Uganda Stop Malaria Project

The Stop Malaria Project (SMP) was created to help reduce the impact of malaria in Uganda. From 2008 to 2015, the project worked closely with the National Malaria Control Program (NMCP) to roll out prevention and treatment services at scale.

In Uganda, malaria accounts for 30%-50% of outpatient visits and 15%-20% of hospital admissions (World Health Organization 2013, Ministry of Health 2012). To address these issues, SMP was tasked with several objectives:

- Increase access to mosquito nets
- Increase the uptake of intermittent preventive therapy among pregnant women
- Strengthen diagnostic and treatment services at health facilities
- Encourage families to be actively involved in preventing malaria and in addressing suspected cases promptly and correctly
- Strengthen the capacity of government staff to coordinate, monitor and evaluate malaria control activities
- Support the evidence-based review and update of national malaria policies

The project significantly improved the quality of and access to malaria-related services. SMP distributed over 24 million nets, improved the quality of the national health management information system, raised the proportion of pregnant women who received intermittent preventive treatment and improved diagnostic testing rates among suspected cases. SMP's social and behavior change communication efforts also reached millions of families and children with the knowledge, attitudes and skills to act effectively to prevent and treat malaria.

This toolkit holds resources developed by the Stop Malaria Project. These resources include implementation guidelines, monitoring and evaluation tools, activity reports and behavior change communication materials. Visitors are welcome to use and adapt them for current and future initiatives. When doing so, please credit the USAID President's Malaria Initiative's Stop Malaria Project (2008-2015).

A woman is taking her net home in Mayuge District during the pilot net distribution in 2012 in advance of the Universal Net Coverage Campaign from 2013-14

Photo credit: Kim Burns Case
The Stop Malaria Project was made possible by the generous support of the U.S. Agency for International Development’s President’s Malaria Initiative (USAID/PMI).

The project was led by the Johns Hopkins Center for Communication Programs (CCP) in partnership with Malaria Consortium (MC), Infectious Disease Institute (IDI) and Communication for Development Foundation Uganda (CDFU).

Much of SMP’s success has been due to the dedication of the National Malaria Control Program (NMCP), village health teams, health assistants, health workers and the district health teams with whom it worked closely for almost seven (7) years.

Prevention

Key malaria prevention activities include both mass and routine distribution of long-lasting insecticide-treated mosquito nets (LLINs) and intermittent preventive therapy during pregnancy (IPTp). Both of these interventions have been supported with behavior change communication (BCC) activities including community mobilization, however the information is provided in the BCC tab of the toolkit.

A boy in Apac District who used to suffer frequent bouts of malaria until his family received additional LLINs.
Insecticide-Treated Nets (ITNs)

The use of long lasting insecticidal nets (LLIN) each night is one of the most effective ways to prevent malaria. Stop Malaria distributed millions of LLINs through mass campaigns in 2010 and 2012. Stop Malaria also integrated net distribution into routine antenatal services at 1,025 health facilities, ensuring that pregnant women, a vulnerable group, could access a net during pregnancy. Last but not least, Stop Malaria carried out community mobilization and behavior change communication (BCC) activities promoting net use and care.

Photo credit: © 2007 Gilbert Awekofua, Courtesy of Photoshare

Routine Distribution through Antenatal Care
Stop Malaria supported all 34 of its focus districts in the start-up and continuity of routine LLIN distribution through antenatal care (ANC) services.

Stop Malaria oriented health workers from 1,025 health facilities on LLIN distribution and intermittent preventive treatment in pregnancy. Health workers were taught to counsel mothers on the importance of sleeping under a net every night and to encourage them to take least two doses of IPTp during pregnancy. Providers were also trained on how to keep accurate records of LLIN and IPTp services.

Stop Malaria and the National Malaria Control Programme developed guidelines and monitoring forms for ANC LLIN distribution. Last but not least, SMP managed the supply chain, in partnership with USAID's SURE project, to ensure that health facilities did not run out of nets for pregnant women.

Photo: Susan and her husband William receive a net from Ruth, her midwife at Soroti Referral Hospital.

Resources:

- ANC LLIN distribution process evaluation (protocol and report)

ANC LLIN distribution process evaluation protocol and report

- Implementation guidelines for routine LLIN distribution through antenatal care
Mass Campaigns (targeted and universal coverage)

Stop Malaria conducted a targeted campaign in 2009-10 and a universal coverage campaign from 2012-2014. Data indicates that SMP’s work with NMCP and other malaria projects and partners to refine the net distribution system and significantly increase people’s access to and use of LLINs has paid off. In SMP districts, from 2009 to 2014, the increase in percentage of households that own at least one ITN has gone from 42% (MIS 2009) to 61% (UDHS 2011). The universal coverage campaign achieved an ambitious goal of distributing 22,289,644 LLINs and provided evidence of multi sectoral cohesion of government structures and stakeholder coordination at all levels.

*Women in eastern Uganda return home with their new long lasting insecticide-treated mosquito nets.*

*Photo credit: Kim Burns Case*

**Resources:**

- Final report on the universal coverage campaign (2012-2014)
Universal Coverage of LLINs in Uganda - Insights into the Campaign Implementation

This report details the LLIN universal coverage campaign in Uganda.

- Poster on net hanging, use and care
  This poster was posted at health facilities during the targeted LLIN campaign for pregnant women and children under 5. The date of registration and distribution for each facility was added manually to inform households in their catchment area.

- Fact sheet on the targeted campaign
  Fact sheet on the targeted campaign.

- District and CSO Timeline
  Gantt chart mapping timeline of net distribution

- Training Manual: Distribution of Long Lasting Insecticide Treated Nets (LLINs) through campaign distribution method in Uganda
  This guide explains the process of the campaign distribution of LLINs under the GFATM R7, highlighting the roles of each involved party.

- Validation of household registration data
  Validation of household registration data concept note
Universal coverage campaign chronogram

Universal coverage camapaign chronogram

- **2012 Eastern Region Pilot Distribution Report**

2012 Eastern Region Pilot Distribution Report

- **Job aid for VHTs to encourage net hanging, use and care**

Job aid for VHTs to encourage net hanging, use and care. This was used during the 2010 targeted LLIN campaign for pregnant women and under 5.

