2022 CLA CASE COMPETITION

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Case Title:

The synergy of CLA & innovati communication approaches in compounding malaria indicator

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Community opinion Leaders pause and reflect with the Project communication specialist during a community outreach. Credit: Moses Kintu-USAID's MAPD

Summary:

Malaria is a disease that inexplicably affects the vulnerable rural population and it continues to kill millions of people especially children under five and greatly impedes overall socio-economic progress and lowers the country's GDP. Holistic behavioral change is fundamental in malaria control and prevention, and achieving sustained behavior change requires relentless reminders and innovative and reflective thinking of communication approaches.
This case study therefore examines the effectiveness of the USAID's Malaria Action Program for Districts in employing a CLA approach in its innovative communication approaches in reducing malaria related indicators in the different regions of implementation.
To sustainably accomplish this, the program embraced the different key fundamentals of the CLA approach, and these were, strong internal collaboration within the program, like the different consortium members, key team members like the communication, Monitoring and the Technical team members. Calculative external collaborations, technical evidence base, scenario planning, M&E for learning, Pause and reflect sessions, Adaptive management, a strong culture of openness, relationship & networks, continuous learning and improvement and decision making, budgeting and staff composition were all employed in the implementation of this approach. Leveraging on all these provided a smooth sail in harnessing sustainable change in the different areas served.
The CLA approach was incorporated in the overall project design. For all the three project's result areas to be achieved, it necessitated collaboration with the national, district and community leadership, and this collaborative learning of the innovative communication approaches helped to improve malaria related indicators.

Which two subcomponents of the Collaborating, Learning & Adapting (CLA) Framework are most reflected in your case? Please reference them in your submission.

- Internal Collaboration
- External Collaboration
- Technical Evidence Base
- Theories of Change
- Scenario Planning
- M&E for Learning
- Pause & Reflect
- Adaptive Management
- Openness
- Relationships & Networks
- Continuous Learning & Improvement
- Knowledge Management
- Institutional Memory
- Decision-Making
- Mission Resources
- CLA in Implementing Mechanisms

1. WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) prompted you to collaborate, learn, and/or adapt?

Malaria continues to pose a serious challenge in Uganda and Sub-Saharan Africa as a whole. Uganda bears one of the 3rd highest global burden of malaria cases (5%) and the 7th highest level of deaths (3%) (World Health Organization (2019). World Malaria Report 2019). For malaria prevention and control interventions to achieve their desired objectives, it's imperative to have continuous and appropriate malaria messaging through innovative communication approaches.
The USAID's MAPD interventions were in some of the highly malaria endemic regions in Uganda and that is West Nile and South Western Uganda. Malaria Consortium provides an avenue for multiple and recurrent feedback loops intended for constant learning, and this has greatly aided the adaptation of the different components of CLA approaches to boost lasting change in the project interventions in the fight against malaria over the years.

The recurring malaria upsurge in the country that has characterized the entire 5-year MAPD's period of implementation, triggered the need for more innovative communication approaches to further enhance malaria prevention and control in the 5 regions of implementation and t

Usually in patriarchal societies, men exercise a substantial role over the household's decision making, yet on the other hand, holistic gender equality is fundamental to the 2030 Agenda for Sustainable development. With a particular focus on the men since they are key decision makers at the household level, and yet not usually targeted in these communication interventions. With this therefore, there was an ardent need to design innovations that closely involve and indulge men in the response since they play a major role towards health financing at the household level.

Through use of networks across the system (working with the community volunteers), there was expansion in situational awareness, which aided understanding the community dynamics which in the long run informed decision making on the next steps.

2. WHY: Why did you decide to use a CLA approach? Why was CLA considered helpful for addressing your organizational or development challenge(s)?

Malaria Consortium's culture of multiple and recurrent feedback loops intended to foster learning, which has greatly aided the adaptation of the different components of CLA approaches to boost lasting change in the project interventions in the fight against malaria over the years.
All the different regions were uniquely different in regard to their cultural beliefs and norms. With intensified knowledge sharing through performance review meetings and project learning sessions, the team equipped itself with the dynamics of the malaria upsurge, and this was done in close collaboration with the National malaria control division that greatly supported the endeavors of MAPD and ensured that some project team members were part of the Malaria Technical Working groups (TWGs).

