultative Meeting**

A national consultative workshop was a day-long session held on August 30, 2014. Representatives from various government, non-governmental, and private institutions attended the event. Participants actively engaged and shared their views on the three themes/ issues put forth in the plenary. The day concluded with brainstorming and identifying various gaps as regards to the themes, generating responses to the gaps identified, and documenting recommendations to which AIM may be able to assist in accomplishing.

### **2.1 Objectives of the consultative meeting**

The main objectives of the community level consultation were to:

- Help set the agenda for the next iteration of the Global Malaria Action Plan
- Create a shared understanding of the current status of the country's response to malaria
- Identify high priority actions in the response to malaria
- Network, build relationships, and identify new opportunities for partnership

### **2.2 The Malaria Situation in Mozambique**

After the official opening and introduction to the AIM process, a presentation was given by the National Malaria Control Program Manager. He presented the current status of the programs in each of the ten

provinces, in addition to the successes and challenges in reducing and eliminating malaria in the area. The transmission level of malaria varies greatly within the ten provinces of Mozambique, with the highest incidence rates concentrated in the Northern part of the country. The incidence of malaria in Mozambique by province is distributed as follows:

- Malaria high incidence – Niassa, Cabo Delgado, Nampula, Zambezia, Tete, Sofala and Inhambane
- Malaria medium incidence – Manica and Gaza
- Low incidence – Maputo

In comparison to 2012, malaria cases continue to increase. The program attributed some of the rise to:

- Problems with the mosquito net distribution;
- Problems with the insecticide spraying in homes;
- Limited Human Resources Capacity; and
- Delays in funding disbursement.

The Mozambique Ministry of Health (MISAU) acknowledged the progress that has been in malaria control efforts, but acknowledged that there is more to be done. In the meeting representatives of MISAU had 2 main questions for the group: h1) How can we improve the sustainability of the actions that are made in long term? How can we improve integration between MISAU's and international programs working in the region? In partnership with companies and organizations (The Global Fund to fight AIDS, Tuberculosis and Malaria, President's Malaria Initiative, UNICEF, World Health Organization, World Bank, Global Vision, Family Health International, Health Alliance International, Agakhan, etc.), MISAU is developing:

- Activities to provide communities with "Malaria Education";
- Malaria prevention activities;
- Monitoring and evaluation activities (e.g. number of cases, updating the treatment manual, identifying areas that require greater focus or more interventions);
- Insecticide resistance studies; and
- Actions to minimize the impact of malaria on the population.

### **2.3 Key opportunities and challenges prioritized for discussion**

After the presentation of the National Malaria Situation, an orientation to AIM, and the AIM development process was provided to the attendees, the findings from both community visits were presented (themes outlined in 1.3). Following this, in a moderated session, the participants jointly agreed on three topics that they thought would be most beneficial to discuss during the remaining time of the consultation. The prioritized topics were:

- 1) Enhancing the measurement of malaria program performance and use of this data for decision making
- 2) Increasing national resources for malaria to reduce the dependency on external funders
- 3) Improving the communication of malaria related information to local communities

In addition to the three prioritized topics for discussion, the participants also noted the following topics as important to reduce and eventually eliminate malaria in Mozambique.

- The importance of having specific malaria legislation, especially when legislation can appropriate funds specifically for malaria work
- Improved awareness of Vector Control Initiatives in country
- A comprehensive analysis of what national funds are being provided to combat malaria
- Ways to increase the efficiency of the investments and donations
- Improve financial sustainability over the long term

- Identify a process to combat insecticide resistance
- Increase consistency and accuracy of reporting, especially for the external donors
- Increase local community capacity to prevent malaria
- Research on the influence of the climatic changes for malaria
- Prioritize research
- Examine local customs and identify solutions for communicating behavior change habits
- Focus on opportunities to decrease the disparity in incidence between the rural/poor areas of Mozambique and the urban wealthy areas
- Understand the capacity of the MISAU's programs to contribute to the actions in AIM

## 2.3 Summary of discussion from the consultative meeting

Split into three groups, participants discussed what is currently being done and how well it was working in three areas:

*Group1 (Malaria Consortium Members) discussed: How can each intervention group measure their objective achievements/progress? How can the collection of data be better?*

The group identified the following current actions:

- Revision of the collection tools that exist and are used in present to collect the data of malaria number of cases to determine the malaria incidence;
- Revision of key indicators and objectives;
- A pilot study of the current system; and
- Supervision of the laboratory results and confirmed cases to avoid duplication of patient data.

The group identified the following future actions necessary for progress towards malaria reduction and elimination goals:

- Follow/Monitor/Supervise the information system
- Midterm Evaluation System\*
- Increase the capacity of the human resources
- Use of an electronic system to improve the data collection and to have more consistent information
- Find steps that can be performed to minimize the duplication of data that is caused by the discrepancies in control/supervision systems and methods
- Utilization of data methodologies to conduct regular analyses\*

The group identified the following barriers for implementation:

In regards to supervision of information system:

- Limited financial resources
- Lack of trained Human Resources
- Absence of an organized supervisory plan
- Terms of Reference as a mandatory activity
- Poor quality control of the laboratories

In regards to training the necessary human resources:

- Absence of an organized plan for training that highlights the priority areas
- The lack of research to inform what training is needed for each of the specific quality control areas

In regards to the reduction of the duplication of data:

- Lack of qualified Human Resources
- The amount of time necessary to change processes related to data collection

*Note: In terms of data duplication, the participants from MISAU do not agree with this group, because they think that the existing resources can reduce the duplication of data with an organized plan and with clear objectives and greater sharing information.*

In regards to the use of a digital system:

- Necessary for sharing information with other countries to understand the optimal systems for data collection
- Limited access to the systems and associated training
- Scarce financial resources
- Limited qualified Human Resources to use the new digital systems to maximize the utility of the tool
- Organization of pilot studies to understand the better system adequate to Mozambique reality

*Group 2 (MISAU) discussed: The national resources currently used for malaria. How can we increase the use of Mozambican resources thereby reducing the external dependency?*

The group identified the following current actions:

- The Mozambican Government is providing financial help for the control malaria;
- The Mozambican Government is establishing partnerships with ONG's and private companies to provide technical and financial support to research and combat malaria;

The group identified the following future actions necessary for progress towards malaria reduction and elimination goals:

- Follow the strategic plan that already exist and the follow-up is already in course\*
- Development of a clear plan that defines the different responsibilities and assigns each of them to each involved partner in this cause\*
- Increase of the technical human resources capacity. To ensure that the Human Resources have sufficient knowledge of all important technical tools that are in use\*
- Mapping the different areas affected by Malaria that need special attention or that are most affected by Malaria to help to understand the areas that need more support, research and attention. With the mapping is also important to allocate the different partners and entities involved in this fight against malaria in specific areas to allow the extension of activities and reducing the concentration of resources in just one place\*

This group did not highlight any barriers to implementing the proposed actions, however it should be noted that other groups disagreed. Others noted that limited financial funds should be considered a barrier because if the national government has all the necessary funds to implement all the proposed ideas, Mozambique will not need help of external donors to combat malaria (on which they still heavily rely).

\* Can be implemented now with available resources

*Group 3 (Private Sector, PIRCOM, CISM) discussed: The challenges that exist in the communication for behaviour change of habits and local customs.*

The group identified the following current actions:

- Several initiatives to disseminate messages about malaria, specifically around preventative actions, especially in the rural and poor communities
- High involvement of religious entities. The use of religious entities is important, because they are considered respected figures in the local communities that can facilitate the dissemination of the key (and different) messages.

The group identified the following future actions necessary for progress towards malaria reduction and elimination goals:

- Alignment of the messages according to the specifications of each local community. It is important to develop specific messages about malaria according with the specific habits and culture of the different locals and not to develop a global message that will be used in all communities. It is also important to align the messages between all those responsible to disseminate them.
- It is important to increase the involvement of the community leaders in the dissemination of malaria messages. There are important persons in the local communities that the local

population respects and trust. That way it will be easier for communities to understand and take the messages into consideration.

- Increase the communication between the researchers and those responsible for making the decisions. Research is an important step that permits to obtain information about the existing problems, the steps that are needed to be taken to solve them. In this case it is important for those responsible to make decisions to first hear the opinion of the researchers to make better decisions according to real problems of the country.
- Improvement in the methods of dissemination of the messages. Some messages are not clear enough or not all people have the ability to understand some type of messages. The use of images in the messages should be used more frequently.
- Increase the involvement of educational institutions (schools, universities, religious schools) to better disseminate the messages

There are several barriers to behaviour change due to habits and local customs of the communities, such as:

- There is not sufficient research. It is necessary to invest in more research to understand the local communities and to better message to each of them;
- Development of more efficient messages;
- More partnerships to promote malaria education; and
- More media coverage on broader media channels.

### **3. Next Steps and Recommendations**

Overall, the consultation went very well, the participants were highly committed and played an active role in the group and plenary discussions. As a group participants identified the importance of continued collaboration amongst constituency groups to improve the measurement of effectiveness of each program, advocate for increased national resources to reduce the dependency on the donor community, and better communicate and design culturally sensitive anti-malaria programs so that each community is engaged in prevention and treatment.



Annex 1 – Consultation Meeting Participant List

Pedro Aide – CISM  
Jorge Arroz – Malaria Consortium  
Rubao Come – BHP Billiton  
Beatriz Galatas – CISM  
Vusi Kubeka – Vestergaard Frandsen  
Ngonga Mujinga – Swiss Corporation  
Bishop Dinis Matsolo – PIRCOM  
Chandana Mendis – World Vision  
Carlos Miguel – PIRCOM  
Liliana Pinto – Malaria Consortium  
Arlindo Ramao – UMC  
Cremilde Guerra – VODACOM  
Sergio Julane – FDC  
Hudson Chicote – Anadarko  
Maria Pondze – MISAU / PNCM  
Mariana Da Silva – MISAU / PNCM  
Albertina Chihale – MISAU / PNCM  
Duleisána Jatamo – MISAU / PNCM  
Arminda Banze – MISAU / DSA  
Olude Mujuaio – MISAU / PNCM  
Góquio Gomane – MISAU

**Facilitators**

James Colborn – PMI  
Abu Saifodine – PMI  
David Wood – Malaria Consortium

## Annex 2 – Consultation Meeting Agenda

<b>Time</b>	<b>Session</b>
8.00 - 8.30	Registration
8.30 - 8.50	Official Welcome / Opening Remarks
8:50 - 9:30	Participant Introduction and Objectives
9.30 - 10.00	Presentation of National Malaria Situation
10.00 - 10.10	Orientation to AIM
10.10 - 10.30	Presentation of key findings from AIM Regional Consultations
10.30 - 10.45	Morning Break
10.45 - 11.30	Discussion Regarding Country Specific Challenges and Opportunities Prioritization of Country Specific Challenges / Opportunities
11.30 - 12.30	Session 1: Facilitated discussion on the first issue as prioritized by the participants
12.30 - 13.30	Lunch break
13.30 - 14.30	Session 2: Facilitated discussion on the second issue as prioritized by the participants
14.30 - 15.30	Session 3: Facilitated discussion on the third prioritized issue selected by the participants
15.30 - 15.45	Afternoon Break
15.45 - 16.30	Accelerating to Action
16.30 - 17.00	Closing Remarks and Next Steps