- **Uganda Universal Coverage Campaign Implementation Guidelines 2013**

Uganda Universal Coverage Campaign Implementation Guidelines 2013

- **Urban distribution report 2010**

Urban distribution report 2010

**Intermittent preventive treatment in pregnancy (IPTp)**
The MOH emphasizes the need for focused antenatal care to help protect pregnant women from dangers associated with pregnancy, especially malaria in pregnancy, as it poses great public health concerns because of its maternal and fetal effects such as maternal anemia, frequent febrile episodes, abortions, stillbirths, pre-term deliveries, intra-uterine growth retardation and low birth weights. The MOH IPT policy stated that all pregnant women should have two doses of Sulfadoxine-Pyramethamine (SP) to prevent malaria in pregnancy: 3 tablets of SP between 4 and 6 months of pregnancy and 3 SP tablets between 7 and 9 months. This requires availability of SP in health facilities.

SMP worked with national, district, and community stakeholders to facilitate an enabling environment for more effective implementation of IPTp directly observed therapy (DOT) to pregnant women at ANC clinics. To support NMCP with its dual goal of increasing the uptake of IPTp among pregnant women and maintaining improved quality of ANC services, SMP, together with the district teams, provided on-the-job mentorship to health facility staff during integrated support supervision. SMP also procured and distributed IPTp delivery commodities (safe drinking water commodities including AquaSafe tablets, cups and containers) to health facilities in the 34 districts to help ensure DOT of IPTp.

A woman receives IPTp through directly-observed therapy.

Photo Credit: Tine Frank

Resources:

- **Gestation wheel**

  This job aid helps health providers calculate the expected delivery date and when the mother is due for IPTp. This wheel was introduced in 2011 during the Malaria in Pregnancy trainings for health providers. In 2013, WHO updated the guidelines for the timing of IPTp doses; job aids for providers are being updated accordingly.
Malaria in Pregnancy Counseling Chart

This job aid provides health providers with talking points for mothers on IPTp. It was introduced with the other job aids during the Malaria in Pregnancy trainings.

- **Guide: Orientation for the Malaria in Pregnancy Prevention Calendar**

  The calendar should be used every time a pregnant patient visits her healthcare provider. The point at which the patient is in her gestation period will dictate how the job aide will be used during each visit. The job aide provides valuable information for each stage of the pregnancy—from conception to birth.

- **Poster: Gestation Wheel**

- **Poster: How to Counsel a Pregnant Woman about IPTp**

  A multi-step poster describing proper counselling of pregnant women for malaria prevention.

- **Activity report for IPT support supervision, quality improvement training and distribution of IPTp Items**

  Activity report for IPT support supervision, quality improvement training and distribution of IPTp Items. The objectives included:

  1. To train district level trainers in IPTp and quality improvement
  2. To pre-test the distance IPTp training manual and the quality improvement tool
  3. To introduce the IPTp training and quality improvement tool to operational level health workers
  4. To distribute to health facilities IPTp commodities and BCC materials
Malaria in pregnancy training guide

The training guide contains guidelines for trainers and for supervising malaria in pregnancy services. The attached document contains some comments because the malaria in pregnancy working group is reviewing and updating it. A report from a training and support supervision exercise is also available here for reference.

- Flowchart: malaria in pregnancy

Diagnosis and Treatment

Appropriate diagnosis and treatment is critical because malaria is not the sole cause of fevers. Health workers need to diagnose and treat fevers correctly. Accurate diagnosis will also reduce the risk of wasting ACTs, ACT stock-outs and the development of drug resistance. Moreover, the importance of accurate diagnosis extends beyond malaria to all the major diseases. Efficient laboratory testing is vital to identifying and treating life-threatening illnesses.
Stop Malaria sought to strengthen laboratory diagnostics, addressing both the limited availability of functional microscopes and limited availability of skilled personnel. SMP distributed microscopes and provided training and assistance on microscope maintenance. SMP also trained health workers on the integrated management of malaria and on how to use rapid diagnostic tests and microscopy to improve parasite-based diagnosis. Stop Malaria's trainings and follow-up support supervision visits were designed to improve health workers' attitudes toward parasite-based diagnosis and improve their clinical skills. In parallel, SMP conducted a mass media campaign to build wide acceptance of test results.

A lab technician points to a job aid that he received during an SMP training on Rapid Diagnostic Tests.

Photo Credit: Tine Frank

Resources:

- National Guidelines for Parasite-Based Diagnosis

The overall objective of these guidelines is to ensure harmonized, standardized and well coordinated roll out of malaria diagnostics at all levels of health services delivery in both private and public sectors including the community level. These guidelines will streamline the overall implementation of parasite based diagnosis of malaria by all stakeholders and ensure that all suspected malaria cases are subjected to laboratory testing before treatment with antimalarial drugs.

The availability of these guidelines will complement other malaria prevention and control interventions; and will lead to provision of quality malaria services at all levels of service delivery in both private and public health facilities including the community level. This will be achieved through social mobilization, provision of adequate logistics and supplies for malaria diagnosis and improvement of service provider skills.

Case Management
In Uganda, health staff shortages have been acknowledged and several health facilities struggle to provide high-quality services. The Malaria Control Strategic Plan for 2005-2010 called for enhancing the prompt treatment of children under five within 24 hours of fever onset through the provision of home-based management of malaria fever using ACT; reducing the case fatality of severe malaria by establishing a system to provide highly effective pre-referral treatment; and improving the management capacity for severe malaria at health facilities and hospitals. Yet in 2009 MIS results revealed that just over one-third (36%) of children under five were treated with an antimalarial drug on the same or the next day after onset of fever, and the percentage receiving an ACT was only 14%. The MPR results in 2010 reiterated the need to support the rapid scale-up of case management at the community and private sector levels.

SMP introduced the clinical audit, a quality improvement process first developed and piloted by Malaria Consortium, to MOH. Clinical audits seek to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of corrective change. Clinical audits target health facilities that manage severe malaria (hospitals and HCIVs), and the approach empowers health workers to identify problems in their context and to find local solutions. SMP provided technical and financial support to district clinical audit teams to use this approach for the improvement of severe malaria management. The clinical audits enabled the review of operational, logistical, financial, human resource, management and coordination aspects which together impact on the effective case management of malaria through either improved or reduced health facility functionality.

Clinical audit reports indicate that the key outcomes of the approach have significantly contributed to clinical improvements in severe malaria case management, including:

- By year 3 of the project 85% of the hospitals and HCIVs in the SMP supported districts had established a functional triages system for timely recognition of severely ill patients followed by appropriate treatment, and by year 4 100% of the facilities had developed and maintained these triage systems.
- The poor practice of using multiple doses of injectable quinine in 500 mls 5% Dextrose has
been abandon in all SMP supported hospitals and HCIVs.

