COMMUNICATIONS SUPPORT FOR HEALTH PROGRAMME (CSH)

STOP MALARIA CAMPAIGN CHAMPION COMMUNITY INITIATIVE SURVEY REPORT – JUNE 2013

VERSION 1.1

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Acronyms

ANC	Antenatal Care
BCC	Behaviour Change Communication
CMA	Community Malaria Agent
CSH	Communications Support for Health
CSO	Civil Society Organisation
GRZ	Government of the Republic of Zambia
IPTp	Intermittent Preventive Treatment of Malaria in Pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide-Treated Net
LLIN	Long-Lasting Insecticide Nets
M&E	Monitoring and Evaluation
MIS	Malaria Indicator Survey
NMCC	National Malaria Control Centre
PMI	President's Malaria Initiative
USAID	United States Agency for International Development

1. INTRODUCTION

As a component of the STOP Malaria Champion Community Initiative, the Communications Support for Health Programme (CSH) provides support to participating Civil Service Organizations (CSOs) to survey malaria prevention behaviours in their selected communities. The survey results help inform the development and refinement of CSO activities to increase malaria prevention behaviours. The first survey, conducted in April and May 2013, provided a baseline before the initiative. Using the baseline, CSH worked with CSOs to set targets to be measured against in the follow up surveys. The following report includes the data and analysis of the second survey was conducted in June 2013. Six of the eight districts and their respective communities conducted a second household survey to monitor their progress towards their set goals and targets. Surveys were not conducted in Chadiza and Chipata. For the second round of data collection, the CSOs and their community malaria agents (CMAs) used the same questionnaire (see Appendix 1) as was used during the baseline data collection. Similarly, the same households were targeted for the second round of data collection. Please refer to the baseline report for further information on the background of the campaign and survey methodology.

1.2 The Malaria Champion Community Programme

CSH is working with five CSOs in the eight districts to implement the Champion Community Programme. Communities that are part of this programme are charged with mobilising their community members to improve uptake of various malaria control and prevention interventions and services to help reduce the burden of the disease in their communities. The baseline data were collected in April and May 2013. The baseline findings were presented to each community by the CSOs using a monthly indicator tracking score card and used to plan activities and set targets. The activities the communities implemented included community discussions on malaria prevention, treatment and ANC attendance for pregnant women, sensitisation through drama groups hired by CSOs, and demonstrations on hanging of ITNs. This report presents the first follow up data collection conducted in the month of June to assess the change in the key malaria behavioural indicators following a month of implementing community activities.

2. RESULTS

2.1 Demographic Characteristics

Data collection was conducted in the following eight districts in Zambia: Kasama and Mpulungu (Northern Province); Mansa and Samfya (Luapula Province); and Mongu and Kaoma (Western Province). A total of 95 communities

(villages) were included across the six districts. A total of 6,479 households were covered, representing a population of 30,835. Slightly more than two percent (678) of the population included pregnant women, and twenty percent (6,132) were children under the age of five. Table 1 illustrates the demographic characteristics of the participating communities.

Although the same households were targeted as were in the baseline, CMAs administered the surveys to 6,479 households. The reduction in households was due to Chadiza and Chipata not participating in this round of the survey and seasonal factors beyond the control of the CMAs. These factors included households moving to the plains to plant or harvest their crops outside the programme catchment areas and to fishing camps outside of the selected health facilities.

Table 1: Demographic Characteristics of the Participating Communities

District	CSO	Urban/Rural	Number of Communities	Total Population Covered	Number of Households Covered	Number of Pregnant Women	Number of <5 Children
Chadiza	Panos	Rural	0	0	0	0	0
Chipata	Panos	Urban	0	0	0	0	0
Kasama	KCCC[1]	Urban	3	5,559	1,200	83	1,018
Kaoma	March Zambia	Rural	33	5,373	1,096	148	1,019
Mansa	LUFAID[2]	Urban	6	3,541	639	42	532
Mongu	March Zambia	Urban	27	5,045	1,128	144	1,069
Mpulungu	KCCC	Rural	4	4,974	1,200	98	967
Samfya	GFC[3]	Rural	22	6,343	1,216	163	1,527
Total			**131**	**30,835**	**6,479**	**678**	**6,132**

2.2 ITN Ownership and Use

(a) ITN Ownership

To measure ownership of Insecticide-Treated Nets (ITNs) in the participating communities, the following three indicators were measured:

- The proportion of households with at least one ITN,

[1] Kasama Christian Community Care.
[2] Luapula Families in Distress.
[3] Group-Focused Consultants.

