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 rainwater 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.
Designing a community engagement approach requires a few additional steps. These approaches seek to work with and mobilize groups of people who may have distinct beliefs, behaviours, and preferences that are not always obvious. Before beginning a new programme, it is essential to understand how your approach will be received by your target audience.

To support the achievement of global malaria goals for 2030, the RBM Partnership to End Malaria SBCC working group developed the Strategic Framework for Malaria Social and Behaviour Change Communication 2018-2030, available at https://www.rollbackmalaria.org/organizational-structure/working-groups/sbccwg/.

The Strategic Framework describes the potential roles of SBCC approaches for malaria and contains tools to carry out situation analyses and audience analyses, build communication and implementation plans, and design a monitoring and evaluation framework to measure success.

**Integrating community engagement into all interventions**

Most malaria interventions can be made more effective by integrating community engagement or SBCC approaches. This can be a cost-effective way to begin community engagement, as it supports existing projects. Real community engagement requires community consultation to understand their needs. When beginning community engagement, it is essential to build in a consultative process with the population you hope to serve, discussing with community leaders and groups representing different constituencies (e.g., women, forest workers, marginalized groups, etc.) how malaria interventions can be made more effective and better able to reach and positively impact everyone, regardless of their gender, age, ethnicity, religion, etc.

Here are a few examples of how your campaign can support other interventions:

**The Community Champions model**

In Senegal, the National Malaria Control Programme and partners used the “Community Champions” programme to create community ownership of the malaria fight through education and local capacity building.

Senegal recognized in its plan to eliminate malaria that communities had an essential role to play. Malaria prevention tools had become widely available in affected areas, but people continued to get sick. It became clear that many people lacked the knowledge and skills needed to protect their families from the disease.

The Zero Malaria Starts with Me campaign in Senegal found the answer in the village of Thiènaba. Thiènaba has not had a malaria-related death since 2009. Prior to this, malaria was wreaking havoc in the community.

In 1999, Ami Diop, a 12-year-old girl, passed away after a two-day sickness with fever. Ami’s father, El Hadj Diop,

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<tr>
<th>Intervention</th>
<th>Community engagement opportunities</th>
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<tr>
<td>LLIN distribution</td>
<td>○ Hire local musicians to turn the LLIN distribution into a public celebration. ○ Use a local theatre group to demonstrate the purpose of LLINs and how to use them in a brief skit. ○ Distribute visual aids and flyers with key messages about fighting malaria along with the LLINs so that people know how to use them.</td>
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<tr>
<td>IRS campaign</td>
<td>○ Train the IRS operators on awareness raising techniques so that they can explain what IRS is for and why it is important. ○ Broadcast a radio advertisement the week before the campaign to explain why they should agree to IRS. ○ Have the IRS operators distribute flyers about other prevention techniques, malaria symptoms, and where to seek treatment.</td>
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<td>Drug-based strategies [Seasonal malaria chemoprevention (SMC), mass drug administration (MDA), etc.]</td>
<td>○ Host a community event with religious leaders and local authorities to explain what the drug-based strategy is for and how to participate. ○ Broadcast an interview with a health expert in the local language to answer questions about the approach. ○ Train local champions to explain the campaign to neighbours.</td>
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<tr>
<td>Integrated Vector Management (IVM)</td>
<td>○ Train a community-based organization on malaria prevention skills ○ Recruit volunteers to eliminate mosquito breeding sites ○ Provide awards (trophies, certificates), to communities that fight malaria effectively.</td>
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