- Significant improvements in record keeping have been observed and noted by all clinical audit teams.

*Photo: A child prepares to be tested for malaria*

**Resources:**

- **Communication for Malaria Diagnostic Testing Toolkit**

  The Communication for Malaria Diagnostic Testing Toolkit is a resource for communication materials designed to promote testing for malaria and adherence to test results. This site includes radio and print materials aimed at parents and the general public. It also contains materials designed to improve providers’ skills in managing fever cases and communicating with patients and caregivers.

  These resources were developed under the leadership and endorsement of the Ugandan National Malaria Control Program and were supported by the USAID/PMI-funded AFFORD and Stop Malaria Projects. They were launched under the banners of the "Don't Guess, First Test" and "Power of Day One" campaigns.

- **Clinical audit manual and tool**

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- **Integrated Management of Malaria training guide for health workers**

  This course seeks to promote proper management of patients with fever by advocating for improved evaluation and treatment of patients with fever. This course also aims at creating
team spirit among health facility staff for effective management of patients with fever. Emphasis is also put on educating patients so that they adopt malaria preventive practices.

Laboratory Strengthening

Just over 1300 laboratory health workers were trained in laboratory diagnostics, with an emphasis on microscopy through a cascade training using the MOH approved laboratory-training guide. In addition, quality checks were conducted in 136 health facilities by the MOH’s Central Public Health Laboratories (CPHL) that revealed an increase in accurate reading of positive slides for malaria parasites (measured by sensitivity and specificity) among those lab workers who had been trained (94% of the health facilities having an accuracy level of 80% and above).

A lab technician in Mukono District examines a blood slide.

Photo Credit: Tine Frank

Resources:

• Job aid for using rapid diagnostic tests

This WHO job aid was developed by URC. Stop Malaria reprinted it for use during trainings for laboratory health workers.

• RDT Learning Brief
A brief on the successful roll-out of rapid diagnostic tests in Uganda

- **Graphic: Challenges and Approaches to Rapid Scale Up of RDT Use**

  Flowchart addressing challenges and approaches to rapid scale up of RDT use

- **Operational Manual: Universal Access to Malaria Diagnostic Testing**


- **Laboratory Diagnosis Activity Reports**

  An overview of SMP’s training program for laboratory diagnosis

- **Report on the Malaria Diagnosis using Microscopy and Rapid Diagnostic Techniques (RDTS) Course**

  Report on the Malaria Diagnosis using Microscopy and Rapid Diagnostic Techniques (RDTS) Course. This course report presents what transpired during the three courses summarized under the following sections; course objectives, trainees composition, course content, facilitation, course assessment, evaluation and certification.

- **Microscopy and RDT training materials**

  Microscopy and RDT training materials

- **Manual for Malaria Diagnostics Quality Assurance**
Communication for Malaria Diagnostic Testing Toolkit

The Communication for Malaria Diagnostic Testing Toolkit is a resource for communication materials designed to promote testing for malaria and adherence to test results. This site includes radio and print materials aimed at parents and the general public. It also contains materials designed to improve providers’ skills in managing fever cases and communicating with patients and caregivers.

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External Quality Assurance Tools

Behavior Change Communication

CCP and CDFU took the lead in designing and implementing behavior change communication and community mobilization activities for SMP. SMP supported the National Malaria Control Program to implement innovative and effective IEC/BCC campaigns to reinforce four key malaria messages through various channels such as: radio shows and adverts, community drama village meetings and interpersonal communication. The four messages include: proper and consistent use of LLINs; increased uptake of IPTp; early treatment seeking behaviour within 24 hours on the
onset of signs and symptoms of malaria; and male involvement in malaria prevention and treatment services.

SMP?s BCC efforts were in line with PMI?s overall IEC/BCC program ?to enhance and facilitate access to comprehensive malaria prevention, diagnostics and case management services.? SMP worked closely with the MOH Health Promotion and Education Division and NMCP to ensure that the project communication strategy was in line with the National Malaria Control Communication Strategy. At district level, SMP linked with the District Health Teams including District Health Educators (DHE), Malaria Focal Point Persons (MFP), District Health Inspectors (DHI) and sub-county based Health Assistants (HA), as well as other implementing partners in the SMP district such as STRIDES, World Vision and AMREF.

The overall goal of these communication campaigns, and outreach and mobilization activities, has been to create demand for malaria services by helping individuals, families and communities to better understand the impact of malaria and the need for malaria services; and to engage community members to become ?agents of change? by becoming more involved in promoting proven and effective malaria prevention activities in their communities.

One of the finalists schools in the National Music Dance and Drama competition perform their original song about the impact of malaria in their community.

Photo Credit: Kim Burns Case

Stop Malaria in Your Community

The ?Stop Malaria in your Community? campaign, implemented by the Stop Malaria Project, is designed to improve the self-efficacy of individuals, households and communities to reduce malaria deaths through simple actions. The multi-channel campaign includes radio, billboards, posters and community outreach activities in schools and with community-based groups in 34 districts in Uganda.

The community health workers used bicycles with messages as they travelled deep in rural villages.
Evaluation of the "Stop Malaria in Your Community" Campaign

Evaluation of the Stop Malaria in your Community campaign was a part of a wider behavior change communication evaluation that assessed behavior change communication interventions conducted by 5 projects funded by the United States Agency for International Development. Data was collected in October 2012. We used the following methods to evaluate the campaign: a) assessing campaign reach and exposure; b) assessing recall of key campaign messages; c) dosage analysis; d) bivariate analysis to examine gross associations between campaign messages and intended outcomes; and e) multivariate to assess controlled for associations between a the campaign and the intended outcomes.

SMYC Communication Strategy Matrix

This matrix outlines the audiences, BCC approaches, malaria behaviors, and implementation arrangements of the Stop Malaria in Your Community campaign.

SMYC Communication Strategy

Communication strategy for the Stop Malaria in Your Community flagship campaign. The campaign addressed net use, IPTp, and prompt testing and treatment.

Joint behavior change communication survey report

Joint behavior change communication survey report

Community Mobilization
The "Stop Malaria in your Community" campaign strived to position malaria as a pressing health issue that is everyone's collective responsibility. It is supported with three main media approaches: mass media, interpersonal communication and community outreach activities through the Health Assistants.