- The proportion of households with sufficient ITNs to cover all sleeping spaces, and
- The proportion of sleeping spaces covered by ITNs (defined as one ITN per sleeping space in the household).

The surveys revealed that there was a slight decline in the proportion of households that own at least one ITN from 75 percent at baseline to 69 percent at the end of June. Four out of the six districts recorded a decline in ITN ownership, with Mansa recording the sharpest decline from 80 percent at baseline to 50 percent at the end of June, as shown in Table 2.

Table 2: Proportion of Households With at Least One ITN by District

Indicator	District	April/May 2013 (Baseline)			June 2013		
		# of households with at least one ITN	Total number of households surveyed	%	# of households with at least one ITN	Total number of households surveyed	%
Proportion of households with at least one ITN	Chadiza	697	1,130	**62%**	n/a	n/a	**n/a**
	Chipata	1,024	1,101	**93%**	n/a	n/a	**n/a**
	Kasama	1,014	1,200	**85%**	995	1,200	**83%**
	Kaoma	837	1,160	**72%**	635	1,096	**58%**
	Mansa	977	1,218	**80%**	320	639	**50%**
	Mongu	1,010	1,155	**87%**	979	1,128	**87%**
	Mpulungu	723	1,291	**56%**	743	1,200	**62%**
	Samfya	823	1,187	**69%**	783	1,216	**64%**
	Total	**7,105**	**9,442**	**75%**	**64,455**	**6,479**	**69%**

Although ITN ownership is an important indication of the success of a vector control programme, it is also important to determine if a household has a sufficient number of ITNs to protect all persons sleeping within the home. The study revealed that while there was a reduction in the proportion of households that own at least one ITN, the proportion of households that had sufficient ITNs to cover all sleeping spaces in the household increased from 34 percent at baseline to 41 percent at the end of June, as illustrated in Table 3. Kaoma and Mongu districts made tremendous progress, increasing from 17 percent and 56 percent at baseline to 52 percent and 80 percent by the end of June, respectively.

Table 3: Proportion of Households With Sufficient ITNs to Cover All Sleeping Spaces in the Household

Indicator	District	April/May 2013 (Baseline)			June 2013		
		# of households with sufficient ITNs to cover sleeping spaces	Total # of households surveyed	%	# of households with sufficient ITNs to cover sleeping spaces	Total # of households surveyed	%
Proportion of households with sufficient ITNs to cover all sleeping spaces in the household	Chadiza	380	1,130	**34%**	n/a	n/a	n/a
	Chipata	767	1,101	**70%**	n/a	n/a	n/a
	Kasama	312	1,200	**26%**	474	1,200	**40%**
	Kaoma	196	1,160	**17%**	566	1,096	**52%**
	Mansa	282	1,218	**23%**	61	639	**10%**
	Mongu	644	1,155	**56%**	899	1,128	**80%**
	Mpulungu	274	1,291	**21%**	304	1,200	**25%**
	Samfya	336	1,187	**28%**	373	1,216	**31%**
	Total	**3,191**	**9,442**	**34%**	**2,677**	**6,479**	**41%**

Although the proportion of households with sufficient ITNs to cover all sleeping spaces in the household increased, the proportion of all sleeping spaces covered by ITNs across the six districts, overall, decreased to43%, with four districts reporting a decline. See Table 4 below for further details.