Capturing male involvement in the project interventions was a very big challenge despite their significant role in household decision making in regard to healthcare. At the start of the project, monitoring data indicated low uptake of ANC services, like low ANC turn-up, low IPTp and LLINs uptake, high malaria in pregnancy, Test positivity rate (TPR), malaria incidence at OPD and IPD, and malaria mortality rate.

With these comprehensions, USAID's MAPD was prompted to rethink its communication strategies and opportunely, the CLA approaches were already embedded in the Project's design and theory of change from initiation, which aided the team to swiftly make an intentional modification in activities and communication. This required the team to make use of the CLA framework components; external and internal collaboration, reflective learning, openness to change, relationships & networks and adaptive management.

3. How: Tell us the story of how you used a collaborating, learning and/or adapting approach to address the organizational or development challenge described in Question 2.

The USAID's MAPD intentionally began the project with the AMELP clearly spelling out the CLA approach in the project design. However, despite the implementation of project interventions with a CLA perspective, the data from DHIS2 continued showing low performance of malaria indicators especially the Test Positivity rate (TPR) and the malaria in pregnancy indicators. With this kind of background, the team deliberately paused and reflected on how best to bring about change in the communities served. The team had to get back to the drawing board, conduct consultative meetings with the district, sub county and village leaderships, not forgetting the national level leadership. These sessions brought a whole new perspective to light where the team appreciated the ardent need to target men since they are key decision makers at the household level and ideas were shared on how best to achieve this and it was from this that the idea of innovative communication approaches emerged.

The internal periodic learning sessions provided a platform for purposeful learning and unlearning. The knowledge and learning generated from the learning (pause and reflect) sessions facilitated informed programming and helped in improving messaging and approaches used in programming.

There have been tremendous avenues for creating opportunities for mutual discussions to aide knowledge sharing, discussions and sharing valuable information, all intending for long-term behavioral and attitude change among the different stakeholders in the areas of implementation.

a. In close consultative discussions with Malaria Consortium UK office, PMI, USAID and NMCD, the innovative communication ideas were hatched and mutually agreed upon by these different stakeholders who later supported them.
b. With the hatching of the idea, the communication team was then mentored on the innovative communication approach modalities, these later mentored the other project team members.
c. There were a number of pause and reflection sessions regularly organized with the direct community implementers of these communication interventions, and herein, experiences were shared, best practices, challenges, and this provide room for learning and adaptation of best practices for those who were experiencing challenges. These regular meeting majorly aimed at ensuring that the different implementers are able to learn
d. There were a number of workshops that were conducted that incorporated NMCD, District Leadership like the malaria focal Persons, District health Educators, Health Assistants, Religious Leaders, Key Influencers and other community volunteers.
e. Sharing of lessons learnt became the norm during project implementation and this helped a lot in taking real-time corrective actions for better implementation results

In all this, here was critical analysis of gender issues related to health service uptake. For the World cup challenge, the opportunity presented itself since it was a world cup season and an easier target to capture the attention of the men since they are the biggest consumers of this kind of entertainment and therefore it was imperative to use this avenue for edutainment to increase awareness among the men.
On the other hand, the zooming-in approach leveraged on the fact that, due to the COVID-19 pandemic, we could no longer hold community dialogues due to the Ministry of Health guideline and restrictions on public gathering and in this case therefore, household gatherings became the ideal target since gatherings were restricted to 10 persons which is the average number of HH members in Uganda.

For all this there were continuous deliberations with key stakeholders which facilitated collaborative discussions in a mutual and transparent manner with the different stakeholders, at the global, national, district and community level. This was intended to foster a sense of ownership and sustainability. At all the different levels. was intended for wise counsel, buy-in, ownership, and sustainability.

4. ORGANIZATIONAL IMPACT: How has collaborating, learning and adapting affected your team and/or organization? If it's too early to tell, what effects do you expect to see in the future?

The CLA approach was incorporated in the project interventions right from the initial stage and this was clearly laid out in the Activity monitoring and Evaluation Plan (AMELP). To foster collaboration among the project consortium members, it was ensured that the meetings were holistically conducted.

There has been continuous opportunity for the Communication team, Monitoring and Evaluation team with the liaison of the communication team from NMCD to pause and reflect. This provided a platform to share experiences and the NMCD team to provide guidance to ensure alignment with the national malaria strategy.