The community mobilization activities focused on strengthening the health system through the Health Assistants to integrate malaria messages in their ongoing community activities in the districts of Rakai, Masaka, Mukono, Hoima, Kibaale, Buliisa, Soroti, Katakwi, Kaberamaido and Amuria. The Health Assistants reached the communities and households through health facility talks, community meetings and through established structures like primary schools and community groups.

To complement the community outreaches, the recorded community dialogue meetings were leveraged by recording, editing and then airing segments on radio for further dialogue opportunities. The recorded dialogue meetings will bring together the health management committee, health facility in charges, local council leaders and community members both male and female. The community dialogue meetings were held on a monthly basis (first Friday in a month) to enable communities address malaria related issues within their communities and later develop action points to address these issues.

The health assistants played a vital role in mobilizing the communities, facilitating the dialogue meetings and following up on the action plans with support from the leaders and Village Health Teams.

*Woman participates in a Stop Malaria Project community mobilization training.*

*Photo Credit: Kim Burns Case*

*Resources:*

- Self-Assessment Framework for Malaria Competence: Facilitator's Guidelines
Guidelines for facilitating malaria competence self-assessments with community members. The self assessment framework for malaria competence provides the key knowledge, practices and attitudes related to malaria, that lead to competence of a community in addressing malaria as a challenge. Community participation in competence assessment exercises ensures that people identify their vulnerability to malaria and take control of the actions aimed at prevention and control of spread of malaria.

- **Focused Support Supervision Tool for Community Mobilisation Activities**

Focused Support Supervision Tool for Community Mobilisation Activities

- **Stickers for households, health facilities and trading centers**

These stickers for households, health facilities and trading centers used a humorous tone to promote IPTp, net use, and prompt test and treat.

- **Tool for dialogues on IPTp**

This tool was designed to guide health assistants on the process of conducting a health facility talk or community dialogue on IPTp

- **Discussion Guide: Stop Malaria in Your Community**

This guide is meant to be used to Stop Malaria in Your Community. It is meant to help facilitators hold group discussions with community members to help them understand malaria transmission, prevention and treatment; and encourage them help stop malaria in their communities.

- **VHT discussion guide**
Used for health facility talks and outreaches and health assistant talks at schools

- **Malaria Grain sack for community sensitization**

  The malaria grain sack consists of pictorial images meant to aid community discussions geared towards increasing peoples' competence to reduce malaria related sickness and deaths, increase the knowledge of malaria transmission, prevention, treatment and encourage them to take part in the eradication of malaria.

- **Guide - School malaria awareness session**

  Guide - School malaria awareness session

- **Health assistant activity report**

  Form - Health assistant activity report

**School Engagement**

The school health program is designed to build pupils, school staff and community's competence to adopt positive behaviors towards malaria control. The pupils were encouraged by the teachers and HAs to carry key messages back home to their parents and guardians. School
activities included the use of school health clubs, the creating of "talking" compounds and a nationwide music, dance and drama competition.

Resources:

- **Qualitative assessment of school and community activities.**

  Qualitative assessment of school and community activities

- **Manual School Health Program: Malaria Awareness and Action**

  This manual explains the key Stop Malaria Project messages and guides school leaders and teachers about how to implement malaria prevention and control activities in their schools.

- **Music, dance and drama competition concept note**

  Stop Malaria, UNICEF, and the Ministry of Education identified malaria as the theme for the annual music, dance, and drama competition. This nationwide competition had schools from each district competing on various performance categories and using it as a platform for disseminating malaria messages. The competition received much media coverage, helping ensure that administrative and political leaders as well as parents were being reached by the campaign. This document summarizes the concept behind the campaign and steps to be taken to implement it.

- **Guide: School Malaria Awareness Session**

  The SMP focus on schools is part of the project?s approach to build competence among pupils, teachers and school management members to stop malaria deaths and morbidity in their area. Specifically the process aims at ensuring that they identify the roles they can play in contributing to improvement of the project indicators.
Mass Media

As part of its integrated approach, the Stop Malaria Project tapped into mass media to change knowledge, attitudes and behavior related to malaria prevention and treatment. The interventions primarily consisted of radio spots and print materials for the Test and Treat campaign, intended to demand for malaria services by helping individuals, families and communities to better understand the impact of malaria and the need for malaria services; engage community members to become 'agents of change'; becoming more involved in promoting proven and effective malaria prevention activities in their communities.

Resources:

- **Malaria Song & SMYC Jingle by Bobi Wine and Samalie Matovu**

Two popular local artists, Bobi Wine and Samalie Matovu, produced a song promoting net usage, diagnostics and treatment. The song was later adapted as the jingle for the Stop Malaria in Your Community Campaign.

Go to this link to listen to the full song:
https://www.jhuccp.org/sites/default/files/Malaria%20Song%20Stop%20Malar...
Malaria Song Lyrics

INTRO

Well this Year next year and each and every year One million children die of Malaria
What is the Solution to save the African Children Dem and the Pregnant Women Dem
Take this as a warning and save your life and your pregnant wife
Bobi Wine Swangz Avenue Bussssssssssss
God Knows

VERSE ONE

Nabadde ko eyo muddwaliro Naye atte kyenalabye kyaantisizza okamala
Tettukifanako nga naye atte bwotunula tulina ekizibu atte nga Kibbi
Nakizuudde nti abaana Kakaadde kalamba kaafa buli mwaaka
Atte nga amabuujje gaaffa ekintu kyetusobola okutaasa
Tuttya nyo mukenenya naye malaria atta okusinga mukenenya
Bwolwaala malaria munaku sattu bakyainza okubikka
Abo abakyaala abavaamu embuto malaria Yasinga obajja mu embutto
Bwatuusse ku bwaana Obutto nange nendowoza kubutooto bwange

CHORUS

Kati Mussawo Kyembuzza Okwewala omusuujja gwensilli Omuntu Akola atya?
Genda Ma?angu ogulle akatiimba Kensilli Osulle nga?omwo
Atte bweguba nga gunkutte Okujanjjaba Obulungi nina kolla ntya
Awo ogenda wamusawo naye bwakuwa eddagala omalayo dozi X2

VERSE 2

Kalle ensilli ezibatigomya nolussi ye mwe muzeyolela
Mubutaba bwa?amaazi agawaganila nobusiko siko obwo bwemutalima
Kati awo wezibika amaggi bwegaalula nemuvaamu ensilli
Olwo ensilli bwezikuluma kyekivaako malaria
Ogenda okulaba muli teweyagala
Obulumi mumugongo nne munyingo nga nno mubilli gwonna olwo gwokelela
Ella Omugezzi ewo?omusawo gyo?okeela

