If you haven't done so already, consider taking a look at the tools for Agenda Setting and Planning in previous modules before getting started. These tools can help you choose the right strategy for your campaign, saving you time and effort in the long run.

- Module 1: Agenda Setting
- Module 2: Planning and Consultation

Learning objectives
By the end of this module, you will:

- Understand why community support is essential for success against malaria
- Understand common community engagement approaches
- Know how to plan an appropriate community engagement project

Section 1: Community engagement for Zero Malaria

Malaria elimination programmes are highly affected by social and behavioural factors, based on traditional beliefs and social norms, that may impact certain community groups’ access to prevention and treatment services. Many of the tools used to fight malaria today depend on community acceptance, active participation, and ownership of interventions to achieve lasting results. In addition to making programmes more effective, communities that are aware and concerned about malaria can help political and private sector actors make more equitable decisions and gain visibility of local issues affecting the disease. Despite a growing body of evidence for the power of community engagement (see table below), these strategies remain underused in many countries.

**Evidence for community engagement**

Malaria SBCC Evidence Database

Available at: [https://healthcommcapacity.org/malaria-evidence-database/](https://healthcommcapacity.org/malaria-evidence-database/)

This website features an evidence database with literature reviews and studies that describe the impact of various social and behaviour change communication (SBCC) programmes.

A national campaign advocating for zero malaria can make a substantial difference through promoting community engagement strategies that are well-suited for your country's unique context. Political leaders and interested members of the private sector may need evidence and programme design support to launch engagement programmes. The communities affected by malaria may need better policies and more funding. By working with each group, the campaign can act as a bridge between communities, political decision-makers, and the private sector, building relationships and solving information gaps to achieve national elimination goals.

Community participation can vary along a gradient, from passive compliance to local ownership of interventions. The success of individual interventions requires at least some measure of community engagement, with some types of activities requiring more involvement than others. For instance, while indoor residual spraying requires residents to accept that their house be sprayed once a year, asking a community to sleep under bed nets requires them to change daily behaviours and sleeping habits. Some interventions simply perform better when the community is involved. Environmental management, or the elimination of mosquito breeding sites, is often managed from a top-down perspective. Experts arrive in an area they do not know well, identify the breeding sites they can find, treat them, and leave. When the community participates and owns the

<table>
<thead>
<tr>
<th>Low</th>
<th>Community support</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community rejection</td>
<td>Passively accept interventions that require little or no effort (allowing environmental management, allowing a health post to be established, etc.)</td>
<td>Communities participate in test and treat campaigns, use solar-powered mosquito traps, etc.</td>
</tr>
<tr>
<td>Community participation</td>
<td>Communities make an effort to support interventions (participate in test and treat campaigns, use long-lasting insecticidal nets (LLINs), etc.)</td>
<td>Communities engage in finding solutions, becoming partners for elimination (community-driven vector control), local advocacy for services, identification of barriers for accessing services.</td>
</tr>
</tbody>
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Adapted from Whittaker and Smith (2015).
effort, they are better suited to find where the mosquitoes that bite them regularly come from and ensure that the site is managed sustainably, so that the problem does not simply re-emerge the next time rain water collects in a location.

Certain situations specific to malaria elimination programmes require a strong investment in community engagement. If malaria becomes scarce, it becomes less of a perceived risk to many individuals, who may abandon preventive measures. This is a crucial moment for an elimination programme—as the finish is near but progress can still be reversed. Community approaches are especially critical to ensuring uptake and treatment access for marginalized groups who, due to their gender, religion, income, ethnicity, age, or location of their households may be less likely to access and adhere to quality malaria services.

Issues of stigma, language, gender, age, legal status and physical barriers can exacerbate the way that some populations access services to prevent or treat malaria. Migrants, internally displaced persons (IDPs), refugees, and forest workers, for example, are populations with increased exposure to malaria that are frequently excluded from health services. Pregnant women, particularly adolescent girls, are often at particular risk of harmful consequences from the disease. However, gender norms, reduced decision-making ability within the household, and discrimination can make it more difficult for these women to receive the care they require. Identifying and addressing these barriers requires comprehensive community consultation and participation in the malaria fight.

The community engagement strategy you choose will depend on the problems you need to address and the mechanisms you are able to use to address them. Common approaches to community engagement include:

**Social and behaviour change communication (SBCC):** SBCC approaches seek to share knowledge and help communities change certain practices to achieve better health outcomes. These approaches can use a variety of communication channels, from inter-personal to mass media, to reach their target audience, and can help increase awareness about malaria and improve participation.

**Community health workers:** In rural areas where access is difficult, many countries have found it useful to train community members to perform basic health tasks, such as diagnosing malaria, diarrhoea, and other conditions.

**Community surveillance and information-sharing:** The people who know the most about community health issues are often the people living in the communities themselves. Volunteer networks have been mobilized to manage integrated vector control programmes on the ground to identify mosquito breeding sites and ensure that the local population has access to preventive tools.

**Grassroots advocacy:** Top-down decision-making can unintentionally create inequities. Sometimes, decision-makers cannot be sure that their investments are serving the target populations needs. Through empowering community-based organizations and local associations with tools to strengthen their voice in local politics, they can provide balance and let political leaders know when they are not getting what they need.

A successful community engagement strategy can ensure decreases in malaria transmission are sustainable, reduce health inequities, and improve the performance of many interventions. Depending on what strategy is used, these approaches can have benefits that extend beyond health as well. Participants often gain skills and knowledge that can help them gain employment, grassroots advocacy approaches can make local government more responsive to community needs, and partnerships between community-based organizations, businesses, and the public institutions can increase intersectoral collaboration.

**Section 2: Community engagement tools**

In this section, you will find guides and tools to launch and implement effective and appropriate community engagement activities. Many of these materials are based on the work of the RBM Partnership to End Malaria SBCC working group and the Zero Malaria Starts with Me campaign in Senegal. These tools can complement existing community engagement work or help your campaign design new approaches and should always be adapted to the unique cultural and social characteristics of the populations you intend to serve.

In general, try to develop activities that are both fun and educational. Communities want to be the actors of their own development, rather than spectators. Actions that they enjoy and that make them feel valued are more likely to succeed than top-down instructions.

**Planning for effective community engagement**

*Module 1: Agenda Setting* and *Module 2: Planning and consultation* contain an assortment of advocacy project planning tools that are a useful starting point for gathering essential information about your country’s malaria situation, identifying key stakeholders, and building a plan of action.