Table 4: Proportion of All Sleeping Spaces Covered by ITNs

Indicator	District	April/May 2013 (Baseline)			June 2013		
		# of sleeping spaces covered by ITNs	Total # of sleeping spaces surveyed	%	# of sleeping spaces covered by ITNs	Total # of sleeping spaces surveyed	%
Proportion of sleeping spaces covered by ITNs	Chadiza	1,168	2,367	**49%**	n/a	n/a	n/a
	Chipata	2,124	2,648	**80%**	n/a	n/a	n/a
	Kasama	1,327	2,793	**48%**	1,576	2,790	**56%**
	Kaoma	1,308	3,255	**40%**	895	3,286	**27%**
	Mansa	1,914	5,244	**36%**	436	1,976	**22%**
	Mongu	2,190	3,090	**71%**	2,112	3,118	**68%**
	Mpulungu	1,130	2,931	**39%**	1,148	2,849	**40%**
	Samfya	1,573	3,408	**46%**	1,430	3,567	**40%**
	Total	**12,734**	**25,736**	**49%**	**7,597**	**17,856**	**43%**

(b) ITN Use

(i) Use of ITNs by General Population

There was a slight decrease in ITN use by the general population. The proportion of the population that slept under ITNs the night before data collection decreased from 48 percent at baseline to 44 percent at the end of June. Mongu recorded the highest ITN use across all the eight districts, with 67 percent of the population sleeping under a bednet the night before the survey. Mansa District, which had the lowest ITN use at 30 percent at baseline, did not only record a decline to 22 percent at the end of June, but also recorded the lowest figure across all six, as it did at baseline.

Table 5: Proportion of Population Who Slept Under an ITN the Night Before Survey

Indicator	District	April/May 2013 (Baseline)			June 2013		
		# of people in household who slept under ITN night before survey	Total # of people who slept in household night before survey	%	# of people in household who slept under ITN night before survey	Total # of people who slept in household night before survey	%
Proportion of population who slept under an ITN the night before the survey	Chadiza	2,459	5,455	**45%**	n/a	n/a	n/a
	Chipata	3,855	4,842	**80%**	n/a	n/a	n/a
	Kasama	2,514	5,511	**46%**	3,246	5,559	**58%**
	Kaoma	2,162	5,812	**37%**	1,457	5,373	**27%**
	Mansa	1,659	5,615	**30%**	778	3,541	**22%**
	Mongu	3,863	5,336	**72%**	3,363	5,045	**67%**
	Mpulungu	2,198	5,508	**40%**	2,259	4,974	**45%**
	Samfya	2,704	6,109	**44%**	2,594	6,343	**41%**
	Total	**21,414**	**44,188**	**48%**	**13,697**	**30,835**	**44%**

(ii) Use of ITNs by Children Under Five

Literature indicates that children under five years of age are vulnerable to severe complications of malaria infection due to their lack of acquired immunity.[4] Table 6 shows that there was a drop in the overall proportion of children who slept under ITNs at the end of June compared to the baseline (65 percent at baseline and 58 percent in June). However, there were a number of changes at the overall district level with Kaoma, and Mansa reporting a decline whereas Kasama, Mpulungu, Mongu, and Samfya reported an increase. At the district level, trends were similar to the general population, with Mongu reporting the highest use (81 percent). Despite Kaoma District recording the

[4] National Malaria Control Programme. Malawi National Malaria Indicator Survey 2012. Lilongwe, Malawi: Ministry of Health, 2012.

lowest figure (42 percent), Mansa District reported the sharpest decline from 77 percent at baseline to 44 percent at the end of June. See Table 6 below.

Table 6: Proportion of Children Under 5 Years Old Who Slept Under an ITN the Night before Survey

Indicator	District	April/May 2013 (Baseline)			June 2013		
		# of children under 5 years in household who slept under ITN night before survey	Total # of children under 5 years who slept in household night before survey	%	# of children under 5 years in household who slept under ITN night before survey	Total # of children under 5 years who slept in household night before survey	%
Proportion of children under 5 years old who slept under an ITN the night before survey	Chadiza	786	1,091	**72%**	n/a	n/a	**n/a**
	Chipata	899	899	**100%**	n/a	n/a	**n/a**
	Kasama	662	1,073	**62%**	736	1,018	**72%**
	Kaoma	576	1,134	**51%**	431	1,019	**42%**
	Mansa	1,088	1,404	**77%**	233	532	**44%**
	Mongu	709	909	**78%**	861	1,069	**81%**
	Mpulungu	446	1,055	**42%**	533	967	**55%**
	Samfya	576	1,235	**47%**	760	1,527	**50%**
	Total	**5,742**	**8,800**	**65%**	**3,554**	**6,132**	**58%**

(iii) Use of ITNs by Pregnant Women

Pregnant women are at a higher risk for severe malaria because pregnancy suppresses immunity.[5] The survey found that despite the increase in ITN use amongst the general population, there was a decline in the proportion of pregnant women sleeping under ITNs from 69 percent at baseline to 52 percent at the end of June. Kasama District reported the highest ITN use by pregnant women across all districts (65 percent) Mpulungu District, which had the lowest baseline figure of 59 percent, reported a decline to 34 percent at the end of June, which was again the lowest across all the eight districts. See Table 7 for further details.