Positive results have been envisaged in the collaborative learning and adaptation through routine data in the DHIS2 with improvement in TPR. This clearly portrayed the effectiveness of the program in shifting from just implementing to nurturing learning and adapting to the best practices.

For the World cup challenge campaign, an abstract was written and this won the 2nd place in the presentation competition for the RBM Social and Behavior Change Communication Working Group 5th Annual Meeting in 2018.

As a result of employing the CLA framework in the different communication interventions, there is heightened vigilance among the Community Key Influencers and district leadership in monitoring malaria upsurges, spikes or epidemics at the health facilities and in the communities at Household level.

There is now room for performance feedback, innovative learning, community dynamics sharing and challenges and risks in all the project interventions as a result of the collaborative learning that is conducted through pause and reflect sessions, and performance review meetings with the different stakeholder at the national, district and community level and those conducted internally with the project consortium members and staff.

5. DEVELOPMENT IMPACT: How has using a CLA approach contributed to your development outcomes? What evidence can you provide? If it's too early to tell, what effects do you expect to see in the future?

Results from the zooming-in evaluation indicated a total of 1367 persons were interviewed, with 431 (31.5%) in the control arm and 936 (68.5%) in the intervention arm. Overall, 1196 (88.1%) owned mosquito nets compared to 161 (11.9%) without. 76.1% of the respondents in the intervention group attested to always sleeping under a net compared to 69.6% in the control group. TPR in the intervention group was at 52% and 61% in the control group. Proportion of malaria in pregnancy was 13% and 21% in the intervention and control arm respectively, while uncomplicated malaria was 29% in the intervention arm and 42% in the control arm, and severe malaria at 22% and 27% in the intervention and control arm respectively. There were 12% more households with males that received ANC services compared to those without (25% vs 13%). Women in the control, and with males were 2 times more likely to have had malaria in the past one month compared to their counterparts in the intervention arm in the same category. Malaria in pregnancy was 8 times higher in the control arm compared to the intervention arm (21% vs 13%)

On the other hand, the World cup challenge evaluation indicated a total of 197,200 people reached during the activation. 21453, during the world cup matches and 175747 persons prior to the world cup broadcasts, reaching out to schools, markets and health facilities during day. Districts in the interventions arm were more likely to have improvement in most of the project's indicators compared to their control group counterparts. This can be evidenced in the IPtp and ANC indicators, where there was an increment of 78 to 81%, 68% to 72% and 40 to 52% for IPTp1, IPTp2 and IPTp3 respectively. The intervention group, experienced an upward trend for the women attending their 4th ANC visits from 41% to 43% and a downward trend for the control arm from 40% to 39%. Malaria in pregnancy was 7% and 10% in the intervention and control respectively. Proportion negative cases treated with ACTs also reduced from 65% to 12%. From the world cup activations, it was concluded that edutainment is a very holistic communication approach in influencing social behavior change especially among semi-illiterate persons, and capturing the attention of men.

6. ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?

Among the enabling factors were:
i. MAPD had routine field visits to the community-based volunteers (Key Influencers, religious and cultural leaders) at the sub county level. These visits provided room for supportive supervision, coaching and mentorship sessions to ensure approaches are implemented as agreed.
ii. A collaborative, reflective thinking and analytical communication team with a wealth of knowledge and experience, spearheaded by a well-meaning, intentional communication specialist.
iii. The regular Reflective thinking communication sessions.
iv. Mass Action Against malaria platform.

The downside
i. Time: There wasn't ample time accorded to the intervention to aid follow-up and replication of the interventions to other areas.
ii. The political climate: The zooming-in approach intervention happened during the presidential campaign period, so most of the people were not at home during the home visits.
iii. COVID-19: This hindered optimal intervention due to the transport and movement restrictions, and early curfew hours.
iv. Finances: Inadequate funds for follow-up of interventions, forexample, the World cup needed to have been maximized with the follow-on of the premier leagues, and follow-up was also required for the zooming-in approach to ensure that the actions agreed upon are incorporated in the different communities' way of life. This also hindered the replication of best practices to other areas where the interventions hadn't rolled out.

Recommend
i. The need to work closely with the existing structures – do not re-invent the wheel. This greatly ensures quick buy-in, ownership and sustainability of interventions.
ii. Whereas knowledge management is very important. It may not work on itself in entirety, it needs to be backed up with intentional acts, a well-resourced team, finances to move the motions forward and continuous knowledge sharing.