CHORUS

Whatever is wrong with us why cant we see what is killing Us?
Temudawo okwebuuza lwaaki abakyaala baffa nga bazaala
For example Uganda yemukunsi ezzilli obubi mu?Africa
Okulwaala Kyangu nyo Naye Obujanjabi Babuseella Nyo
Atte Nokwekuuma Kyangu nyo lwakuba olusi tetukifaako nyo
Kati nobwaavu webwavuudde Emilimu jjifudde Iwa bulwaade
Omwaana abadde assoma atuudde Ono Malaria nze Antabuuude

CHORUS
OUTRO

Eee hee

So member we living in danger
So every one affi be a soldier
Coz we having a common enemy
Misses Anopheles Mukyaala Nsilli
Eeeh hhee

Tusoobola Okulwanisa ensili netwegoba ko omusujja
Ye man! Samali Matovu
Bad Bobi wine Swangz Avenue
The Edu tainment this Time Staaaaappppp

• Radio spots - "nets saves lives, worth the cost," and "malaria signs, seek treatment"

Radio spots - "nets saves lives, worth the cost," and "malaria signs, seek treatment"
Available in Luganda and Ateso

• Radio talk show talking points

A series of radio talk shows featuring guest speakers focused on different malaria topics.

• Street pole signs

Street pole signs used during the Christmas season.
Poster: Sleep under your net every night

This job aide helps depict the way community persons should use and care for their long lasting insecticide nets.

- **Guide- Utilizing Radio for Behavior Change in Malaria Prevention**

Health Care Providers

In this section there are a number of resources and job aids that were developed to support health care providers with accurate and easily understood information to improve overall quality of services.

*In Kantumu HCIII in Kumi District, a health care provider points to a poster that she refers to in order to correctly administer IPTp.*

*Photo Credit: Kim Burns Case*

**Resources:**
Guide: Orientation for the Malaria in Pregnancy Prevention Calendar

The calendar should be used every time a pregnant patient visits her healthcare provider. The point at which the patient is in her gestation period will dictate how the job aide will be used during each visit. The job aide provides valuable information for each stage of the pregnancy – from conception to birth.

• **Poster: Gestation Wheel**

Gestation Wheel

• **Poster: How to Counsel a Pregnant Woman about IPTp**

A multi-step poster describing proper counselling of pregnant women for malaria prevention.

Net Care and Repair

Net care and repair refers to actions that will maintain mosquito nets in good condition so they can be used for the prevention of malaria. Caring for nets means preventing damage to nets by handling nets carefully, keeping them away from sources of damage and washing nets gently and not too often. Repairing nets means closing holes and tears as soon as they appear by stitching, patching, tying knots or any other method.
From 2013 to 2014, Stop Malaria Project, in partnership with Serere District and the NetWorks Project, piloted the first net care and repair SBCC campaign in Uganda. Activities included a song contest, forum theater, radio spots, a radio show and the inclusion of net care and repair classes in the district's primary school curriculum. The evaluation found that nets belonging to families who were exposed to the BCC campaign were likely to be in better condition. These results suggest that net care and repair SBCC is a feasible and effective way to maximize the life of nets, thus ensuring optimal protection from malaria and leading to savings in net procurements.

Resources:

- **Net Care and Repair**

  This toolkit contains resources for program planners and NMCPs related to the care and repair of mosquito nets. It includes formative research tools, protocols, and reports; materials developed for BCC campaigns around care and repair, and tools and questionnaires for evaluating net care and repair behaviors.

  Click the link below.

**Test and Treat (Don't Guess, First Test)**

Early and accurate diagnosis is essential for effective disease management and surveillance. Testing improves the care of all patients with fevers, particularly by helping to identify patients who do not have malaria and need different treatment. It may also help reduce the spread of drug resistance and prevent stock-outs by reserving antimalarials for those who actually have malaria.
In June 2011 the MOH implemented a new policy encouraging testing and formal diagnosis of malaria before the prescription of anti-malarial medicine. Despite this policy change, many children are still getting anti-malarial medicines without confirmation of malaria. The 2011 Demographic Health Survey (DHS) showed that only 25% of children with fever get tested for malaria while 46% receive an anti-malarial.

The "Don't Guess, First Test" campaign emphasized the necessity of testing for malaria before treating. The Stop Malaria Project (SMP) implemented the campaign in 18 districts on behalf of the NMCP. The aim of the campaign was to build trust in malaria test results among clients and public health providers. It also sought to increase the proportion of clients with a fever who are treated appropriately. This means refraining from prescribing anti-malarials when test results are negative for malaria and assessing the patient for other causes of fever. Evaluation results suggest that the campaign was effective in changing providers and caregivers knowledge, attitudes and behavior.

All of the resources for this campaign are on the Communication for Malaria Diagnostic Testing Toolkit. The site includes radio and print materials aimed at parents and the general public (such as the poster above). It also contains materials designed to improve providers’ skills in managing fever cases and communicating with patients and caregivers.

Resources:

- Communication for Malaria Diagnostic Testing Toolkit

The Communication for Malaria Diagnostic Testing Toolkit is a resource for communication materials designed to promote testing for malaria and adherence to test results. This site includes radio and print materials aimed at parents and the general public. It also contains materials designed to improve providers’ skills in managing fever cases and communicating with patients and caregivers.

These resources were developed under the leadership and endorsement of the Ugandan National Malaria Control Program and were supported by the USAID/PMI-funded AFFORD and Stop Malaria Projects. They were launched under the banners of the "Don't Guess, First Test" and "Power of Day One" campaigns.

Health Systems Strengthening
Stop Malaria Project liaised with a variety of partners and stakeholders in order to strengthen health systems and reduce the burden of malaria in Uganda.

*Photo*: Volunteer interns sort and file data from the LLIN distribution campaign at the Resource Center. The Resource Center was handed over from Stop Malaria Project to the Ugandan Ministry of Health in November 2014.

**Resources:**

- **Summary of Findings: District Rapid Assessments**
  
  Introducing SMP to relevant district officials and gathering information to help SMP plan activities

- **Presentation: FY10 Planning Meeting to PMI**

  Presentation: FY10 Planning Meeting to PMI

- **Presentation: Stop Malaria Project Introduction to NMCP**

  Presentation: Stop Malaria Project Introduction to NMCP

**Updated National Policies and Guidelines**

Resources:
Addendum for the National Policy Guidelines and Service Standards for Sexual and Reproductive Health Rights, 3rd Ed.