[5] National Malaria Control Programme. Malawi National Malaria Indicator Survey 2012. Lilongwe, Malawi: Ministry of Health, 2012.

Table 7: Proportion of Pregnant Women Who Slept Under an ITN the Night Before Survey

Indicator	District	April/May 2013 (Baseline)			June 2013		
		# of pregnant women in household who slept under ITN night before survey	Total # of pregnant women who slept in household night before survey	%	# of pregnant women in household who slept under ITN night before survey	Total # of pregnant women who slept in household night before survey	%
Proportion of pregnant women who slept under an ITN the previous night	Chadiza	100	146	**68%**	n/a	n/a	n/a
	Chipata	121	121	**100%**	n/a	n/a	n/a
	Kasama	71	110	**65%**	54	83	**65%**
	Kaoma	91	145	**63%**	61	148	**41%**
	Mansa	75	104	**72%**	20	42	**48%**
	Mongu	75	118	**64%**	88	144	**61%**
	Mpulungu	79	133	**59%**	33	98	**34%**
	Samfya	90	147	**61%**	93	163	**57%**
	Total	**702**	**1,024**	**69%**	**349**	**678**	**52%**

2.3 Prevention of Malaria in Pregnancy

(a) ANC Attendance and Uptake of IPTp

Antenatal care (ANC) attendance by pregnant women significantly increased from 57 percent at baseline to 81 percent at the end of June. All districts except for Mansa reported an increase in ANC attendance at the end of June compared to their baseline figures. Mansa District reported a decline from 100 percent at baseline to 75 percent at the end of June. Similarly, Intermittent Preventive Treatment of Malaria in Pregnancy (IPTp) uptake increased from 55 percent at baseline to 95 percent at the end of June. Trends similar to ANC attendance were observed for IPTp uptake, where all the districts except for Mansa recorded an increase from baseline to June.

Table 8: Proportion of Pregnant Women Who Attended ANC Last Month

Indicator	District	April/May 2013 (Baseline)			June 2013		
		# of pregnant women who attended ANC last month	Total # of pregnant women in the household	%	# of pregnant women who attended ANC last month	Total # of pregnant women in the household	%
Proportion of Pregnant Women who Attended ANC Last Month	Chadiza	78	146	**53%**	n/a	n/a	**n/a**
	Chipata	68	121	**56%**	n/a	n/a	**n/a**
	Kasama	67	110	**61%**	65	68	**96%**
	Kaoma	48	145	**33%**	71	97	**73%**
	Mansa	104	104	**100%**	30	40	**75%**
	Mongu	67	118	**57%**	92	112	**82%**
	Mpulungu	63	133	**47%**	59	81	**73%**
	Samfya	86	147	**59%**	112	132	**85%**
	Total	**581**	**1,024**	**57%**	**429**	**530**	**81%**

Table 9: Proportion of Pregnant Women Who Received IPt Last Month

Indicator	District	April/May 2013 (Baseline)			June 2013		
		# of pregnant women who received IPTp last month	# of pregnant women scheduled to receive IPt in the CMA register	%	# of pregnant women who received IPTp last month	# of pregnant women scheduled to receive IPt in the CMA register	%
Proportion of Pregnant Women who Received IPt Last Month	Chadiza	79	146	**54%**	n/a	n/a	**n/a**
	Chipata	66	121	**55%**	n/a	n/a	**n/a**
	Kasama	59	110	**54%**	63	64	**98%**
	Kaoma	48	145	**33%**	64	70	**91%**
	Mansa	104	104	**100%**	28	30	**93%**
	Mongu	63	118	**53%**	81	85	**95%**
	Mpulungu	63	133	**47%**	58	59	**98%**
	Samfya	80	147	**54%**	109	116	**94%**
	Total	**562**	**1,024**	**55%**	**403**	**424**	**95%**

2.4 Malaria Testing

The Zambian national policy recommends that all persons with fever, including children under age five, be tested for malaria and, if confirmed, be treated. Antimalarial drugs are provided free of charge in all public health facilities. At baseline, approximately 30 percent of the targeted population had a fever during the two weeks preceding the survey. These figures went down to 13 percent at the end of June. Similar downward trends were observed across all the six districts with the lowest being Kasama at six percent (Table 10).

