

# TACKLING MALARIA THROUGH A CHAMPION COMMUNITIES APPROACH IN ZAMBIA

## USING DATA TO CHANGE BEHAVIORS AND IMPROVE HEALTH OUTCOMES

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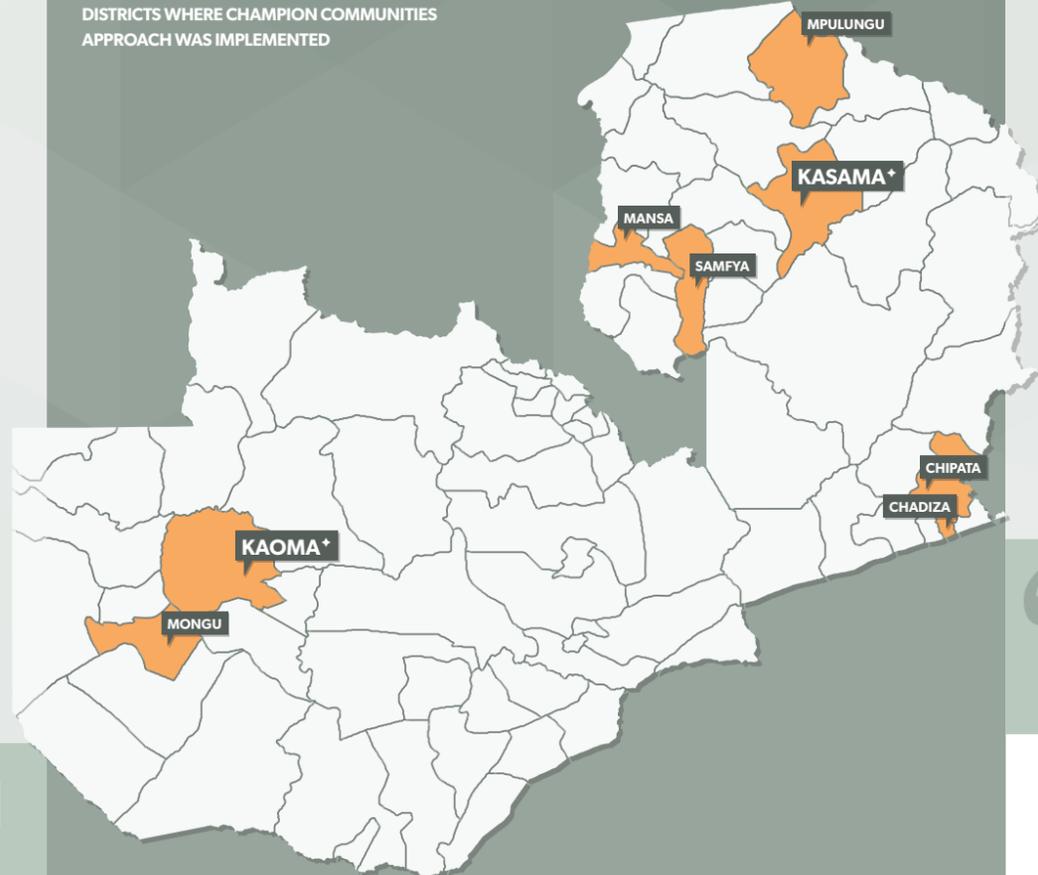
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### INTRODUCTION

From 2011 to 2014, the USAID Zambia Communications Support for Health (CSH) program implemented the community-based STOP Malaria campaign in four provinces, eight districts, and 131 communities in Zambia. The initiative relied on the Champion Communities approach, a participatory behavior change methodology that supports communities to lead the design, implementation, monitoring, and celebration of their own public health programming and improvements. The goal was to increase use of bed nets, appropriate malaria testing at the first sign of fever, regular antenatal care attendance, and intermittent preventive treatment of malaria during pregnancy.

CSH project staff worked directly with selected community leaders to implement the Champion Communities approach. Each month, CSH staff visited communities to counsel households on best practices in malaria prevention and treatment. As part of each counseling session, staff used scorecards to collect data on the household's practice of healthy malaria-related behaviors. CSH aggregated this data across participating communities and presented it back to the communities, enabling them to track and measure their own progress and better refine the content of household counseling sessions. As a result, each household was regularly confronted with its reported and quantified behaviors, which served as a major impetus for behavior change.

DISTRICTS WHERE CHAMPION COMMUNITIES APPROACH WAS IMPLEMENTED



\* Districts chosen for final evaluation

### MATERIALS AND METHODS

The STOP Malaria campaign was implemented for approximately 18 months during the five-year CSH program. As the campaign closed, CSH staff conducted a cross-sectional household survey in the communities where the Champion Communities approach was implemented, as well as in matched, similar communities that were not included in the program. The survey's main objectives were to assess:

1. The overall coverage of key malaria prevention and control behaviors in communities that participated in the program
2. The differences between key malaria prevention and control behaviors in the Champion Communities compared to those in similar communities

CSH conducted the survey of 500 total households in the districts of Kaoma in Western Province and Kasama in Northern Province across 20 communities — 10 participant groups and 10 comparison sites. In each selected community, 25 households were selected by random design for inclusion. The survey was administered to one member of each household, with a focus on pregnant women.