Over the last decade, much progress has been made in line with new scientific evidence in the course of malaria; in particular: Malaria Case Management - including Malaria in Pregnancy. This document therefore, is an addendum with Malaria in Pregnancy updates (parallel with the current WHO recommendations) for the National Policy Guidelines and Service Standards for Sexual and Reproductive Health Right, Third Edition, 2012:

Uganda National Malaria Control Policy

Uganda National Malaria Control Policy

Uganda National Malaria Strategic Plan

The Plan covers the fiscal years 2011/12 to 2015/16, and it succeeds the Malaria Control Strategic Plan of 2006 -2010. The plan is intended to first and foremost help the Ministry of Health fulfil its mission, which is "to provide the highest possible level of health to all people in Uganda through promotive, preventive, curative and rehabilitative health services at all levels." This plan will guide all government and non-government actors in their regular medium-term and annual planning and budgeting exercises. Thirdly, it will help NMCP, as the health sector coordinator, to negotiate with other government sectors/agencies, other actors in the health sector, and external funding agencies the scope and use of their investments in the malaria control program in Uganda over the 5-year period.

NMCP three (3)-year work plan

This 3-year plan estimates the amount of work to be done for the first three years based on the National Malaria Strategic Plan's objectives.

National Malaria Strategic Plan M&E Plan
A sound monitoring and evaluation (M&E) framework is critical for the success of malaria program implementation. An appropriate performance framework can demonstrate outcomes and impact achieved in prevention and control of malaria.

This M&E plan has been written to ensure that indicators, their definitions and means of data collection and measurement are comparable over time. It is also meant to reduce duplication of efforts by both partners and MoH through ensuring the core principle of the Roll Back Malaria (RBM) partnership. In addition, the purpose of this M&E plan is to monitor and evaluate the strategic plan for the National Malaria Control Program (NMCP) - 2011/12 to 2014/15. The plan also identifies desired data sources and roles of key malaria M&E stakeholders in the country.

- **Manual for Malaria Diagnostics Quality Assurance**

- **Uganda Malaria Reduction Strategic Plan 2014 ? 2020**

  The purpose of the Uganda Malaria Reduction Strategic Plan 2014 ? 2020 is to provide a common framework for all stakeholders to accelerate nationwide scale up of evidenced-led malaria reduction interventions by the government, its development partners, the private sector and all stakeholders. It stipulates the priority interventions, the strategic re-orientations and the investments required for achieving the goals and targets.

- **Malaria Program Review Report 2001-2010**

- **National Guidelines for Parasite-Based Diagnosis**
The overall objective of these guidelines is to ensure harmonized, standardized and well coordinated roll out of malaria diagnostics at all levels of health services delivery in both private and public sectors including the community level. These guidelines will streamline the overall implementation of parasite based diagnosis of malaria by all stakeholders and ensure that all suspected malaria cases are subjected to laboratory testing before treatment with antimalarial drugs.

The availability of these guidelines will complement other malaria prevention and control interventions; and will lead to provision of quality malaria services at all levels of service delivery in both private and public health facilities including the community level. This will be achieved through social mobilization, provision of adequate logistics and supplies for malaria diagnosis and improvement of service provider skills.

**Mid-term review of the 2010-2015 National Malaria Strategic Plan**

This review assessed the implementation of the 2010-2015 National Malaria Strategic Plan. Several achievements and obstacles were noted. The document identifies key actions for the follow-on policy, the Uganda National Malaria Strategic Reduction Plan 2014 ? 2020.

**Integrated Support Supervision**

Integrated support supervision (ISS) was an important strategy during the Stop Malaria Project. National and district level health officialis would be supported to travel to health facilities and assist with improving quality of services, storing of products, data collection, filling out of national registers and other areas that can improve malaria control at the facility level.

**Resources:**
Malaria in pregnancy training guide

The training guide contains guidelines for trainers and for supervising malaria in pregnancy services. The attached document contains some comments because the malaria in pregnancy working group is reviewing and updating it. A report from a training and support supervision exercise is also available here for reference.

Support Supervision Tool

A tool used to facilitate mentorship and constructive observation through support supervision of health care providers.

Integrated support supervision checklist and associated reports

Checklist for malaria supervision & monitoring at facility & community levels

Support to NMCP in Planning and Coordination

Stop Malaria Project provided support to NMCP in planning and coordination.

Resources:

Uganda National Malaria Control Program Annual Work Plan July 2010-June 2011

In line with the vision of NMCP, the plan aims at improving life expectancy and change the malaria endemicity in Uganda through scaling up a package of integrated interventions for sustainable impact.
This plan, therefore, focuses on translating intervention strategies to effective and efficient service delivery activities. The plan also endeavors to consolidate MoH and partners' efforts to comprehensively tackle inherent weaknesses in our health system.

- **Presentation: SMP District Work Plan Planning Process**

Presentation: SMP District Work Plan Planning Process, presented by Central Division Technical Team Leader

- **Equipment supplied to NMCP**

Equipment supplied to NMCP

**Quarterly Regional Review Meetings**

Regional quarterly review meetings provided an opportunity for both political and technical district officials to meet together at a regional level. In these meetings data was shared from the district level activities and ideas were shared by well performing districts.

**Resources:**

- **Presentation: Quarterly Review Meeting - NMCP Capacity for M&E**
• **Presentation:** Quarterly Review Meeting - Project Start-Up Activities

Rapid District Assessment of Project Start-up Activities

• **Sample review meeting materials**

Presentations and minutes from a regional review meeting

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**Project Implementation Documents**

In this section are the work plans, performance monitoring plans as well as quarterly and annual reports. These routine documents provide a detailed record of the whole project. For an overview of the project, look for the end of project report on the tab on the right.
Annual Workplans

These documents describe Stop Malaria's planned activities for each fiscal year.

Resources:

• Summary of Findings: District Rapid Assessments

  Introducing SMP to relevant district officials and gathering information to help SMP plan activities

Performance Monitoring Plans

Here are the performance monitoring plans (PMP) for the project.

Annual Reports

This section contains the project's annual reports from 2008 to 2014. Quarterly reports are below.

Resources:

• Quarterly Reports

  Quarterly reports for quarters 1 -3. The annual reports are submitted instead of quarter 4 reports.

End of Project Report & Presentation

The end of project report contains the key strategies, results and personal interest stories. The
Other Documents

Resources:

- **MOP Presentation: Stop Malaria First Year Project Progress to USAID/PMI**

  Presentation to USAID/PMI on SMP achievements, key activities, challenges and plans for FY10.