The results also revealed an increase in the proportion of the population with a fever during the two weeks preceding the survey that got a malaria test from 71 percent to 86 percent. At the district level, Kaoma, which had the lowest figures (52 percent) at baseline, made notable progress by recording the highest figures (94 percent) at the end of June (See Table 10).

Table 10: Proportion of Population With a Fever in the Past 2 Weeks Who Got a Malaria Test

District	Proportion of Population With Fever the Past 2 Weeks		Proportion of Population With a Fever the Past 2 Weeks Who Got a Malaria Test	
	April/May 2013 (Baseline)	June 2013	April/May 2013 (Baseline)	June 2013
Chadiza	29%	n/a	85%	n/a
Chipata	23%	n/a	64%	n/a
Kasama	23%	6%	78%	85%
Kaoma	40%	25%	52%	94%
Mansa	33%	17%	91%	87%
Mongu	27%	9%	64%	63%
Mpulungu	26%	10%	68%	85%
Samfya	35%	12%	62%	83%
Total	**30%**	**14%**	**71%**	**86%**

3. DISCUSSION OF FINDINGS

3.1 ITN Ownership and Use

The national vision for ITN distribution is to have universal coverage. In Zambia, universal coverage is defined as ensuring that all sleeping spaces in households are covered by an ITN. To achieve high household coverage of ITNs, various delivery methods have been adopted, including mass distribution campaigns and distribution during ANC to pregnant women.

ITNs are known to be highly effective in reducing malaria morbidity and mortality. However, usage varies among households, and such variations in actual usage may seriously limit the potential effect of ITNs. At baseline, findings showed that overall household ownership of one ITN was high at 75 percent, while only 34 percent of households had sufficient ITNs to cover all sleeping spaces, and only 49 percent of total sleeping spaces were covered by ITNs. At the end of June, there was a slight reduction in household ownership of at least one ITN to 69 percent of all households, and the proportion of households with sufficient ITNs to cover all sleeping spaces in the household had increased to 41 percent, while the proportion of sleeping spaces covered by ITNs decreased to 43 percent. The slight improvement in sufficient ITN coverage per household did not translate into an improvement in ITN usage by the general population; use decreased from 48 percent at baseline to 44 percent at the end of June. While the programme promotes ITN use with a specific focus on pregnant women and children under the age of five, the study revealed lack of progress in this area, with ITN use among pregnant women decreasing from 69 percent at baseline to 52 percent at the end of June; ITN use among children under the age of five also decreased from 65 percent at baseline to 58 percent in June..

The programme does not distribute ITNs; hence ITN ownership can only be increased by encouraging community members to buy ITNs through vendors or having health facilities or/and other organisations distribute them to the communities.

CSOs have informed CSH of only one organization distributing ITNs in the Western Province providing a limited amount to the districts. Based on the limited distribution at this time, the programme cannot rely on increasing ITN ownership through this option. However, most people are used to getting free ITNs (when available at health facilities and through other organisations); thus it would take time to convince them to buy ITNs when they not available for free. In addition, most of communities are situated far away from the towns where vendors sell ITNs, thus making individuals wait to buy until they travel to one of those towns.

Overall, the thrust of the project is to close up the gap between ITN ownership and use by encouraging correct and consistent use of ITNs. This explains why there was slow progress in improving ITN ownership and use.

3.2 Prevention of Malaria in Pregnancy

Pregnant women receive IPTp during ANC visits; hence, the higher the number of women attending ANC, the higher the likelihood that more women will receive IPTp as long as it is available in health facilities. All the trained CMAs in each community keep records of pregnant women and track their attendance for ANC by encouraging them to attend during community meetings and household visits. Survey results revealed a marked increase in ANC attendance and IPTp uptake from 57 percent and 55 percent at baseline, to 81 percent and 95 percent at the end of June, respectively.