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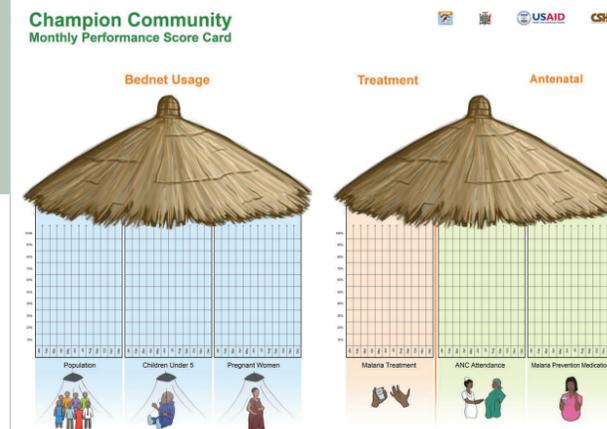
Jonas Mweendu, a community malaria agent

### SUCCESS STORY

Community malaria counseling agents went door-to-door in their communities each month to speak with households on the many ways they could prevent and decrease the impact of malaria. At the end of each visit, the agents used scorecards to collect data on every household's behavior over the past week; the cards shed light on which households were adopting which healthy behaviors. This monthly feedback was presented to community members and leaders to highlight gaps in uptake of behaviors and reveal where additional support from the counselors was needed.

“Using the scorecards to track ourselves helped to show where we were struggling, so we could spend more time with those behaviors,” said Jonas Mweendu, a community malaria agent from Mongu District. “The scorecards showed us many people with fevers went for malaria testing and treatment, but they did not regularly sleep under [nets].”

Knowing about these gaps enabled Mr. Mweendu to make best use of his limited counseling time with each family, shifting his focus from malaria testing to sleeping under insecticide-treated bed nets every night.



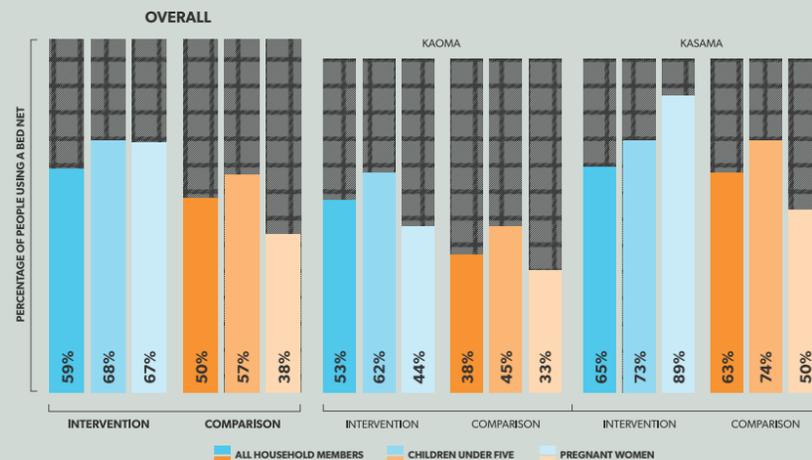
### RESULTS

The STOP Malaria survey assessment that followed revealed the following results in changed behavior in intervention areas versus comparison areas:

- Overall, bed net use in intervention areas was 68.1 percent\* versus 58.2 percent\* in non-intervention areas.
- Among children under 5 years of age, 88.2 percent\* of those with a fever in the two weeks prior to the survey were tested for malaria in the intervention areas, compared to 63 percent\* of children in the comparison areas.
- Fever prevalence among household members in the two weeks prior to the survey was significantly lower in the intervention areas (11.4 percent\*) than in comparison areas (15 percent\*).

\*Signifies a statistically significant difference with a p-value of  $\leq 0.05$

BED NET USE AMONGST ALL HOUSEHOLD MEMBERS, CHILDREN UNDER 5 YEARS OF AGE, AND PREGNANT WOMEN, BY DISTRICT AND SITE TYPE



### CONCLUSIONS

The evidence collected both as part of the routine monthly household monitoring data as well as the cross-sectional evaluation with a comparison group strongly suggests that the STOP Malaria campaign had a positive effect on healthy behaviors in Zambia, increasing bed net use and malaria testing while decreasing the prevalence of fever in intervention communities. We believe the results of this evaluation further contribute to existing body of knowledge to highlight key role of behavior change communications and demand creation in shaping attitudes about health.