

# Targeted community sensitization to reduce anticipated refusals in a malaria mass drug administration trial: lessons learned in southern Zambia

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## Background

- The Zambia National Malaria Elimination Centre has embarked on the ambitious goal of eliminating malaria nationally by 2020.
- One strategy to accelerate toward elimination is the selective use of mass drug administration (MDA) with dihydroartemisinin-piperaquine (DHAP) in combination with good vector control.
- As the trial phase of MDA involved testing entire communities and giving them DHAP whether or not they tested positive for malaria, it was anticipated that some might refuse to be tested or refuse to take DHAP after testing negative. Therefore, there was a need for strong community sensitization to bolster acceptance of the programme and reduce refusal in participating communities.

## Methods

- As part of the recent trial to evaluate the effectiveness of MDA, 20 randomized health facility catchment areas were wholly targeted in Zambia's Southern Province for this community-based treatment strategy. In anticipation of this trial, research-based field activities were conducted to promote the update of MDA at community, household, and individual levels in 2014 and 2015.
- High coverage was deemed essential to the effectiveness of MDA and refusals were monitored closely through a household survey carried out during treatment campaigns associated with trial interventions.
- Brochures and job aids were pretested with targeted community members and local leaders who might influence trial participation and treatment adherence in their communities.
- The cooperation of chiefs and local headmen was critical as it showed the trial had the endorsement of local leadership.



Members of a local theatre group after an entertaining performance in Livingstone.

## Methods continued

- Village meetings were a platform for explaining the benefits of the MDA programme to community members. Villagers had the opportunity to seek clarification during these meetings.
- Local headmen who had been oriented on the programme facilitated the meeting in local languages with support from the district medical office.
- Local drama groups performed entertaining sketches and dances echoing and emphasizing the key messages of the MDA programme and the need for community members to participate.
- Radio scripts containing recognizable jingles were developed, translated into the local language, and aired on local community radio stations.



A mass drug administration brochure (in Tonga)

Table 1. Treated and untreated individuals in visited households

	Round 1	Round 2	Round 3	Round 4
Total eligible individuals	119,898	88,272	96,536	86,928
Individuals treated	103,966 (86.7%)	73,682 (83.5%)	86,605 (89.7%)	72,541 (83.4%)
Absent	6,065 (5.1%)	8,240 (9.3%)	9,819 (9.3%)	8,467 (9.7%)
Refused treatment	1,274 (1.1%)	701 (0.8%)	982 (0.8%)	905 (1.0%)

## Results

- A household survey indicated that, among participants, the perceived benefits of participation usually outweighed the potential drawbacks. Refusal rate among those present at the households and eligible for treatment at the time of the campaign visits was only 2%.
- A more significant share (>5%, see Table 1) of the reduction in coverage was attributed to absentee household members.
- Effective community sensitization is key for successful implementation of treatment campaigns.
- The study showed that community members were generally happy with the programme.
- The community sensitization helped to address myths and misunderstandings of the MDA campaigns.



A former ward chairman addresses community members at a village meeting in Mazabuka.



A drama member entertains villagers at a sensitization meeting.

## Results continued

- Through a few monitoring activities, we established that community members attached great importance to community sensitization which was done through village meetings, drama, radio, and public address system.
- Further, we learned that communities that received messages through various sensitization channels were able to echo key messages on MDA, including the benefits and eligibility. "They told us that the malaria medicine is good for protecting and treating malaria," a participant said.



MACEPA and MPH staff pay a courtesy call on His Royal Highness Chief Moyo in Pemba District.

## Conclusions

Understanding and working through local community structures that are trusted and respected by community members, seeking the help of traditional leaders, and working through local district-level health staff for community meetings all played a central part in the approach taken. The MDA programme was well accepted partly due to the targeted sensitization approach which enhanced health personnel at district, facility, and community levels to be responsive and also to mobilize communities to participate in MDA activities. For future MDA programmes, community sensitization should focus on increasing coverage in specific populations, such as children in school and seasonal migrants. Tools for measuring the success of community engagement must be developed and introduced prior to implementation.