3.3 Malaria Testing

To effectively manage malaria, people must seek, obtain, and use medication appropriately. This is linked to timely decision, accessibility, correct use of antimalarial drugs, and follow up.

The proportion of the surveyed population with fever dropped from 30 percent at baseline to 13 percent at the end of June. This could be attributed to seasonal changes, as ITN use did not change much to result into this sharp fall in cases of fever in the targeted population. Survey results further revealed an improvement in malaria testing, which rose from 71 percent at baseline to 86 percent at the end of June. In addition, 93 percent of the people testing for Malaria were positive, but when considered as a proportion of the total population, only 10 percent had malaria.

3.3 Limitations of the Study

CSOs have limited capacity to conduct the data collection and supervise CMAs, greatly impacting implementation of the study. Furthermore, the CSH research staff are unable to provide onsite supervision of the implementation process. And, data are collected on a frequent basis (approximately every two or three months) from the same participants who may be providing the same responses with each survey or anticipating the questions and providing more socially desirable responses. Thus, the numbers reported may be higher than in reality due to a social desirability bias.

4. CONCLUSIONS AND RECOMMENDATIONS

In conclusion, the communities performed well in promoting ANC attendance and malaria testing. However, ITN ownership is still very low, and the rate of pregnant women using ITNs actually declined since the baseline survey. If the rate at which the communities are acquiring and repairing ITNs does not improve, the proportion of the population sleeping under ITNs will start declining, which may lead to an increase in malaria cases. Therefore, it is recommended that CSOs come up with a strategy of increasing ITN ownership in the communities, targeting pregnant women in particular. CSOs should also teach communities to repair damaged ITNs. They should lobby community entrepreneurs to stock their shops with ITNs so people can easily access them and not have to travel long distances to buy them. This should be accompanied by increased sensitisation on the importance of owning ITNs and ensuring that all bed spaces in the households are covered.

5. APPENDICES

5.1 Household Questionnaire

HOUSEHOLD QUESTIONNAIRE
STOP Malaria Campaign

INTERVIEW INFORMATION	
DATE: ……/……/…..…	COMMUNITY:_____
CMA NAME: _____	DISTRICT:_____
	HOUSEHOLD CODE #:_____

Consent

Verbal consent was received for adult member of household:

Yes:_____ No:_____

If applicable, verbal consent was received for the pregnant women interviewed in the household:

List all pregnant women and tick all those that have given consent:

Member ID #: _____ ☐
Member ID #: _____ ☐
Member ID #: _____ ☐
Member ID #: _____ ☐
Member ID #: _____ ☐

Instructions for Questionnaire*:*

Interview the head of the household or an adult member of the household if the head of the household is not present. If there is NO pregnant woman living in the household then leave out section three. Interview individually all pregnant women living in the household.

Section 1

Complete this section using data from the Household Listing form

No.	Questions and Filters	Respondent Answers	Skip	Coding
101	Number of households visited	☐☐		☐
102	Number of people who slept in the household the previous night	☐☐		☐
103	Number of children <5 who slept in the household last night	☐☐		☐

104	Number of pregnant women who slept in the household last night			

Section 2

No.	Questions and Filters	Respondent Answers	Skip	Coding
201	How many sleeping spaces does your household have?	Number of sleeping spaces		
202	Does your household have any mosquito nets that can be used while sleeping?	*Circle answer:* Yes No Unsure Indicate 1 in the box for Yes and 0 for No or Unsure	If no or unsure skip Q207	
203	How many mosquito nets does your household have? *Ask if you can see all of the mosquito nets.*	Number of nets		
204	How many sleeping spaces have mosquito nets?	Number of sleeping spaces with nets		
205	Does household have enough mosquito nets to cover all sleeping spaces? ***Calculate:*** If number of nets is equal or more than number of sleeping spaces then indicate YES but if less then indicate NO.	*Circle answer:* Yes No Indicate 1 in the box for Yes and 0 for No		
206	Did anyone sleep under a mosquito net last night?	*Circle answer:* Yes No Unsure	If no or unsure skip Q207	