- **Branding and Marking Plan**

  In compliance with Marking Under Assistance Instruments (22 CFR 226.91), USAID and The Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs Cooperative Agreement No. 617-A-00-08-00018-00 hereby presents the Branding and Marking Plan to be applied to the Uganda Stop Malaria project (SMP) and deliverables upon approval.
Stop Malaria Project employed a variety of monitoring and evaluation methodologies and tools to ensure the program met its deliverables. Primary M&E activities included Data Quality Assessments to verify the integrity of data and Integrated Support Supervision, in which health providers received feedback and counselling based on observation of their services. SMP also conducted Health Facility Assessments twice during the projects to identify strengths and weaknesses in the facilities. Population-based surveys were also used to see how well the communication campaigns were reaching communities and changing behaviors.

Photo: Data Quality Assessments measure and verify the frequency of intermittent preventive treatment of malaria in pregnancy (IPTp) underway at a local health facility.

Resources:

- **Comprehensive Malaria Response**

  The *Comprehensive Malaria Response* document is the end of project report for the Stop Malaria Project. It contains descriptions of the key strategies, result highlights, beneficiary testimonies as well as lessons learned and recommendations.

- **Presentation: Monitoring and Evaluation Training**
Workshop

A 20-slide orientation to monitoring and evaluation for the Stop Malaria Project.

- Stop Malaria Project Overview Poster

This poster provides an overview of the project, including its approaches and accomplishments.

M&E Tools

In order to collect data it is necessary to have data collection tools such as the ones here.

Resources:

- Primary Monitoring and Evaluation Forms

A set of forms used to facilitate program Monitoring and Evaluation activities. Includes the following forms:

A. NMCP Annual Reporting Form
B. NMCP Quarterly Reporting Form
C. Commodity Quarterly Reporting Form
D. Mass Media Quarterly Reporting Form
F. Zonal Team Quarterly Reporting Form
G. District HMIS Reporting Form
H. District HBMF Reporting Form
J. Training Activity Form
K. Community Activity Form
Support Supervision Tool

A tool used to facilitate mentorship and constructive observation through support supervision of health care providers.

Research Reports

Stop Malaria Project conducted surveys to assess the performance and impact of malaria activities across a broad number of areas.

Resources:

- Qualitative assessment of school and community activities.

  Qualitative assessment of school and community activities

- Health Facility Assessment Survey Reports

  The HFA surveys assessed the quality and performance of health facility services in SMP districts in 2011 and 2013. District leaders, patients and health providers were interviewed and patient-provider interactions were observed.

- Joint behavior change communication survey report

  Joint behavior change communication survey report

- District LQAS reports

  District LQAS reports
Data Quality Assurance and Data Demand and Use

External Evaluation

In September 2013, an external evaluation of SMP was conducted. The evaluation explains the project's strengths as well as areas of weakness that SMP worked to address over the last few years of the project.

Resources:

- Data Quality Assessment Training Manual
- Data Demand and Use Training Manual
External Evaluation Report

This is an external evaluation report that was conducted in August/September of 2013.

HMIS Strengthening

The Stop Malaria Project worked closely with the NMCP, district health officials and facilities to improve the quality and timeliness of the collection of routine malaria information. Here are some of the critical documents for that activity.

Resources:

- HMIS Forms 2010

Success Stories

These stories provide the reader with greater insight into SMP’s activities, oftentimes through the eyes of the beneficiaries themselves.

A VHT with her baby play during a break in the training.
Resources:

- Comprehensive Malaria Response

The Comprehensive Malaria Response document is the end of project report for the Stop Malaria Project. It contains descriptions of the key strategies, result highlights, beneficiary testimonies as well as lessons learned and recommendations.

- Male involvement making a difference in the uptake of the health services

Success Story 1: Male involvement making a difference in the uptake of the health services

Uganda is a mainly rural population mostly engaged in subsistence farming. Literacy is estimated at 64% for men and 47% for women (DHS 2006). The uptake of reproductive health (RH) services is poor, with low attendance for antenatal care visits due partly to low literacy and economic reasons, but most importantly is the fact that Uganda is a patriarchal society (2002 Population & Housing Census). Men make the key decisions in the homes, yet health is managed by the women. Men play a critical role in influencing the women’s decisions to seek timely health care or antenatal services when pregnant. Even when a woman is employed, she will expect the partner to meet the costs for health care. In contrast, men’s reasons for not getting involved; cultural norms regarding female reproductive health problems, prioritization of both personal and household needs, fear of having to pay the health workers if they went with the women to hospital, and not knowing, as the women do not tell them of their problems. It’s a very ?normal? and common sight at health centers to find pregnant women without the company of their husbands.

The Stop Malaria Project with support from PMI/USAID introduced the ?Stop Malaria in Your Community? communication campaign which aims at positioning malaria as a health pressing issue which requires a collective response. Through the campaign’s mass media and community outreach activities, men as key influencers have been targeted to support the consistent usage of the Long Lasting Insecticide Treated Nets (LLINs), to support their pregnant spouses to attend the Antenatal Care (ANC) Clinics and get the Intermittent Presumptive Treatment for malaria and also seek timely diagnosis and treatment for malaria for their household members. The campaign has attracted the participation of exemplary community couples, political leaders, health assistants and other members of the District Health Team. On the supply side of the health services, the project has provided supportive commodities and capacity building programs at the health facilities, these include job aids,
the safe water jerry cans, cups, aqua-safe tablets and above the Long Lasting Insecticidal Nets.

It’s another Antenatal day at the Soroti referral Hospital and several pregnant women are seen walking into the hospital premises. Acen Susan a first time mother comes in with her husband, Adiama William and they sit together through the Antenatal clinic class. They are given a health education session by Asio Okwii Ruth, the midwife on how to care for the pregnancy and how to protect themselves from malaria which can cause low birth weight babies, abortions and at worst death of both the mother and the baby. William and Susan have travelled 30 miles on their bicycle to come for her first antenatal visit. ?I am very excited to have my husband by my side during this antenatal visit unlike many women who have come alone, we are served first? says Susan.

Mr. William mentions that he heard about the importance of male involvement in malaria prevention through the ongoing malaria radio campaign on the Teso Broadcasting station. In response, he bought a mosquito net for their protection. ?Today, we were about three men in the ANC class but I felt great, I have protected my wife and the unborn child from any possible accidents in this busy city and secondly, can you imagine her walking 30 miles with the pregnancy....ha!? expressed by an energized William. ?As I earlier mentioned, I bought a mosquito net after that intensive malaria radio campaign, we have received another mosquito net which means that we shall both be protected from malaria when my wife gives birth and has to nurse the baby from a separate sleeping space. Better still, the baby will have her own mosquito net,? explains William.