207	Who slept under a mosquito net last night? *Reference the household listing form. Each household member has a corresponding ID #. For every household member who slept under an ITN, mark their ID # in the space provided in the column to the right.* *If the respondent does not mention a household member(s), ask if that person(s) slept under a mosquito net last night.*	Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____		
		207 (a) Total number of household members who slept under ITN last night ☐☐		☐
		207 (b) Total number of children <5 years who slept under ITN last night ☐☐		☐
		207 (c) Total number of pregnant women who slept under ITN last night ☐☐		☐
208	Has anyone in the household been ill with a fever at any time in the last two weeks?	*Circle answer:* Yes No Don't know	If no end interview or skip to Section 3.	

209	Who was ill with a fever in the last two weeks? *Reference the household listing form. Each household member has a corresponding ID #. For every household member who was ill with a fever in the last 2 weeks, record their ID#. Sum the total number of household members who were ill with a fever and record the total.*	Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Total number of household members ill with a fever ☐☐		☐
210	For every person who was listed as ill with a fever in the last two weeks, list those who got a test for malaria? *Record which household members got tested and then sum up and record the total number of household members who got tested for malaria.*	Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Total number of household members with a fever who got tested for malaria ☐☐		☐
211	For every person who was tested for Malaria in the last two weeks, list those whose results were positive? *Record which household members tested positive for Malaria and then sum up and record the total number of household members testing positive for Malaria.*	Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____		

		Member ID #: _____ Member ID #: _____ Total number of household members testing positive for Malaria ☐☐		☐
212	For every person who tested positive for Malaria in the last two weeks, list those who were given drugs to treat Malaria? *Record which household members were given drugs to treat Malaria and then sum up and record the total number of household members who were given drugs to treat Malaria.*	Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Member ID #: _____ Total number of household members who were given drugs to treat Malaria ☐☐		

Section 3: Pregnant Women

No.	Questions and Filters	Coding Categories	Skip	Coding
301	How many months pregnant are you? (*If unsure, leave blank)*	Member ID #: _____ ☐☐ Member ID #: _____ ☐☐ Member ID #: _____ ☐☐ Member ID #: _____ ☐☐ Member ID #: _____ ☐☐ Member ID #: _____ ☐☐		
302	Where you expected to attend antenatal care last month? *Ask the women to check their cards. They can check if they are not comfortable with you checking.*	*List all pregnant women and tick those who were expected to attend antenatal care last month*: Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐		

		Member ID #: _____ ☐ Member ID #: _____ ☐ Total number of pregnant women who were expected to receive ANC. ☐☐		☐
303	Did you receive any antenatal care at a health center in the past month? *Ask the women to check their cards. They can check if they are not comfortable with you checking.*	*List all pregnant women who were eligible for ANC and tick those who received ANC*: ☐ Member ID #: _____ Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐ Total number of women who received ANC ☐☐		☐
304	Where you expected to receive IPTp (the drug Fansidar to prevent you from getting malaria) last month? *Ask the women to check their cards. They can check if they are not comfortable with you checking.*	*List all pregnant women who were expected to attend antenatal care last month and tick those who were expected to receive IPTp (drugs to prevent malaria) during that ANC attendance*: Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐ Total number of women who were expected to receive IPTp ☐☐		☐
305	Did you receive IPTp (the drug Fansidar to prevent you from getting malaria) last month? *Ask the women to check their cards. They can check if they are not comfortable with you checking.*	*List all pregnant women who were expected to receive IPTp (drugs to prevent malaria) last month and tick those who received the drug*: Member ID #: _____ ☐ Member ID #: _____ ☐		

		Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐ Member ID #: _____ ☐ Total number of women who received ANC ☐☐		☐

Section 4: Counseling:

Tick in each box after providing counseling

1. **ITN ownership and use:** Regardless of whether household members sleep under ITNs or not, discuss with them the importance of ITN use and proper use of ITN. ☐
2. **ANC attendance and IPTp uptake:** Encourage pregnant women to attend ANC and receive IPTp. Explain the dangers of malaria in pregnancy and the importance of IPTp. ☐
3. **Malaria testing and treatment:** Encourage all community members who have a fever to go for early malaria testing and when found positive to adhere to medication. ☐

Instructions: Thank the respondent(s) for their time and end the interview.

5.2 Background Summary Document: Champion Communities Programme

Malaria Champion Communities Programme

The United States Agency for International Development (USAID)-funded Communications Support for Health (CSH) project provides technical assistance to the Ministry of Health (MoH) of the Government of the Republic of Zambia (GRZ) to help strengthen national health communications activities. The primary objective of CSH is to improve the capacity of the MoH to design, implement, monitor and evaluate behaviour change communication (BCC) campaigns. Within this mandate, CSH provides support to MoH and the National Malaria Control Centre (NMCC) to implement the "Malaria Champion Communities" programme as part of the STOP Malaria campaign.

In order to fully engage communities in responding to the burden of malaria and in an effort to increase the uptake of malaria interventions, the STOP Malaria campaign developed a strategy for mobilizing communities to plan, implement, monitor activities and celebrate success. This strategy is called the "Malaria Champion Communities" programme and is a community driven initiative. CSH and five civil society organizations (CSOs) will provide technical support to the communities to help them plan, implement activities, set objectives and track their progress.

The specific objectives of the Malaria Champion Communities programme are:

- To increase the number of people in households that sleep under ITNs, in particular children under-five years of age and pregnant women;
- To increase the number of pregnant women who attend antenatal care at a health center;
- To increase the number of pregnant women who take intermittent preventive treatment during pregnancy (IPTp);
- To increase the number of people with suspected malaria that go to a health center for testing; and
- To increase the number of people who are tested for malaria and receive treatment.

Community Activities

Every month, community members will meet to share and discuss various topics in malaria prevention, early diagnosis and treatment, and on a quarterly basis, cross-community exchange visits will be conducted by selected members of each community. The CMAs will conduct household visits on a monthly basis to offer interpersonal counseling and encourage community members to attend community meetings. During this visit, the CMAs will first collect data on key malaria related behaviourbehaviours. The data collected will be analyzed by the CMAs and CSOs, and will be used to assess the performance of the communities. The short set of survey questions the CMAs will be collecting during household visits will serve three purposes:

- To remind households of the importance of the different malaria prevention and treatment behaviourbehaviours.
- To indicate to the CMAs what malaria related behaviourbehaviours they should focus on during interpersonal counseling with the family members (which follows after the survey).
- To assess the performance of the communities against the set targets for different malaria behavioural goals. The data will be used to assess if communities have achieved "champion community" status and to determine what behaviourbehaviours to focus on during community group discussions (the monthly meetings).

As indicated above, based on the data collected, on a quarterly basis the CSOs will assess the number of communities meeting the set targets for their malaria behavioural goals. The communities that meet their set targets will be declared "Champion Communities" and will have a ceremony to celebrate their success. All communities that

maintain “Champion Community” status across all four quarters (over one year) will be declared a Community of Excellence.
CSH will track the percentage of communities attaining the champion community and community of excellence status as the two key indicators under the Champion Community programme.

Role of CSOs

The role and functions of the CSOs under the Champion community Initiative will include:

- Select communities to participate in the champion community programme, in collaboration with the District Health Office.
- Work with health centers to select, train and supervise CMAs.
- Facilitate setting of community goals and targets and to develop community behaviour centered action plans towards achieving the set goals and targets.
- Facilitate the implementation of community behaviour centered action plans based on identified behaviourbehaviours over the course of the year. This facilitation will include sourcing and distribution of the STOP Malaria campaign materials and products and facilitation of the products use by communities through small group meetings and household visits.
- Track community action plan implementation process and offer on-going mentorship and support to the communities.
- Facilitate exchange visits between communities that meet their set targets and achieve their goals with communities that need extra support.
- Monitor the community progress towards becoming a champion community by analyzing monitoring data.
- Hold district wide STOP Malaria champion community recognition ceremonies/celebrations biannually to showcase community efforts and to motivate other communities.

Role of CMAs

The CMAs will receive monthly volunteer stipends paid by CSOs. Their role and functions will include:

- Conduct monthly household visits to collect data on key malaria related behaviourbehaviours and offer interpersonal counseling to household members.
- Mobilize community members to attend meetings.
- Coordinate community activities with the help of other community leaders.