Otema Jackson and Akello Betty who have been married for 10 years with four children, expecting their last born share the similar sentiments with William and Susan. Jackson explains that ever since he started attending antenatal care clinics with his wife, she has never missed a medical appointment and there has been a high sense of security and peace in their marriage.

?To promote male involvement at the facility, priority is given to the pregnant women who have come with their husbands? said Ruth.

School Headmaster Champions for the Fight Against Malaria

When Mr. Ezama Luiji, headmaster of Ndandamwre Primary School, learned about malaria, he took the responsibility of educating the school children and the community about the prevention of this deadly disease on his shoulder.
Malaria prevention effort is clearly integrated in the daily activities of Mr. Ezama as he carries out the role of school headmaster, leading the school not only in the education of science and art, but also in the fight against malaria. He takes the opportunity to address the entire student body during morning assemblies and talks about the importance of malaria prevention.

To follow up on the effects of his talks, the headmaster decided to visit some of the student’s home. Much to his delight, he was approached by a student’s father on one of the home visits.

“The girl’s father thanked me for talking about malaria prevention in school. That is how I discovered that the student had been bringing the message home. The girl also talked to a lot of the people in the community, and the father is telling others to use nets,” said Mr. Ezama.

Seeing the success from the home visiting activity, the headmaster is now planning to scale up the effort. He will be designating a day where all the students go to the community for home visits, bringing with them prevention messages to the community members. Mr. Ezama has also invited the District Health Inspector to join their next PTA meeting where Malaria is listed as one of the official agenda items.

Ndandamwre Primary School serves as the model school in Buliisa District for Stop Malaria Project’s school program.

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**Nets for Everyone in the Family**

Katusiime Gloria, P7 pupil, comes from a family of 24 people. After she learned in school that malaria is the leading cause of death of for children in Uganda and simple measures like sleeping under a treated mosquito net could prevent such a deadly disease, she went home and talked to her father.

“I told my father that 200 children die from malaria every day. It makes us sick. That is the reason we don’t come to school and miss exams,” said Katusiime.

“I also told him that prevention is better than cure,” she added.

As a result, her father decided to buy everyone in the family a mosquito net.

“Before, we had three nets. Two was for my grandparents and one for my parent and young children,”

Now the family owns 24 nets, one for each member. Katusiime talked to her brothers and sisters to ensure that they would sleep under the net every night. Her father also took the
message and passed it on to their neighbors. He talked to their five neighboring households about the importance of sleeping under a mosquito net. She says the neighbors also sleep under nets now.

Katusiime shyly admits that sometimes when it is too hot they want to remove the mosquito nets, but she adds on saying how people have realized the benefits of the nets.

?Usually after 7 pm, it is impossible to move around. There are too many mosquitoes. With the nets, we can keep them out. We even eat under the nets!? 

When asked whether the kids in school are talking about malaria in school, the young girl nodded.

?Children are learning. When they move around [the talking compound] playing they are talking about it,? Katusiime explained. ?The Primary 1 students haven?t learned English yet, but we explain to them what the messages are about.? 

Success Story from Kyogo Huntington Primary School in Mukono

Within the Huntington Primary School in the Kyampisi sub-county of Mukono is a headmaster to be emulated throughout Uganda. Strongly dedicated to malaria prevention, headmaster Sewankambo Tom has introduced a variety of unique malaria-related activities in his school. On ?Malaria Day?, which occurs every Wednesday, the teachers wear Stop Malaria Project t-shirts promoting malaria awareness. Over the course of the day, students prepare and present malaria-related poems, songs, and drama skits. Huntington?s ?Malaria Day? is successful in raising malaria knowledge and promoting malaria prevention and treatment behaviors among the student body due to the extraordinary support of the teachers and Mr. Sewankambo.

This excitement for promoting malaria prevention has spread to the surrounding community as a result of the efforts of Mr. Sewankambo and Kasozi Christopher (the health assistant of Kyampisi sub county, Mukono district). With the headmaster?s support, Mr. Kasozi has conducted malaria-specific health education sessions for the pupils at Huntington primary school. These education classes emphasize Stop Malaria Project?s key messages: prevention through LLIN use and IPTp, early treatment-seeking behavior, and proper diagnosis using microscopy or RDT. The malaria education sessions conducted at the school integrate personal behavior change and an appeal for the pupils to share the messages with their family. The pupils are encouraged to discuss the key messages back at home with parents, siblings, and extended family. In this way, the education session at the school is spread beyond those directly involved, thereby influencing behavior change at the community level and maximizing the
impact on malaria.

During SMP’s recent visit to Huntington Primary School, the students demonstrated their thorough knowledge of malaria with ease. One class sang a song about malaria and shared written messages about malaria prevention. When questioned about net use, care and repair, plus early treatment-seeking behavior, the pupils enthusiastically answered every question quickly and accurately. They also engaged in a critical analysis of the effects of malaria infection on school attendance, class work, and taking exams. Further, Mr. Kasozi’s malaria education has empowered pupils to effectively examine the opportunity costs of malaria infection and prevention and conclude that prevention is cheaper than the cost of a mosquito net.

One pupil, Gorretti Nabawesi (P6), epitomizes the aforementioned model of school education impacting malaria on the community level. Gorretti lives with her mother and six brothers and sisters. Prior to Mr. Kasozi’s school visits, Gorretti’s family owned only two mosquito nets. When Mr. Kasozi began the malaria education sessions, Gorretti took special interest in the malaria poems and songs. When Mr. Kasozi taught us a poem on malaria and its effects, it touched me and I realized that back at home we weren’t doing enough to prevent ourselves from malaria, explained Gorretti. She soon picked up the key messages on malaria and discussed what she learned with her mother. Soon her mother bought three more mosquito nets, increasing the family’s total number of nets to five, and ensuring that all eight family members would be protected from malaria every night. Gorretti’s story exemplifies how health education for pupils can be effective in changing household behaviors related to malaria prevention. In fact, by reaching all 482 pupils at Huntington Primary School in the same way, SMP’s malaria education activities can have far-reaching impact on malaria in the surrounding community.

Source URL: https://www.k4health.org/toolkits/uganda-stop-malaria